

Army Regulation 40–35

Medical Services

Preventive Dentistry and Dental Readiness

**Headquarters
Department of the Army
Washington, DC
21 July 2016**

UNCLASSIFIED

SUMMARY of CHANGE

AR 40-35

Preventive Dentistry and Dental Readiness

This major revision, dated 21 July 2016--

- Changes the title of the publication from Dental Readiness and Community Oral Health Protection to Preventive Dentistry and Dental Readiness (cover).
- Clarifies the purpose, objectives, and scope of this regulation, as well as the Dental Readiness and Oral Health Protection Programs (para 1-1).
- Redistributes and adds responsibilities for the public health dentistry consultant and the commanders of regional medical commands (chap 2).
- Changes the name of the Community Oral Health Protection Report back to the Preventive Dentistry Report (para 2-1b(2)).
- Updates criteria for dental readiness classifications (para 3-16b).
- Updates procedures for dental care within the Regular Army Dental Care System and the dental examination requirements for all Soldiers (para 3-17).
- Adds a provision regarding dental readiness prior to a Soldier's assignment at their first duty station (para 3-17a(1)).
- Reaffirms the Health Affairs goal of having 95 percent of all active duty forces in dental class 1 and class 2 (para 3-17b).
- Adds a section on Reserve Component dental readiness and utilization of the Reserve Component-directed Army Selected Reserve Dental Readiness System (para 3-18).
- Updates the use of DD Form 2813 (Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination) (para 3-18d and 3-19).
- Expands the section that outlines organizational procedures to ensure dental readiness and suggests measures to deal with Soldiers who refuse to comply with dental readiness standards (para 3-20).
- Reaffirms the Health Affairs goal of having 65 percent of all active duty and selected reserve Soldiers in dental class 1 (para 3-20b(1)).
- Expands the section on Clinical Oral Health Promotion and Disease Prevention by updating the sections on examination and risk assessment and preventive interventions (paras 4-2 and 4-3).
- Expands implementation guidance for the Community Oral Health Promotion and Disease Prevention Program (para 5-2).
- Changes "dental fitness classification" to "dental readiness classification" (throughout).

Effective 21 August 2016

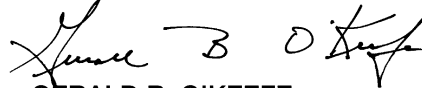
Medical Services

Preventive Dentistry and Dental Readiness

By Order of the Secretary of the Army:

MARK A. MILLEY
General, United States Army
Chief of Staff

Official:



GERALD B. O'KEEFE
Administrative Assistant to the
Secretary of the Army

History. This publication is a major revision.

Summary. This regulation defines the Army Dental Readiness and Oral Health Protection Programs; fixes responsibility for administration and implementation of the programs and details procedures for their execution; defines the dental readiness classification scheme and sets forth procedures for assigning dental readiness classes; and fixes responsibilities and establishes procedures for completing and forwarding the Preventive Dentistry Report. The policies and procedures regarding oral health and dental readiness are in accordance with provisions in AR 40–3, AR 40–5, DODI 6025.19, HA Policy 98–021, HA Policy 02–011, HA Policy 06–001, and current professional standards.

Applicability. This regulation applies to the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated.

Proponent and exception authority. The proponent of this regulation is The Surgeon General of the United States Army. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Army internal control process. This regulation contains internal control provisions in accordance with AR 11–2 and identifies key internal controls that must be evaluated (see appendix B).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from Office of The Surgeon General (OTSG–DC), 7700 Arlington Boulevard, Suite 5140, Falls Church, VA 22042–5140.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Office of The Surgeon General (OTSG–DC), 7700 Arlington Boulevard, Suite 5140, Falls Church, VA 22042–5140.

Distribution. This publication is available in electronic media only and is intended for command levels A, B, C, D, and E for the Regular Army and the Army National Guard/Army National Guard of the United States, and D and E for the U.S. Army Reserve (medical activities only); and for command levels B, C, D, and E for the Regular Army and the Army National Guard/Army National Guard of the United States, and D and E for the U.S. Army Reserve (all other activities).

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Chapter 1 Introduction

1–1. Purpose

This regulation defines preventive dentistry and establishes policies that direct the execution of preventive dentistry programs and services. It assigns responsibilities for improving and sustaining oral health and dental readiness throughout the Army; implementing Department of Defense directives (DODDs) and Department of Defense instructions (DODIs), including those listed in appendix A; providing preventive dentistry resources, services, and technical support; providing preventive dentistry guidance, strategy, doctrine, and oversight; identifying, developing, and providing military-specific standards, criteria, and guidelines for oral health interventions and measures; conducting comprehensive, coordinated military oral health surveillance activities to include oral epidemiology of disease and non-battle injuries; conducting oral health program evaluation; and implementing the Army Preventive Dentistry Program, which includes the Dental Readiness Program for active duty Soldiers and the Oral Health Protection Program. It applies to all Army organizations, installations, and operating bases.

1–2. References

See appendix A.

1–3. Explanation of abbreviations and terms

See the glossary.

1–4. Responsibilities

See chapter 2.

1–5. Preventive dentistry policies

The policy of the Army is to—

a. Enhance and sustain optimal levels of oral health and fitness of all Army personnel by applying the principles of dental public health (DPH) to promote oral health and prevent and minimize the impacts of oral diseases and injuries as defined in paragraph 1–6.

b. Incorporate evidence-based oral disease prevention principles and DPH practice into all relevant Army policies, programs and initiatives.

c. Operate a system of oral disease surveillance to—

(1) Provide population health assessments in order to establish military DPH priorities and support decisions on oral health resource utilization.

(2) Identify oral health threats to Army personnel and other Military Health System beneficiaries.

(3) Monitor progress toward oral health goals and targets.

(4) Monitor and assess the oral health status of all Army personnel throughout their service.

(5) Report the oral health status of Army units and the impact on readiness.

(6) Archive data for future analyses.

d. Provide Defense Health Agency with requirements to support Army preventive dentistry information management.

e. Inform Army personnel of oral disease threats, risks, and appropriate unit and individual preventive countermeasures.

f. Acquire, archive, and store oral health-related data using only approved military health information systems and procedures that will comply, when applicable, with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104–191, 110 Stat. 1936 (1996).

1–6. Army Preventive Dentistry Program objectives

The objective of Army Preventive Dentistry Program is to improve and sustain dental readiness and oral wellness for all Army beneficiaries in accordance with DODI 1010.10, AR 40–3, AR 40–5, and AR 600–63. The Army Preventive Dentistry Program includes the Dental Readiness Program and the Oral Health Protection Program.

a. The objective of the Army Dental Readiness Program is to maintain unit readiness for deployment and reduce noncombat dental casualties during deployments or other assigned missions by minimizing the oral disease and injury burden of Soldiers prior to and during deployment. The Army Dental Readiness Program applies to all active duty and Reserve Component (RC) Soldiers.

b. The objective of the Oral Health Protection Program is to ensure that all Department of Defense (DOD) beneficiaries have access to information and resources necessary in order to prevent oral disease, thereby optimizing their oral wellness and general well-being.

c. The Oral Health Protection Program has two components:

(1) Clinical Oral Health Promotion and Disease Prevention Program.

- (2) Community Oral Health Promotion and Disease Prevention Program.

