

DENTAL PROGRAM FOR MILITARY SERVICE PERSONNEL



COMDTINST 6000.2

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COMMANDANT INSTRUCTION 6000.2

Subj: DENTAL PROGRAM FOR MILITARY SERVICE PERSONNEL

- Ref:
- (a) Coast Guard Medical Manual, COMDTINST 6000.1 (series)
 - (b) Infection Prevention and Control Program for Coast Guard Health Care Facilities and Workers, COMDTINST 6220.4 (series)
 - (c) "Guideline for Hand Hygiene in Health-Care Settings, CDC MMWR 2002, Vol. 51, No. RR-16"
 - (d) Centers for Disease Control and Prevention. *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; October 2016. CDC Interim Infection and Prevention Control Recommendations for Health Care Workers during the Coronavirus Disease 2019 (COVID-19) Pandemic
 - (e) OSHA Bloodborne Pathogens, 29 CFR 1910.1030
 - (f) OSHA Respiratory Protection, 39 CFR 1910.134
1. PURPOSE. This Instruction provides guidance for the provision of dental health care to eligible beneficiaries along with dental policy and operations in the Coast Guard. The provisions of this Instruction reflect the requirements of References (a) through (f).
 2. ACTION. All Coast Guard unit commanders, commanding officers, officers- in-charge, deputy/assistant commanders, and chiefs of headquarters staff elements must comply with the provisions of this Instruction.
 3. AUTHORIZED RELEASE. Internet release is authorized.
 4. DIRECTIVES AFFECTED. This is a new Commandant Instruction; the contents were derived from the Coast Guard Medical Manual, COMDTINST 6000.1 (series), Reference (a).
 5. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor it itself a rule. It is intended to provide operational guidance of Coast Guard personnel and is not intended to, nor does it impose legally binding requirements on any party outside the Coast Guard.
 6. MAJOR CHANGES. None.

7. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. The Office of Environmental Management, Commandant (CG-47) reviewed this Commandant Instruction, and the general policies contained within, and determined that this policy falls under the Department of Homeland Security (DHS) categorical exclusion A3. This Commandant Instruction will not result in any substantial change to existing environmental conditions or violation of any applicable federal, state, or local laws relating to the protection of the environment. It is the responsibility of the action proponent to evaluate all future specific actions resulting from this policy for compliance with the National Environmental Policy Act (NEPA), other applicable environmental requirements, and the U.S. Coast Guard Environmental Planning Policy, COMDTINST 5090.1 (series).
8. DISTRIBUTION. Electronic distribution in the Directives System Library. Intranet/Pixel Dashboard: Directives Pubs, and Forms - PowerApps (appsplatform.us). If Internet released: Commandant Instructions (uscg.mil), Coast Guard Forms (uscg.mil).
9. RECORDS MANAGEMENT CONSIDERATIONS. Records created as a result of this Instruction, regardless of format or media, must be managed in accordance with Records & Information Management Program Roles and Responsibilities, COMDTINST 5212.12 (series) and the records retention schedule located on the Records Resource Center Microsoft SharePoint site. (<https://uscg.sharepoint-mil.us/sites/cg61/SitePages/CG-611-RIM.aspx>).
10. POLICY ON DENTAL DEFENSE HEALTH AGENCY FACILITIES (DHA).
 - a. Authority for Health Care. Title 10 U.S.C. § 1074(a) provides that under joint regulations to be prescribed by the Secretary of Defense and the Secretary of Homeland Security, a member of a uniformed service who is on Active Duty (AD) is entitled to health care in any facility of any uniformed service. Members of the reserve components who are on AD (including AD for training) for periods prescribed for more than 30 days are entitled to the same health care in any facility of the uniformed services as that provided for AD members of the regular services. Although the authority exists, provider shortages within Defense Health Agency treatment facilities may significantly impact Coast Guard members' ability to routinely access this care.
 - b. Use of Own Service Medical Treatment Facilities. Coast Guard AD and Reserve personnel (on AD orders for more than 30 days) shall be enrolled in AD TRICARE Prime, assigned a Primary Care Manager (PCM), and receive health care, including dental care, at that organization to which the member is assigned. However, Unit COs may request assignment to another DHA treatment facility through HSWL SC. Members away from their duty station, or on duty where there is no DHA treatment facility of their own Service, may receive care at the nearest DHA facility, but may need to be placed on the Active Duty Dental Plan (ADDP) if there is no DHA facility within a 50 mile radius of their duty station or no availability at the DHA facility. Reserve personnel (on orders less than 30 days) can be seen at a Coast Guard Clinic for Individual Medical Readiness (IMR) Services, including annual Dental Exams, or if they incur or aggravate a pre-existing injury, illness, or disease in the Line of Duty (LOD). Commander (PSC-RPM-3) should be contacted for additional guidance for Reserve personnel.