Chapter 2 Responsibilities

2-1. The Surgeon General

The Surgeon General (TSG), based on guidance from the Assistant Secretary of Defense for Health Affairs, provide policy direction concerning development, administration, organization, and management of the Army Dental Readiness and Oral Health Protection Programs and its integration into the Armywide health service system. The TSG will—

- a. Ensure that the Chief of the United States (U.S.) Army Dental Corps will—
 - (1) Establish policy concerning issues of dental practice within the Army Dental Readiness and Oral Health Protection Programs.
 - (2) Make recommendations to TSG concerning dental readiness and oral health protection.
 - (3) Nominate a Public Health Dentistry Consultant (PHDC) for appointment by TSG.
 - (4) Advise TSG on the dental readiness of all Army components.
 - (5) Advise the Assistant Secretary of Defense for Health Affairs on the dental readiness of the Army.
- b. Ensure that the PHDC will—
 - (1) Advise on all matters pertaining to public health dentistry, including clinical and community preventive dentistry, and health promotion.
 - (2) Review the Preventive Dentistry Report (PDR) semiannually and report significant findings to the Office of the Chief of the Dental Corps.
- c. Ensure that the Commander, USADENCOM will—
 - (1) Assume responsibility for the administration of policies in this regulation.
 - (2) Appoint a dental staff officer as the USADENCOM dental readiness Officer (DRO) to monitor dental readiness for the command. The USADENCOM's DRO will advise the Commander, USADENCOM on the command's Dental Readiness Program.
 - (3) Appoint the USADENCOM DPH specialist as the USADENCOM preventive dentistry officer (PDO) to monitor dental wellness and oversee oral health promotion and disease prevention activities for the command. If USADENCOM does not have a DPH specialist assigned, then the commander will assign another dental staff officer whose background and training makes him or her best suited for the position (see para 3-4 for program responsibilities).
- d. Ensure that commanders of regional dental commands (RDCs) will—
 - (1) Ensure compliance with this regulation.
 - (2) Appoint on orders one or more dental officer(s) as the RDC DRO, PDO, and high caries risk (HCR) point of contact (see para 3-6 for program responsibilities).
- e. Ensure that commanders of Dental Activities (DENTACs), dental clinic commands (DCCs), and separate dental units (Regular Army (RA)) will—
 - (1) Ensure compliance with this regulation.
 - (2) Appoint on orders a dental officer as the DENTAC, DCC, or dental unit DRO (see para 3-7 for program responsibilities).
 - (3) Appoint on orders one or more dental officer(s) as the DENTAC, DCC, or dental unit PDO (see para 3-8 for program responsibilities).
 - (4) Appoint on orders a dental hygienist as the DENTAC, DCC, or dental unit health promotion director (HPD). If the command does not have a dental hygienist available, an expanded functions dental assistant or preventive dentistry specialist (military occupational specialty 68EX2) can be appointed until one becomes available. The HPD, where assigned, will assist the DRO and the PDO as requested. Responsibilities will include the planning, development, and administration of the Oral Health Protection Program.
 - (5) Appoint, if appropriate, additional officers to represent designated units, activities, or patient catchment areas on the installation.
 - (6) Ensure that officer, enlisted, civilian, and contract dental staff members of all DENTACs, DCCs, and dental units conduct clinical operations consistent with good preventive dentistry practices and support community health promotion and wellness programs. (See para 3-9 for clinical roles and responsibilities.)
 - (7) Advise unit commanders, on a monthly basis, on the dental readiness of their command; assigning staff to train unit dental readiness liaisons (UDRLs) and/or unit commanders on how to access dental readiness information through the Medical Protection System (MEDPROS) and monitor dental appointments using the Corporate Dental System (CDS) Unit Classification View (UCV).
 - (8) Identify requirements for training dental personnel in oral disease and injury prevention and health promotion.
 - (9) Support the Family Advocacy Program on Family Violence in accordance with AR 608-18.

(10) Serve on the installation Community Health Promotion Council (CHPC), as directed by AR 600–63. Commanders may designate their appointed DRO or HPD to represent them on the CHPC when necessary.

f. Have oversight of commanders of deployed dental units, be they separate dental units, Professional Officer Filler System, or brigade dentists (see para 3–10 for program responsibilities).

g. Have oversight of commanders, U.S. Army Medical Activities and Commanders, U.S. Army Medical Centers (see para 3–11 for program responsibilities).

h. Have oversight of installation dental readiness (see para 3–12 for installation dental readiness responsibilities).

i. Have oversight of unit dental readiness (see para 3–13 for unit dental readiness responsibilities).

2–2. Deputy Chief of Staff, G–1

The DCS, G–1 will—

a. Nominate a DPH specialist to serve as the DPH staff officer for the Tri-Service Center for Oral Health Studies, in coordination with the Dental Corps Chief and the Public Health Dentistry Consultant.

b. Appoint a dental public health specialist to serve as the DPH staff officer for OTSG Dental Corps Chief’s office, in coordination with the Dental Corps Chief or a Public Health Dentistry Consultant delegated authority.

c. Appoint a dental public health specialist to serve as DPH staff officer for Army Public Health Command, in coordination with the Dental Corps Chief or a Public Health Dentistry Consultant delegated authority.

d. Appoint a DPH specialist to serve as USADENCOM DPH staff officer, in coordination with the Dental Corps Chief or a Public Health Dentistry Consultant delegated authority.

2–3. Commander, U.S. Army Training and Doctrine Command

The Commander, U.S. Army Training and Doctrine Command (TRADOC) will be responsible for providing oral disease prevention and dental readiness training and ensuring dental safety during initial entry training (IET), advanced individual training (AIT), one station unit training (OSUT) and the Basic Officer Leadership Course (BOLC) (see para 3–14 for additional program responsibilities).

2–4. All Army personnel

All Army personnel will maintain their dental readiness (see para 3–15 for personnel guidance).

Chapter 3

Army Dental Readiness Program

Section I

Program Responsibilities

3–1. General

Unit commanders, the dental care system, and the Soldier share responsibility for dental readiness. The Dental Readiness Program provides the methods to reduce the risk of Soldiers becoming noncombat dental casualties when such an event would jeopardize mission accomplishment. The Dental Readiness Information Center Web site contains information about the program DOD is implementing for all active and reserve military, at <https://armydentistry.army.mil>.

3–2. Dental Public Health Staff Officer for the Office of The Surgeon General’s Dental Corps Chief’s Office

The DPH staff officer will—

a. Provide a DPH perspective during the development of plans, policies, and programs across the Army.

b. Critique and synthesize scientific literature and translate study findings into oral disease prevention policy recommendations.

c. Evaluate DOD and Army public health policies and regulations and advocate modifications to protect and promote the public’s oral health.

d. Communicate and collaborate with DOD and Army groups and individuals on oral health issues (nutrition, dental readiness, and so on) and integration of oral disease prevention information into Army and DOD population health programs.

e. Communicate and collaborate with DOD and Army groups to incorporate oral health metrics into Army and DOD population health and quality of life surveillance systems.

f. Provide guidance on utilization of and updates to the DOD Oral Health and Readiness Classification System.

g. Communicate and collaborate with DOD and Army groups to update and modify current dental terminology code structure and utilization guidelines for DOD.

3-3. Dental Public Health Staff Officer for Army Public Health Command

The DPH staff officer will—

- a. Monitor and evaluate dental disease and non-battle injury (DNBI) rates of Soldiers deployed in support of overseas contingency operations to identify predominate causes of DNBI and develop prevention strategies.
- b. Provide consultative support to integrate oral disease prevention principles and information into the Army Wellness Centers Operation Program.
- c. Ensure inclusion of appropriate oral health promotion and oral disease prevention information into U.S. Army Public Health Command health promotion products and oversee development of all oral health promotion products.
- d. Assist the USADENCOM DPH staff officer with dental program evaluation.
- e. Facilitate implementation of the Community Oral Health Promotion and Disease Prevention Program.

3-4. United States Army Dental Command Preventive Dentistry Officer

The USADENCOM PDO will—

- a. Provide a DPH perspective during development and implementation of plans, policies, and programs within the command.
- b. Critique and synthesize scientific literature and advise the Commander, USADENCOM, regarding interventions and strategies for the prevention and control of oral diseases and promotion of oral health.
- c. Develop resources, implement and manage the Army Preventive Dentistry Program and the USADENCOM Oral Wellness and Oral Health Protection Program, periodically monitoring and measuring key performance indicators against program goals.
- d. Monitor and evaluate activities of the USADENCOM Dental HPD.
- e. Design and conduct program evaluation using CDS or other data sources to support Dental Command decisionmaking.
- f. Consolidate the PDR from all subordinate units semiannually and submit it to the Commander, USADENCOM, TSG's consultant for DPH, and the OTSG DPH staff officer.
 - (1) The reports will be in a format prescribed by the TSG's consultant for DPH.
 - (2) Data for the reporting period of 1 October to 31 March will be submitted by 31 May. The 1 April to 30 September report will be due by 30 November.
 - (3) The reports will contain comments and data as appropriate to reflect efforts in the three major areas of the Army Preventive Dentistry Program as outlined in chapters 3 through 5. To provide uniformity, the following headings will be used:
 - (a) *Army Dental Readiness Program*. This section should be a narrative statement of how well the units served by the DENCOM and/or dental unit are complying with the Health Affairs (HA) 95 percent dental readiness goal. It should describe programs or initiatives that are implemented to improve the dental readiness of units that are not in compliance, document the effect of these programs, and document any policies or conditions that impeded the programs.
 - (b) *Clinical Oral Health Promotion and Disease Prevention Program*. This paragraph should include information on implementation and compliance, and how well units are complying with the 65 percent oral wellness goal.
 - (c) *Community Oral Health Promotion and Disease Prevention Program*. This paragraph should include a section on compliance with community water fluoridation (if applicable), participation on CHPCs, community education successes and/or barriers, and Nutrition Environment Assessment results. Deployed dentists should include a section describing their deployed environment dental readiness threat assessment results.
 - g. Appoint a Health Educator with additional oral health training as the USADENCOM HPD.

3-5. United States Army Dental Command Health Promotion Director

The USADENCOM HPD will—

- a. Assist the USADENCOM PDO with oversight of the oral health promotion and disease prevention activities for the command, including implementation of the Oral Health Protection Program.
- b. Assist the DENTAC, DCC, or dental unit DROs, PDOs and DENTAC, DCC, or dental unit HPD with obtaining health promotion training, preventive dentistry materials, oral wellness information and resources for local oral health promotion activities.
- c. Assist the USADENCOM PDO with consolidating the reports of program activities from all subordinate units semiannually.

3-6. Regional dental command dental readiness officer, preventive dentistry officer, and high caries risk point of contact

RDC DRO, PDO, and HCR point of contact will—

- a. Assist DENTAC or DCC commanders, dental unit commanders, or directors of dental services in implementing the Army Preventive Dentistry Program.
- b. Ensure that all dental personnel understand their role in implementing the Army Preventive Dentistry Program.
- c. Ensure that DENTAC commanders, DCC commanders, or dental unit commanders under their command submit a PDR, semiannually, on local Oral Health Protection Program activities.
- d. Review and approve the PDRs prior to submission to the USADENCOM HPD. Data for the reporting period of 1 October to 31 March will be submitted to USADENCOM by 30 April. The 1 April to 30 September report will be due by 31 October.

3-7. Dental activity, dental clinic command, or dental unit dental readiness officer

DENTAC, DCC, or dental unit DRO will—

- a. Assist DENTAC or DCC commanders, dental unit commanders, or directors of dental services in implementing the Army Dental Readiness Program.
- b. Ensure that all dental personnel understand their role in implementing the Army Dental Readiness Program.

3-8. Dental activity, dental clinic command, or dental unit preventive dentistry officer

DENTAC, DCC, or dental unit PDO will—

- a. Serve as the point of contact for the HCR Program and will plan, organize, implement, and evaluate the activities of the Oral Health Protection Program, including the HCR Program. Where appropriate, the DENTAC, DCC, or dental unit PDO may seek the assistance of the USADENCOM HPD in implementing these programs.
- b. Receive and interpret preventive medicine activity and installation water engineer reports on fluoride concentrations in terms of its relevance to fluoride prescribing and treatment practices for children and adults. The PDO will provide subject matter expertise and consultation concerning fluoride practices to health care providers, water engineers, and preventive medicine activities. (See Technical Bulletin Medical (TB MED) 576).
- c. Submit, through DENTAC commanders, DCC commanders, or dental unit commanders, a PDR, semiannually, on local Oral Health Protection Program activities to the RDC PDO.
- d. Ensure that all dental personnel take an active role in the Oral Health Protection Program. The PDO will provide officer, enlisted, civilian, and contract dental care providers with current USADENCOM information on all aspects of oral disease risk assessment, oral health promotion, and oral disease prevention activities.

3-9. Clinical roles

Clinical roles and responsibilities for each of the following will include, but are not limited to—

- a. *Dentist.*
 - (1) Information gathering and information updating: diet history, oral hygiene practices, review of fluoride use to include consumption of fluoridated water, use of over-the-counter fluoride toothpaste, use of other over-the-counter fluoride products, use of xylitol products, saliva testing, bacterial testing, radiographs, and compliance (most of these items can be tasked to ancillaries).
 - (2) Oral disease risk assessments.
 - (3) Diagnosis of existing oral diseases and conditions.
 - (4) Treatment planning, including appropriate oral disease risk reduction strategies.
 - (5) Restorative and specialty care.
 - (6) Patient education.
 - (7) Oversight and coordination of team members.
- b. *Hygienist.*
 - (1) Information gathering and updating.
 - (2) Treatment (to include prophylaxis, sealants, professionally applied topical fluoride, and application of other chemotherapeutics).
 - (3) Patient education.
 - (4) Dispensing chemotherapeutics as directed by dentist and educating patients regarding their use and benefits.
- c. *Preventive dentistry specialist.*
 - (1) Information gathering and updating.
 - (2) Treatment (to include prophylaxis, sealants, professionally applied topical fluoride, and application of other chemotherapeutics).
 - (3) Patient education.
 - (4) Dispensing chemotherapeutics as directed by dentist and educating patients regarding their use and benefits.
- d. *Dental assistant and expanded functions dental assistant.*

- (1) Information gathering and updating.
 - (2) Treatment (to include prophylaxis and sealants by an expanded functions dental assistant, professionally applied topical fluoride, and application of other chemotherapeutics).
 - (3) Patient education.
 - (4) Dispensing chemotherapeutics as directed by dentist and educating patients regarding their use and benefits.
- e. Administrative assistant.*
- (1) Scheduling appointments and providing appointment reminders to patients.
 - (2) Responding to patient questions regarding health promotion and disease prevention or directing patients to clinic personnel who can address these questions.

3–10. Commanders of deployed dental units (separate dental units, Professional Officer Filler System, or brigade dentists)

These commanders will ensure that their dentists—

- a.* Report dental treatment workload and dental DNBI incidents of Soldiers deployed in support of overseas contingency operations using the CDS workload reporting tool and DNBI module.
- b.* Coordinate with the preventive medicine unit and the nearest dietitian and perform a quarterly environmental assessment for dental readiness threats.
- c.* Request implementation of measures to counter dental readiness threats.
- d.* Conduct community health promotion and disease prevention activities, when they do not interfere with the provision of emergency care or with necessary dental services for active duty Soldiers.

3–11. Commanders of U.S. Army Medical Activities and U.S. Army Medical Centers

These commanders will—

- a.* Provide the necessary administrative and logistical support required to ensure successful Army Dental Readiness and Oral Health Protection Programs.
- b.* Provide water quality reports that include fluoride concentration to the DENTAC, DCC, or dental unit commander (or designated representative), and geographically dispersed dental facilities under their general command and control, on at least a quarterly basis (see TB MED 576).
- c.* Encourage health care providers to integrate oral disease screening, prevention counseling, and indicated dental referrals into routine visits for pediatric, obstetric, and diabetic patients, as well as for patients with cardiovascular disease.

3–12. Installation commanders

These commanders will—

- a.* Ensure that Soldiers see the TRICARE Web site at <http://www.tricare.mil/Plans/DentalPlans.aspx> or the medical element equivalent, during in-processing or out-processing, in accordance with AR 600–8–101 and DA Pam 600–8–101. The TRICARE Web site or the medical element equivalent personnel will—
 - (1) Provide all in-processing Soldiers with information and counseling on the TRICARE Dental Program enrollment process, and the procedures for obtaining dental care in accordance with paragraph 5–2*b*.
 - (2) Encourage married Soldiers to invite their spouses to participate in these in-processing activities.
 - (3) Provide applications or Internet enrollment instructions for the TRICARE Dental Program insurance benefits for the Soldiers’ Family members.
- b.* Ensure that all Family Readiness Group (FRG) support assistants are aware of the lack of availability of dental care for Family members at post facilities and understand how to assist Soldiers with enrollment in, and use of, the Family member dental insurance plan for treatment at civilian facilities.
- c.* Direct post water engineers to ensure that post water supplies are optimally fluoridated according to the recommendations of the Centers for Disease Control and Prevention, as per Memorandum, USD ATL, 18 March 2013, subject: Fluoridation at DOD Owned or Operated Potable Water Treatment Plants. This will include efforts to reduce fluoride levels in areas where the natural fluoride concentration exceeds 4 parts per million.
- d.* Direct post water engineers to include fluoride concentrations on water quality reports that are sent to the preventive medicine officer of the U.S. Army Medical Activity or Center for the installation, and to the PDO of the installation DENTAC or DCC.