- c. Use of Other Services' Medical Treatment Facilities and/or Civilian Facilities. The closest DHA treatment facility having the appropriate capabilities shall be used for non-emergency health care. Health care in civilian medical facilities for non-emergent conditions is not authorized without prior approval from a Coast Guard Dental Officer (DO). All health care received at other treatment facilities (military/civilian) shall be recorded in the EHR, or paper record if the EHR is not available. Commander (PSC-RPM-3) should be contacted for additional guidance for Reserve personnel.
- d. Emergency Care. Defined as failure to provide treatment or hospitalization would result in undue suffering or endanger life or limb. Patient's safety and welfare, as well as that of the personnel around the patient, must be protected. When a DHA treatment facility cannot render immediate care, other local facilities, federal or civilian, may be used. The decision to admit the patient to any of these facilities shall be made by the provider with regard for only the health and welfare of the patient and the other personnel of the command.
- e. Patient's Responsibilities. If able, the patient is responsible for notifying the civilian physician or dentist that he or she is in one of the following 1) AD Coast Guard; 2) Coast Guard Reservist on active duty or active duty for training; or 3) Coast Guard Reservist in an inactive duty training drill or appropriate duty status.
 - (1) It is the responsibility of the patient or someone acting on the patient's behalf to request that the physician or dentist notify the member's command or the closest Coast Guard organization and Primary Care Manager (PCM) that he or she is undergoing emergency dental treatment at a civilian or military medical or dental facility.
 - (2) The patient shall provide to their PCM all information needed to verify the course of treatment received and shall authorize release of all records associated with the episode of care.

11. EXTENT OF DENTAL SERVICES.

- a. Active-Duty Coast Guard and Reserve personnel (on orders 30 days or more) are entitled to emergency, routine, and accessory dental treatment at all DHA facilities. Dental care from ADDP-participating dentists must be authorized by a United States Coast Guard dental clinic or a DHA treatment facility. When a Coast Guard member presents to a non-ADDP dentist for an exam or treatment, the Department of Defense Active Duty/Reserve Forces Dental Examination, DD Form 2813, or electronic equivalent, shall be completed and placed within the member's record.
- b. Reserve Coast Guard personnel ordered to active duty with their consent for less than thirty days are eligible for Individual Medical Readiness (IMR)-related and emergency dental treatment only, and are also subject to the following modifications:
 - (1) Reserve personnel may be responsible for costs associated with all dental diseases and conditions that Existed Prior to Service (EPTS) and were not disclosed on the accession dental exam or that were not found to have occurred in the Line of Duty (LOD) in accordance with Reference (a), Medical Readiness and Deployment Health.

- (2) Reserve personnel shall not be eligible for any routine or accessory dental treatment which cannot be completed prior to termination of or release from AD status.
- (3) Reserve personnel are responsible for maintaining their dental fitness for duty while on inactive status or during periods of AD less than 30 days.
- (4) Reserve Personnel ordered to AD for 30 days or more are eligible for emergency, routine, and accessory dental treatment at all DHA treatment facilities, and are also subject to the modifications listed above.
- (5) Reserve Personnel, on AD for less than 30 days, are required to obtain an annual dental exam to facilitate readiness. These exams can be obtained from a Coast Guard clinic, the Reserve Health Readiness Program (RHRP), the TRICARE dental plan or the reservist's civilian dentist.
- (6) All dental exams shall be entered in the current dental readiness tracking system, whether the care is received at a Coast Guard clinic or other treatment facility.
- c. Uses and Disclosures of Health Information of Active Duty & Reserve Personnel. In accordance with HIPAA Privacy Rule Compliance in Coast Guard Medical Programs, COMDTINST 6000.8 (series).