3–13. All unit commanders

Unit commanders are responsible for dental readiness of their units and will—

- a.* Enhance unit readiness and maximize human resources by holding all Soldiers, both RA and RC, accountable for maintaining their dental readiness.
- b.* Ensure personnel are available to complete required dental care (both annual examinations and treatment) in a

timely manner, thus improving both dental readiness (dental readiness classification (DRC) 1 or 2) and oral wellness (DRC 1) of unit personnel.

- c.* Assure that personnel in DRC 3 or 4 are available for expedited dental care.
- d.* Assure that their unit personnel administrator provides the UDRL and the assigned dental clinic with the most current unit rosters at least monthly, so that the UDRL can correct personnel assignment errors in the CDS, since errors in the CDS will cause MEDPROS inaccuracies.
- e.* Assure that the unit dental readiness posture meets the goal established by the Secretary of Defense for Health Affairs, which is to have 95 percent of all active duty forces in DRC 1 or 2 (see HA Policy 06–001).
- f.* Encourage Soldiers to attain and maintain DRC 1 in order to meet or exceed the wellness goal of 65 percent of personnel in DRC 1 established by the Secretary of Defense for Health Affairs for active duty Service members and selected reserve personnel (see HA Policy 06–001). This includes avoiding harmful habits, obtaining an annual dental examination, seeking treatment when they experience signs of a problem, and completing all necessary treatment as quickly as possible.
- g.* Demonstrate positive efforts to deglamorize the use of all forms of tobacco products, and encourage tobacco cessation.
- h.* Require mouth guard use during physical training or unit sports activities that may involve injury to the face or mouth as a result of head-to-head contact, falls, tooth clenching, or blows to the mouth, including, but not limited to, football, basketball, soccer, pugil stick combat, individual weapon, bayonet training, obstacle/confidence course, and combatives. Mouth guard use should be encouraged during parachute and combat vehicle operations.
- i.* Appoint a UDRL to—
 - (1) Use MEDPROS to generate unit dental readiness reports, track the dental readiness of Soldiers, and notify Soldiers at both 60 and 30 days before the Soldier’s annual exam due date.
 - (2) Coordinate with the UCV account manager of their assigned dental clinic to obtain a UCV account, and use the UCV to update their unit’s personnel information in CDS monthly.
 - (3) Coordinate with the DENTAC, DCC, or dental unit commander to identify available treatment times, use UCV to make and monitor dental appointments within their units, and act to reduce failed appointments.
 - (4) Coordinate with the DENTAC, DCC, or dental unit commander to audit and monitor dental health records and record accountability.
 - (5) Ensure that Soldiers are provided with knowledge of the most current and effective oral hygiene and dietary oral disease prevention techniques.

3–14. Commander, U.S. Army Training and Doctrine Command

Commander, TRADOC will—

- a.* Ensure that oral disease prevention training and dental readiness training are provided to all Army Soldiers during IET, AIT, OSUT, and BOLC as part of their preventive medicine training and medical readiness training.
- b.* Ensure that all oral disease prevention training is reviewed and approved at least every 2 years by the TSG-appointed Public Health Dentistry Consultant for completeness and accuracy.
- c.* Require mouth guard use during pugil stick combat, individual weapon and bayonet training, the obstacle/confidence course, combatives, and physical training or unit sports activities that may involve injury to the face or mouth as a result of head-to-head contact, falls, tooth clenching, or blows to the mouth, such as football, basketball, and soccer. Mandatory mouth guard use during the above training activities is proven to reduce orofacial injuries.

3–15. All Army personnel

Recommended guidance for all Army personnel includes—

- a.* Practicing oral disease prevention techniques daily, to include—
 - (1) Proper nutrition and avoiding harmful oral habits such as frequent consumption of sugared beverages and/or snacks, and tobacco products. Information on the most current and effective oral hygiene and dietary oral disease prevention techniques is available on the Army Knowledge Online My Dental pages at <https://www.us.army.mil/suite/page/442957>.
 - (2) Twice daily oral hygiene using fluoride toothpaste.
- b.* Using a mouth guard during physical training or unit sports activities that may involve injury to the face or mouth as a result of head-to-head contact, falls, tooth clenching, or blows to the mouth, such as football, basketball, and soccer.

Section II Implementation Guidance

3–16. Program methods

All Soldiers will be assigned a dental readiness classification by a dentist:

a. Annual dental exam requirement. Annual dental examination requirement in which a dental classification of the risk of having a noncombat dental emergency is assigned to each Soldier.

b. Dental readiness classification. DRC, which is a dentist's best judgment of the risk of a patient having a dental emergency. Criteria are provided to assist the dentist in making the judgment (see HA Policy 02-011). Complete guidance is in Department of the Army pamphlet (DA Pam) 40-507.

(1) *Class 1.* These Soldiers have a current dental examination and do not require dental treatment or reevaluation for disease. DRC 1 Soldiers are worldwide deployable.

(2) *Class 2.* These Soldiers have a current dental examination and require non-urgent dental treatment or reevaluation for oral conditions that are unlikely to result in dental emergencies within 12 months. DRC 2 Soldiers are worldwide deployable.

(3) *Class 3.* These Soldiers require urgent or emergent dental treatment. DRC 3 Soldiers normally are not considered to be worldwide deployable.

(4) *Class 4.* These Soldiers require some type of periodic or other dental examination.

c. Required reports. Ensuring monthly dental readiness reports are visible to unit commanders.

d. Priority of care. In accordance with AR 40-3, DTFs will prioritize care for Soldiers at high risk of a dental emergency or without recent dental examinations (DRC 3 and 4), and give mobilizing DRC 3 and 4 Soldiers first priority.

3-17. Procedures for care within the Army Dental Care System

The Army Dental Care System (ADCS) procedures include the following:

a. Soldiers' records will be screened on arrival at a new permanent duty station.

(1) Regular Army in-processing, permanent-duty Soldiers, to include U.S. Military Academy (USMA) cadets, whose dental records indicate no examination within the previous 6 months, or who are designated as DRC 3 or 4, must have a dental examination at the local dental clinic prior to completing their in-processing procedures. Every effort will be made to achieve DRC 1 or 2 for all in-processing Soldiers prior to the Soldier reporting to his or her unit.

(2) Soldiers and cadets in the third or fourth year of training will have their next annual dental examination no later than 15 months from the date of completion of their last annual dental examination (see HA Policy 98-021 and DODI 6025.19).

(3) Records will also be screened to ensure a panoramic radiograph is present in the Army Dental Digital Repository (ADDR) and that it is of adequate quality for diagnostic and identification purposes. If no panoramic radiograph is present in the ADDR, one will be taken and submitted. There is no time requirement on updating panoramic radiographs. However, the radiograph must adequately represent the current oral conditions of the Soldier.

b. Department of the Army (DA), TRADOC, Installation Management Command, USMA, and United States Army Medical Command will coordinate to ensure dental services are provided to enlisted and officer Soldiers in training and cadets within the ADCS with the goal of achieving an overall dental readiness rate of 95 percent upon graduation from AIT, OSUT, BOLC, or USMA.

(1) The ADCS will provide a definitive dental examination to all Soldiers in training and cadets for all Army components on active duty status for training.

(2) Active duty Soldiers in training and cadets identified as DRC 3 will be treated within the ADCS dependent upon the constraints of available resources and access to Soldiers or cadets during the available training period. This is done with a goal of 95 percent of the Soldiers dentally ready upon graduation. Any Soldiers or cadets who do not receive an examination prior to graduation must be examined by the ADCS upon in-processing at their first permanent duty station in the continental United States and, if found to be DRC 3, receive immediate care to restore them to a minimum DRC 2 status. All active duty Soldiers assigned outside the continental United States must receive a dental examination and classification prior to the permanent change of station, and receive DRC 3 remedial care if indicated.

(3) RC Soldiers in training identified as DRC 3 will be treated within the available training period within the ADCS, dependent upon the constraints of available resources and access to Soldiers during the available training period, with a goal of 95 percent dentally ready upon graduation.

(4) Upon release from a period of active duty, the U.S. Army Reserve Command and National Guard Bureau are responsible for directing the utilization of the Army Selected Reserve Dental Readiness System (ASDRS) to manage the dental readiness of RC Soldiers in training in the following situations:

(a) Those who will have a break in training between basic combat training (BCT) and AIT, have been examined at BCT and identified as DRC 3 but have not been treated to a minimum DRC 2 status during BCT by the ADCS, should contact their assigned unit to coordinate for DRC 3 treatment through ASDRS upon return to home station and prior to returning for AIT.

(b) Those who did not receive an examination prior to graduation from AIT, OSUT, or BOLC should contact their assigned unit to coordinate for an examination and, if indicated, DRC 3 treatment necessary to reach a minimum DRC 2, through ASDRS upon return to their home station.

(c) Those who have received an examination prior to graduation from AIT, OSUT, or BOLC and were identified as

DRC 3 but were not treated to a DRC 2 status prior to graduation should contact their assigned unit to coordinate for DRC 3 treatment through ASDRS upon return to their home station.

(5) The ADCS will upload examination, radiographic, and treatment documentation performed on RC Soldiers in training into DENCLASS, the RC's electronic readiness information system, and into the ADDR. Upon release from active duty, documentation of dental readiness care for RC Soldiers performed within the ASDRS such as examination, radiographs, and treatment will be uploaded to the ADDR.

c. Soldiers and cadets in the third or fourth year of training will receive a dental examination and have their DRC updated annually. At the conclusion of treatment, the treating dentist should perform a periodic examination (00120) in order to confirm that all necessary treatment is completed and reset the periodic exam date. Refer to AR 40–501 for guidance on conversion to DRC 4, a nondeployable status.

d. The ADCS will provide dental treatment required for Soldiers and cadets according to the following priority:

(1) DRC 1 Soldiers require no treatment.

(2) DRC 2 Soldiers will be counseled on their dental needs and every effort will be made to provide treatment to move that Soldier to DRC 1.

(3) DRC 3 Soldiers will receive expedited treatment for their DRC 3 condition(s) to prevent a probable dental emergency.

e. Prior to a Soldier's reassignment to an overseas location, dental records will be screened and active duty personnel found to be in DRC 3 or 4 will not be cleared for overseas movement until dental treatment places them in at least DRC 2 or unless otherwise approved in accordance with HA Policy 98–021. This dental record screening should be completed at least 7 days prior to the Soldier's actual rotation date.

f. Soldiers in DRC 3 and DRC 4 normally will not deploy (HA Policy 98–021). Under extreme circumstances, a waiver may be granted by the installation commander, after a recommendation from a dental officer in the grade of O–6 or above (see DA Pam 600–81). When approved, treatment may be authorized in the area of operations and the individual may deploy.

3–18. Reserve Component dental readiness and the Reserve Component-directed Army Selected Reserve Dental Readiness System

Pursuant to 10 USC § 1074a, the Assistant Secretary of the Army (Manpower and Reserve Affairs) Policy Guidance Memorandum of 3 September 2008, subject: Policy Guidance for Establishing the ASDRS, directs the Chief, Army Reserve and Director, Army National Guard to implement ASDRS in support of all Selected Reserve Soldiers assigned to Selected Reserve units, outside of mobilization, and achieve the DOD HA Policy 06–001 dental readiness standard (95 percent).

a. Dental readiness is an RC commander's, and an individual Soldier's, responsibility.

b. The goal of ASDRS is to avoid "just in time" dental examinations and DRC 3 treatments when a Soldier is alerted for mobilization. Prior to mobilization, unit commanders will use base program readiness funds to ensure Soldiers are provided individual dental appointments with a "dental home." The dental home will be at a home station network dental provider, and the funds will also be used for any necessary follow-up appointments with the same provider when possible. This approach helps to promote a preventive dentistry and continuity of dental care mindset while maximizing Soldier dental readiness outside of alert for mobilization.

c. Once alerted, mobilization date or troop program unit commanders may use ASDRS contingency funds to ensure necessary remedial dental readiness care (dental examination and/or DRC 3 treatments) is provided before sending the Soldier to the Federal mobilization platform. The need to provide "just in time" dental readiness care upon alert should be the exception, not the rule. The ASDRS base program readiness funds should not be depleted when ASDRS contingency funds are authorized (after alert).

d. The ASDRS policy guidance requires Selected Reserve units to ensure that documentation of DRC status (DD Form 2813 (DOD Active Duty/Reserve/Guard/Civilian Forces Dental Examination)) and dental care performed by contracted dental provider entities or intrinsic RC military dental personnel is uploaded into DENCLASS, the RC electronic dental readiness information system, which electronically updates the ADDR, and the Army's MEDPROS. The electronic dental records system for the RC (DENCLASS) entry is required in order for dental readiness documentation, radiographs, examination dates, treatment dates, and current DRC status to properly update the ADDR and MEDPROS. As of 1 October 2009, all new RC dental documentation is required to be entered into DENCLASS for all Soldiers in Reserve units. As of 1 October 2010, each RC Soldier must have a digital panoramic radiograph on file in the ADDR as part of his or her mobilization and deployment requirements.

e. Selected Reserve units must ensure that the statement of work with contracted dental provider networks includes the requirement for DENCLASS data entry and that a quality assurance plan is in place and implemented.

f. The Reserve Health Readiness Program, a DOD-contracted provider network entity, is one of the vehicles for contract dental readiness care providing all ASDRS required capabilities.

3–19. Using the DD Form 2813

A DD Form 2813 permits the documentation of an annual dental examination and DRC by a civilian dentist and will be used as follows:

a. Regular Army Soldiers. RA Soldiers who are stationed in remote locations outside of the area of responsibility of a DOD DTF, may use a civilian dental provider, per policies, to perform and document the annual dental examination requirement on a DD Form 2813.

b. Reserve Component Soldiers. RC Soldiers who have private, civilian dentists not compensated by the ASDRS, may have the dentist perform and document the annual dental examination requirement on a DD Form 2813. Each of the RCs may direct specific implementation instructions for the frequency and use of a DD Form 2813, such as requiring that a complete dental examination must be performed by the ASDRS in lieu of a DD Form 2813 in a specific multi-year time period. Active Guard Reserve Soldiers who use a DD Form 2813 are required to submit the form through the process identified for RC Soldiers.

c. Completion of DD Form 2813. Soldiers using the DD Form 2813 must ask their civilian dentist to complete the form. The Government is not obligated to pay for administrative costs (if any) incurred for completing the form. All ADCS dental providers (for RA dental officers, General Schedule civilians, and contractors) and ASDRS dental providers (RC dental officers or contracted entities) will continue to document annual dental examinations on Standard Form (SF) 603 (Health Record-Dental) and, as applicable, SF 603A (Health Record-Dental-Continuation).

d. Disposition of DD Form 2813.

(1) For RA Soldier protocol, go to the USADENCOM Dental Readiness Information Center (DRIC) Web site at <https://www.dencom.army.mil/dric/index.html> to obtain a DD Form 2813 and read instructions pertaining to RA Soldiers. The form and its documentation data must be entered into the CDS as per current protocol (from DRIC Web site: Fax the DD Form 2813 to the DENCOM Corporate Dental System (CDS) Help Desk at 210–295–0963/Defense Switched Network (DSN) 421–0963).

(2) For RC Soldier protocol, including Active Guard Reserve, go to the USADENCOM Dental Readiness Information Center Web site at <https://www.dencom.army.mil/dric/index.html> to obtain a DD Form 2813 and read specific instructions pertaining to Army National Guard Soldiers (component 2) or Army Reserve Soldiers (component 3). The form and its documentation data must be entered into DENCLASS as per current protocol (from DRIC Web site: Guard: Fax the completed DD Form 2813 to State Surgeon's office of the Army National Guard (Component 2) unit to which you are assigned for mobilization purposes. Army Reserve (Component 3): Fax the completed DD Form 2813 to 608–793–2960 (Soldiers may call 1–800–666–2833, extension 2833, extension 2386 for DD Form 2813 inquiries).

(3) After the information on the DD Form 2813 is entered into either CDS or DENCLASS, unit commanders can review changes in DRC and exam dates in MEDPROS.

3–20. Organizational guidance

a. Units. The unit commander is responsible for the dental readiness of all assigned personnel. The unit commander will establish procedures to carry out the requirements of the Dental Readiness Program. Commanders will make their personnel available for appointments and maintain surveillance over the program to ensure the following:

(1) For RA Soldiers and RC Soldiers assigned to a supporting military DTF the supporting unit's dental clinic will be the sole custodian of all unit personnel dental records. Newly arriving personnel will turn in their dental records to dental personnel for initial screening.

(2) All personnel will receive annual dental examinations. For RA Soldiers and RC Soldiers assigned to a supporting military DTF, the unit (or its supporting personnel activity) will—

(a) Provide updated personnel rosters monthly to the dental facility that supports the unit and use MEDPROS to generate a roster of DRC 3 and 4 Soldiers for the commander.

(b) Notify personnel who require annual dental examinations at 60 and 30 days prior to their exam due date, and notify them again in case of noncompliance.

(c) For RA Soldiers and RC Soldiers assigned to a supporting military DTF, make personnel identified as DRC 3 or 4, or those who require an annual dental examination, available for compliance with the program. Unit commanders will ensure that personnel who are not deployed and are assigned to a DTF do not remain in DRC 4 for more than 30 days or in DRC 3 for more than 90 days.

(d) Establish procedures to address Soldiers who are in repeated noncompliance.

(3) All Soldiers are required to exercise proper oral hygiene to maintain their overall fitness for duty and remain in a deployable status. Soldiers who fail to exercise good oral hygiene are likely to develop oral disease(s) and risk becoming unfit for duty, which in turn impacts unit readiness. Soldiers who repeatedly fail to exercise proper oral hygiene may be counseled by their chain of command as noted below.

(a) For RA Soldiers and RC Soldiers assigned to a supporting military DTF, unit commanders will maintain close communication with their servicing dental clinic. Any disclosure of a patient's protected health or personally identifiable information by a dental health care provider to a unit commander must be in compliance with HIPAA.

(b) A unit commander should counsel identified Soldiers concerned regarding the need to exercise proper oral hygiene and the potential negative impact on the Soldier's health, fitness for duty, and overall unit readiness.

(4) For RA Soldiers and RC Soldiers assigned to a supporting military DTF, Soldiers who develop a DRC 3 condition as a result of failure to exercise proper oral hygiene are nondeployable. In accordance with AR 600–20, Soldiers can be referred to a medical board if they refuse to submit to dental care and/or radiographic (x-ray) procedures deemed necessary by the installation dental surgeon to create dental record and panoramic records of the oral dentition to either: (1) aid in remains identification or (2) treat dental conditions judged to be prejudicial to military operations or deployment that may result in evacuation or treatment within the first 12 months.

(5) Emphasis will be placed on ensuring that Soldiers who are being newly assigned to recruiting duty, full-time manning programs for the RCs, Reserve Officers' Training Corps duty, and military assistance group or embassy duty are in DRC 1 before departing for their new assignments.

(6) Every effort will be made to ensure that Soldiers in early deployment forces are maintained in either DRC 1 or 2 status.

(7) Commanders and UDRLs will emphasize Soldier responsibility for maintaining dental readiness (DRC 1 or 2) and encourage Soldiers to practice oral disease and injury prevention behaviors in order to attain and maintain DRC 1.

(a) For RA Soldiers and RC Soldiers assigned to a supporting military DTF, oral disease prevention information will be provided to the unit by the DENTAC commander, DCC commander, dental unit DRO, or the HPD, and disseminated by the UDRL or training noncommissioned officer (NCO).

(b) Commanders should support the prevention of orofacial injuries by requiring training NCOs to support and enforce mouth guard use during training activities such as combatives training, parachute operations, riding in a vehicle while occupying the cupola or turret weapons station, individual movement techniques, pugil stick combat, individual weapon and bayonet training, obstacle/confidence course, and unit sports (football, basketball, soccer, softball). Information on establishing a unit mouth protection program is available on the U.S. Army Public Health Command Web site at <http://phc.amedd.army.mil/topics/healthyliving/of/Pages/default.aspx>.

(c) For RA Soldiers and RC Soldiers assigned to a supporting military DTF, Soldiers out-processing a duty station whose records indicate no examination in the previous 6 months will have a dental examination, and those who are DRC 3 will obtain treatment for their DRC 3 condition(s) prior to completing their out-processing procedures. The unit's executive officer and senior noncommissioned officer will be notified to assure follow-up care through the supporting dental clinic.

b. Dental Activity commanders, dental clinic commanders, dental unit commanders, and dental readiness officers. The DENTAC, DCC, and dental unit commanders are responsible for assisting supported units in maintaining the readiness of Soldiers. The DENTAC, DCC, dental unit commanders, and their appointed DRO will—

(1) Serve as dental readiness advisors to unit commanders and UDRLs to assure compliance with the goal of 95 percent dental readiness (DRC 1 and 2 combined) and 65 percent dental wellness (DRC 1).

(2) Screen dental records of newly arrived Soldiers to establish their DRC.

(3) Assist unit commanders in the elimination of DRC 3 and 4 ratings by timely unit notification and coordination of appointments. Coordinate with the UDRL to ensure that their unit's personnel information is updated in CDS monthly to ensure that rosters generated by the unit through MEDPROS of Soldiers who require an annual examination within 60 and 30 days are accurate.

(4) Provide monthly updates to the unit or its supporting personnel activity on changes in Soldiers' dental classification and date of last dental examination.

Chapter 4

Clinical Oral Health Promotion and Disease Prevention Program

4–1. General

This program consists of measures provided in Army dental clinics to prevent injury and oral disease and promote health. The PDOs and HPDs will encourage use of these measures to the greatest extent possible by all dental health care providers.

4–2. Implementation guidance-examination and risk assessment

Oral evaluations should assess the current state of oral health, risk for future oral disease, and general health factors that relate to the treatment of Soldiers.

a. Initial, periodic (annual), and comprehensive oral evaluations of Soldiers will include hypertension screening as well as caries, tobacco, periodontal, and oral cancer and orofacial injury risk assessments.

b. For additional guidance on conducting all risk assessments and samples of forms see DA Pam 40–507.

c. Patients with blood pressure readings that indicate hypertension will be referred to the appropriate medical treatment facility (MTF) and followed up at subsequent appointments to prevent potential adverse events during dental treatment.

d. HCR patients with nutritional habits that promote oral disease may be referred to a dietician for nutritional counseling and followed up at subsequent appointments.

4-3. Implementation guidance-preventive interventions

In accordance with AR 40-3, all dental treatment plans will include measures to promote oral health and prevent oral diseases and injury. Information on choosing preventive interventions that address the level of risk assessed for each of the above areas is in DA Pam 40-507. Interventions include—

- a. Antimicrobial agents.
- b. Remineralization agents.
- c. Counseling.
- d. Dental prophylaxis.
- e. Sealants.
- f. Mouth guards.
- g. Health promotion and/or oral health education.

Chapter 5 Community Oral Health Promotion and Disease Prevention Program

5-1. General

This program will help ensure that both Soldiers and Family members have ready access to information and resources that they need to prevent oral diseases at home. The operation of the Community Health Promotion and Disease Prevention Program will be conducted as resources permit, after ensuring the provision of emergency care and necessary dental services for active duty Soldiers.

5-2. Implementation guidance

a. *Community Health Promotion Council.* The commanders of DENTACs, DCCs, or separate dental units (RA) or their appointed representative (the PDO or HPD) will serve on the CHPC, in accordance with AR 600-63, and will help integrate oral health promotion and disease prevention information into all related Army Medical Department and community programs (for example, nutrition, neonatal education, community health visits, school programs, physical examinations, injury prevention, and outpatient and troop medical clinic visits).

b. *Family member dental care.* Commanders and UDRLs of supported units will ensure that—

(1) All FRGs, Soldiers, and their Family members are aware of the lack of availability of dental care at post facilities.

(2) The TRICARE Dental Program information and enrollment information are available at <http://www.tricare.mil/dental/>. The health benefits advisor or the medical element equivalent can also provide information to in-processing Soldiers regarding enrollment and use of the TRICARE Dental Program dental insurance plan for Family member treatment at civilian facilities, in accordance with AR 600-8-101 and DA Pam 600-8-101.

(3) The medical element health benefits advisor provides out-processing Soldiers with information on how to obtain emergency dental treatment for themselves and their Family members while they are in transit, should the need arise, in accordance with DA Pam 600-8-101.

(4) The UDRLs inform all FRGs, Soldiers, and their Family members that oral health information for Family members is available on the Army Knowledge Online “My Dental” Web site at <https://www.us.army.mil/suite/page/623308> (common access card required for access).

c. *Fluoridation of community water supply.* Controlled fluoridation of the community water supply is the principal community DPH measure to prevent caries. References and resources to assist with community water fluoridation initiation and management are in DA Pam 40-507.

(1) In accordance with Memorandum, USD ATL, 18 March 2013, subject: Fluoridation at DOD Owned or Operated Potable Water Treatment Plants, fluoridation of post water supplies must take place when—

(a) The level of natural fluoridation is less than one-half the optimal concentration.

(b) The installation drinking water system serves 3,300 persons or more.

(c) The fluoridation process is otherwise considered practical and feasible (see TB MED 576).

(d) Installation water engineers will ensure that post water supplies are optimally fluoridated, as recommended by the Centers for Disease Control and Prevention, and include fluoride concentrations on water quality reports that are sent to the Preventive Medicine Officer of the U.S. Army Medical Activity or Center for the installation, and to the PDO of the installation DENTAC or DCC.

(2) It is the responsibility of the PDO or HPD to advise the preventive medicine officer and installation engineer concerning the optimal concentrations of fluoride. Where natural fluoridation exceeds acceptable levels, defluoridation measures should be recommended. The Environmental Protection Agency secondary maximum contaminant level is

currently 2.0 milligrams per liter or 2.0 parts per million, to prevent the development of dental fluorosis in young children. Additional information is in DA Pam 40-507.

d. Alternative fluoride administration. Programs for alternative fluoride administration, such as fluoride supplements, should be available for Family members who do not have access to fluoridated drinking water. The PDO will advise primary health care providers and dentists on professional guidelines for prescribing fluorides in concurrence with the American Dental Association's Fluoride Supplement Dosage Schedule. Further guidance is in DA Pam 40-507.

e. Family violence. A system for reporting suspected cases of Family violence that involve abuse or neglect will be coordinated with the local Family Advocacy Program per AR 608-18. An example of abuse would be head or facial injuries inconsistent with the stated cause. If parents have been informed of dental abscesses, large carious lesions, or extensive periodontal disease but have not taken corrective action, the case will be referred to the MTF care coordinators and referral for child neglect may be indicated.

f. Community education. In accordance with AR 600-63, the PDO and HPD will partner with the medical and installation communities to promote oral health and general health to the broadest audience possible. Additional guidance and resources are in DA Pam 40-507. The PDO and HPD will coordinate efforts with all stakeholders, including the following:

- (1) Family practice or obstetrics providers.
- (2) Pediatric primary care providers.
- (3) Dietitians.
- (4) Army Substance Abuse Program.
- (5) Child and Youth Services.
- (6) Army Community Service.
- (7) Retail outlets on post.

g. School-based programs.

(1) Each DENTAC, DCC, dental unit PDO, or HPD will establish a cooperative relationship with any DOD Dependent School in its area of responsibility. The DENTAC, DCC, dental unit PDO, or HPD will encourage oral health education and support teacher training, classroom activities, and school health officials in their dental health education efforts.

(2) The DENTAC, DCC, or dental unit PDO activities recommended include, but are not limited to—

(a) Training school nurses to perform an oral screening, with parental consent; results should be reported to the local DENTAC or DCC commander, parents, and school health officials.

(b) Training school nurses to perform comprehensive, age appropriate oral health instruction. It should include brushing, flossing, diet counseling, and the appropriate use of fluorides. Sports safety (mouth guards), tobacco interdiction, sealants, and sun safety are also recommended as part of the health promotion message when suitable.

(3) The operation of the Community Health Promotion and Disease Prevention Program will be conducted as resources permit, and will not interfere with necessary dental services for active duty Soldiers or with the provision of emergency care.

h. Nutrition environment assessment. The availability of healthy food, snack, and beverage choices is essential to maintaining Soldier fitness and oral health.

(1) CHPCs will coordinate with PDOs to improve the accessibility of healthy food options that promote oral health in vending machines, convenience stores, dining facilities, and other eating establishments on the installation.

(2) On installations without a CHPC, the PDOs should contact and consult with the dietitian at the closest MTF to implement an assessment of the nutritional eating environment.

(3) Guidance on obtaining and using a standardized nutritional environment assessment tool is in DA Pam 40-507.

i. Deployed environment dental readiness threat assessment. Deployed dentists should—

(1) Coordinate with preventive medicine to ensure that Soldiers have adequate facilities and opportunities to perform oral hygiene (with fluoride toothpaste) at least twice per day.

(2) Coordinate with their nearest dietitian to perform a Nutrition Environment Assessment.

(3) If necessary, coordinate with preventive medicine and the dietitian to request implementation of measures to ensure opportunities to perform oral hygiene at least twice per day, increase access to foods rich in protein, fiber, calcium, magnesium, B vitamins and zinc, and decrease exposure to foods, beverages, or snacks that contain simple carbohydrates and polybasic organic acids.

Appendix A References

Section I Required Publications

AR 600–63

Army Health Promotion (Cited in para 1–6.)

AR 608–18

The Army Family Advocacy Program (Cited in para 2–1e(9).)

DA Pam 40–507

Preventive Dentistry (Cited in para 3–16b.)

TB MED 576

Occupational and Environmental Health: Sanitary Control and Surveillance of Water Supplies at Fixed Installations (Cited in para 3–8b.)

Section II Related Publications

A related publication is a source of additional information. The user does not have to read a related reference to understand this publication. Unless otherwise stated, all publications are available at: <http://www.apd.army.mil/>. Department of Defense regulations are available at: <http://www.dtic.mil/>.

AR 11–2

Managers' Internal Control Program

AR 40–3

Medical, Dental, and Veterinary Care

AR 40–5

Preventive Medicine

AR 40–501

Standards of Medical Fitness

AR 600–8–2

Suspension of Favorable Personnel Actions (Flag)

AR 600–8–101

Personnel Processing (In-, Out-, Soldier Readiness, and Deployment Cycle)

DA Pam 40–11

Preventive Medicine

DA Pam 600–8–101

Personnel Processing (In-, Out-, Soldier Readiness, and Deployment Cycle Support)

DA Pam 600–81

Information Handbook for Operating Continental United States (CONUS) Replacement Centers and Individual Deployment Sites

DODI 1010.10

Health Promotion and Disease Prevention (Available at <http://www.dtic.mil/whs/directives/>.)

DODI 6025.19

Individual Medical Readiness (IMR) (Available at <http://www.dtic.mil/whs/directives/>.)

HA Policy 02–011

Policy on Standardization of Oral Health and Readiness Classifications (<http://www.ha.osd.mil/policies/>.)

HA Policy 06–001

Policy on Oral Health and Readiness (Available at <http://www.health.mil/policies/>.)

HA Policy 07–011

Policy on Space Available Dental Care (Available at <http://www.health.mil/policies/>.)

HA Policy 07–017

Updated Changes to Health Affairs' Policy on Dental Readiness within the Services (Available at <http://www.health.mil/policies/>.)

HA Policy 96–023

Dental Readiness Within the Services (Available at <http://www.ha.osd.mil/policies/>.)

HA Policy 96–024

Inclusion of Dentistry in TRICARE Regions (<http://www.health.mil/policies/>.)

HA Policy 98–021

Policies on Uniformity of Dental Classification, System, Frequency of Periodic Dental Examinations, Active Duty Overseas Screening, and Dental Deployment Standards (Available at <http://www.health.mil/policies/>.)

American Dental Association's Fluoridation Policy

(Available at <http://www.ada.org/>)

Community Oral Health Protection Report

(Available from USADENCOM (MCDS), 2050 Worth Rd., Ste. 4, Fort Sam Houston TX 78234–6000; commercial: 210–221–8241; DSN: 471–8241.)

Memorandum, USD ATL, 18 March 2013

Fluoridation at DOD Owned or Operated Potable Water Treatment Plants (Available at <https://www.denix.osd.mil/>.) (Requires a common access card and account.)

Treating Tobacco Use and Dependence:

Clinical Practice Guidelines, Fiore MC, Bailey WC, Cohen SJ, et al. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, June 2000 (Available at <http://www.ncbi.nlm.nih.gov/>.)

Section III**Prescribed Forms**

Unless otherwise indicated, DD forms are available on the Office of the Secretary of Defense Web site (<http://www.dtic.mil/whs/directives/forms/index.htm>).

DD Form 2813

Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination (Prescribed in para 3–18.)

Section IV**Referenced Forms**

Unless otherwise indicated, DA forms are available on the Army Publishing Directorate Web site (<http://www.apd.army.mil>). Standard forms (SFs) are available at the General Services Administration (GSA) Web site (<http://www.gsa.gov/portal/forms/type/SF/>).

DA Form 11–2

Internal Control Evaluation Certification

DA Form 2028

Recommended Changes to Publications and Blank Forms

SF 603

Health Record-Dental

Appendix B Internal Control Evaluation

B-1. Function

The functions covered by this evaluation are dental readiness and community oral health protection.

B-2. Purpose

The purpose of this evaluation is to assist dental personnel in Army dental facilities in evaluating the key internal controls listed below. It is not intended to cover all controls.

B-3. Instructions

Answers must be based on the actual testing of key internal controls (for example, document analysis, direct observation, sampling, simulation, other). Answers that indicate deficiencies must be explained and the corrective action identified in supporting documentation. These internal controls must be evaluated at least once every five years. Certification that the evaluation has been conducted must be accomplished on DA Form 11-2 (Internal Control Evaluation Certification). This form is available on the Army Publishing Directorate Web site.

B-4. Test questions

a. Test questions for Regular Army:

- (1) Are DTFs reviewing all dental records annually?
- (2) Are Soldiers' records being screened when they arrive at a new duty station?
- (3) Do the dental records contain a dental classification noted on SF 603?
- (4) Do dental records contain a DD Form 2813 when they don't contain a current military dental examination?
- (5) Do dental records contain a good quality panoramic radiograph?
- (6) Are panoramic images stored in the ADDR?
- (7) Are units providing current rosters of Soldiers to their supporting dental facility?
- (8) Are the unit dental readiness liaisons notifying Soldiers at both 60 and 30 days before a Soldier's exam due date?
- (9) Are supported units notifying Soldiers of the suspense for their annual dental examination and counseling them in case of noncompliance?
- (10) Are Soldiers receiving an annual dental examination?
- (11) Are personnel in DRCs 3 and 4 being provided expedited treatment?
- (12) Are unit commanders monitoring dental appointments within their units?
- (13) Has the unit met the goal of having 95 percent of its Soldiers in DRCs 1 or 2?
- (14) Are the components of the Preventive Dentistry Report submitted on time at all levels?
- (15) Have dental providers been educated in how to recognize and report signs of Family abuse and neglect?

b. Test questions for Reserve Component:

- (1) Are unit dental readiness liaisons reviewing MEDPROS monthly to check dental status of Soldiers?
- (2) Are Soldiers' records being screened when they arrive at a new duty station?
- (3) Do dental records contain a good quality, panoramic radiograph?
- (4) Are panoramic images stored in the ADDR?
- (5) Are Soldiers receiving an annual dental examination?
- (6) Do dental records of RC Soldiers contain a DD Form 2813 when they don't have a current military dental examination?
- (7) Are DD Forms 2813 being submitted for upload into DENCLASS and ADDR in a timely fashion, when annual exams are performed by civilian providers?
- (8) Are units identifying Soldiers both 60 and 30 days prior to Soldiers' exam due date?
- (9) Are units counseling Soldiers and have policies in place for non-compliance of their annual exam requirement?
- (10) Are personnel in DRCs 3 and 4 being provided care using the Army Selected Reserve Dental Readiness System (ASDRS)?

(11) Are dental appointments being monitored, with adequate policies in place to minimize failed and cancelled appointments?

(12) Has the unit met the goal of having 95 percent of its Soldiers in DRCs 1 or 2?

B-5. Comments

Help make this a better tool for evaluating internal controls. Submit comments to OTSG-DC, 7700 Arlington Boulevard, Falls Church, VA 22042-5140.

Glossary

Section I Abbreviations

ADCS

Army Dental Care System

ADDR

Army Dental Digital Repository

AIT

advanced individual training

AR

Army Regulation

ASDRS

Army Selected Reserve Dental Readiness System

BCT

basic combat training

BOLC

Basic Officer Leaders Course

CDS

Corporate Dental System

CHPC

Community Health Promotion Council

DA

Department of the Army

DA Pam

Department of the Army pamphlet

DCC

dental clinic command

DCS, G-1

Deputy Chief of Staff, G-1

DENCOM

Dental Command

DENTAC

Dental Activity

DOD

Department of Defense

DODD

Department of Defense Directive

DODI

Department of Defense Instruction

DNBI

disease and non-battle injury

DPH

dental public health

DRC

Dental Readiness Classification

DRIC

Dental Readiness Information Center

DRO

dental readiness officer

DSN

Defense Switched Network

DTF

dental treatment facility

FLAG

Suspension of favorable personnel actions

FRG

Family Readiness Group

HA

Health Affairs

HCR

high caries risk

HPD

health promotion director

HRC

U.S. Army Human Resources Command

IET

initial entry training

MEDPROS

Medical Protection System

MTF

medical treatment facility

NCO

noncommissioned officer

OSUT

one station unit training

OTSG

Office of The Surgeon General

PDO

preventive dentistry officer

PDR

preventive dentistry report

RA

Regular Army

RC

Reserve Component

RDC

regional dental command

SF

Standard Form

TB MED

Technical Bulletin Medical

TRADOC

U.S. Army Training and Doctrinal Command

TSG

The Surgeon General

UCV

Unit Classification View

UDRL

Unit Dental Readiness Liaison

U.S.

United States

USADENCOM

U.S. Army Dental Command

USD ATL

Under Secretary of Defense for Acquisition, Technology, and Logistics

USMA

U. S. Military Academy

Section II**Terms****Unit Classification View Web site**

A tool that can be used by unit commanders and designees to ensure their unit personnel are dentally deployable. The UCV Web site is located at <https://conus.dencom.army.mil/ucv> and is accessible only to users who are assigned access by a clinic's UCV account manager. The UCV Web site displays dental readiness classification (DRC) data as well as upcoming appointments for a specified Unit's Soldiers in a specified date range.

Section III**Special Abbreviations and Terms****biopsy**

Removal of a small area of suspicious or possibly diseased tissue for examination under a microscope to determine the presence, cause or extent of disease.

caries

tooth decay

DENCLASS

electronic dental records system for the Reserve Component

dental fluorosis

Tooth discoloration and/or pitting that is caused by excess fluoride exposures during the formative period prior to eruption of the teeth in children. Several commonly-used antibiotics can cause similar tooth discoloration, so the diagnosis of dental fluorosis should only be made if the child is known to have been exposed to high levels of fluoride from water, toothpaste or fluoride supplements.

edentulous

without any teeth

gingivitis

gums that are tender, red, swollen or bleed easily

mastication

chewing

mucogingival condition

The condition of the hard and soft tissues of the mouth, which can include the gums, tongue, roof of the mouth, lining of the cheeks and tonsil area, and the floor of the mouth.

passive appliance

A dental appliance such as braces or a retainer that does not apply any forces to move the teeth.

passive retention

When teeth are held in place using some type of dental retainer that is not fastened directly onto the teeth, and can be removed and reinserted by the patient.

pathologic lesion

An area of the body that is changed or abnormal due to disease.

periapical pathology

Disease that is located at the tip of the root of a tooth.

Pericoronitis

Redness and swelling of the gum or tissues that completely or partially cover the crown of a tooth that is in the process of erupting.

Periodontitis

gum disease

Periodontium

The gums, ligaments and bone that surround a tooth and hold it in place.

Prosthetic device

A device that replaces missing teeth or missing parts of the mouth or jaw, such as crowns, bridges, dentures or implants.

pulpal pathology

Generic name for a disease of the nerve of the tooth.

resorptive pathology

A disease condition that causes the bone in an area to be resorbed or eaten away by the body.

subgingival calculus

Tartar that forms on a tooth below the gum line.

Supragingival

Refers to the visible part of the tooth at or above the gum line.

Sutures

stitches

temporomandibular disorder

Pain or problems with the muscles, ligaments, cartilage or disc that make up the jaw joint. Often referred to as TMD.

UNCLASSIFIED

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