12. TYPES OF DENTAL TREATMENT AND CARE.

- a. Emergency Dental Treatment. Emergency dental treatment includes those procedures directed toward the immediate relief of pain, uncontrolled bleeding, orofacial trauma and/or swelling, the removal of oral infection which endangers the health of the patient, and repair of prosthetic appliances where the lack of such repair would cause the patient physical suffering. Emergency dental treatment DOES NOT need prior approval.
- b. Routine Dental Treatment. Procedures listed as required primary dental core privileges in the Joint Centralized Credentials Quality Assurance System (JCCQAS) which includes but is not limited to: examinations, radiographs, diagnosis and treatment planning, amalgam and resin restorations, prophylaxis, scaling and root planning, surgical periodontal procedures, cast and ceramic restorations, removable partial and complete dentures, extractions, non-surgical root canal therapy, vital and non-vital bleaching, mouth guards, sealants, and removable and fixed retainers.
- c. Accessory Dental Treatment. Procedures listed as supplemental privileges in JCCQAS to include but are not limited to implant restorations, limited orthodontic (Invisalign® is not authorized except at the member's expense), molar up righting, guided tissue regeneration, free soft tissue, and connective tissue grafts, mucogingival surgery, and surgical root canal therapy.
 - (1) Implant restorations placed by Coast Guard DOs shall be performed by one of the following: 1) DOs specifically privileged to do so by DHA facilities; 2) DOs who have received implant training as part of a residency program and are privileged to perform implant restoration by the USCG Privileging Committee.

- (2) Implant maintenance is the responsibility of all DOs. Each DO shall be familiar with the techniques and armamentarium of implant maintenance, as well as diagnosis of successful and unsuccessful implants.
- (3) Requests for implants from non-federal providers for active-duty members shall be forwarded for review and approval by ADDP prior to initiation of treatment. Factors to be considered include:
 - (a) Oral hygiene.
 - (b) Treatment alternatives.
 - (c) Feasibility and expectations for long-term success.
 - (d) Length of service and anticipated rotation date.
- d. Dental Care of Recruits. Recruits will receive dental examinations and radiographs. Urgent care to include but not limited to root canals, extraction of impacted third molars and large restorations will be completed. Routine care will be provided as time and training allows. Receiving commands will be notified of members requiring additional care. Only emergency dental treatment should be provided to recruits who are to be separated from the Coast Guard prior to completing recruit training. Recruits in this category must NOT receive extractions in preparation for prosthetic treatment if separation from the Coast Guard will occur before the prosthesis can be delivered.
- e. Consent and Refusal of Treatment. For guidance on patient consent and/or refusal of treatment, please refer to Reference (a).

13. CRITERIA WHEN REQUESTING ORTHODONTIC/ORTHOGNATHIC SURGICAL CARE.

- a. Orthodontic/orthognathic surgical treatment can affect release from active-duty, rotation dates, and fitness for duty. Written authorization to commence all orthodontic/orthognathic surgical treatment (whether elective or not, and whether provided by federal or nonfederal practitioners) must be requested from the local United States Coast Guard dental clinic.
- b. Treatment not required to maintain the member's fitness for duty is elective in nature and is not authorized for payment by the Coast Guard. If the member's condition does not impair job function, the treatment shall be considered elective. Review Reference (a) for additional information on elective healthcare.
- c. Elective care may be obtained, if available, from a DHA facility or non-federal provider. Members may be responsible for all payments associated with treatment or complications that may result. Resulting complications could lead to subsequent action by the Physical Disability Evaluation System (PDES), and to protect the interests of both the service member and the Coast Guard, the member's command is responsible for *Administrative Remarks, Form CG-3307*, documentation detailing:

- (1) Members must contact their closest United States Coast Guard dental treatment facility to obtain assistance with the request for elective dental service.
 - (2) The service member was instructed regarding the provisions contained in this Instruction and other applicable directives.
 - (3) The service member must obtain copies of all treatment records from the provider for inclusion into the Coast Guard dental record, including (for example) initial evaluation, treatment plan, progress notes, and follow-up care.
- d. Coast Guard aviation personnel, divers, and cadets are required to have an approved waiver request from Coast Guard Personnel Service Center (PSC). In addition, members whose duties preclude regular visits to an orthodontist (e.g., icebreakers crews, international port security duty etc.) fall under this category.
 - e. If the condition is service-related, the Coast Guard shall be responsible to acquire care sufficient to return the member to a fit for full duty status (e.g., that which existed at the time of the member's entry to the service), but not necessarily to ideal conditions not impacting on performance of duties. If treatment is not available at a local DHA treatment facility, use of ADDP provider(s) may be authorized.
 - f. If orofacial pain is the only symptom causing the member to be not fit for full duty, then it shall be treated. Treatment may include, but is not limited to physical therapy, stabilization splints, stress management, and medications. Since orthodontic treatment is of long duration, it is not an appropriate method to relieve acute pain.
 - g. All treatment must be completed, inactivated, or terminated prior to transfer or release from AD. Coast Guard members who are being transferred or released from AD and who request inactivation of orthodontic appliances, shall enter into the electronic health record or sign an entry in the legacy Dental Record/Continuation, Form SF-603/603-A, stating their intention to seek orthodontic therapy at their own expense.
 - h. Orthodontic treatment utilizing a series of clear removable aligners such as Invisalign® does not require written authorization because treatment is inactivated when appliances are no longer used. Orthodontic treatment of this type should be supervised by a licensed dentist. Treatment should include an oral examination, periodontal examination, radiographic examination, study models or scans of the mouth, treatment planning and prescriptions, periodic progress assessments and a final assessment with stabilizing measures.

14. USE OF OTHER HEALTH INSURANCE (OHI).

- a. A member's utilization their spouses' health insurance (OHI) to obtain health care outside of the Military Health System (MHS) may impact a member's access to the Physical Disability Evaluation System (PDES).
- b. The following conditions must be understood when utilizing OHI:

- (1) ALL payments are the member's responsibility. In addition, the member is financially responsible for any care arising from complications that require additional treatment, even if it is non-elective.
- (2) Complications could lead to a loss of access to the PDES; thus, the member's Coast Guard electronic health record must contain a Chronological Record of Care. Legacy paper records must contain Form SF-600 entry detailing:
 - (a) Command approval and the personnel action to be taken by the command regarding the granting of absence. That the service member was instructed regarding the provisions contained herein and other applicable directives. Counseling will be provided at the local Coast Guard primary care facility, or if there is no nearby Coast Guard primary care facility, then HSWL SC will provide counseling via phone. A Chronological Record of Care, Form SF-600 will be e-mailed to HSWL SC for appropriate entries, then e-mailed back to the unit for incorporation into the member's health record.
 - (b) The service member must obtain copies of all treatment records from the provider for inclusion into the Coast Guard health record, including initial evaluation, treatment plan, progress notes, and follow-up care.

15. OBTAINING NON-EMERGENT DENTAL CARE FROM NON-FEDERAL SOURCES.

- a. Non-Federal sources for Active-Duty. Nonfederal sources for AD care are intended to supplement and not substitute for care that is available through the federal system. DHA treatment facilities or Department of Veterans Affairs (DVA) facilities, if located within a 40-mile radius of the member's unit (30-mile radius for maternity care), shall be used first for non-emergent, non-elective health care before nonfederal sources are used. Each case must be evaluated for:
 - (1) Appropriateness of care.
 - (2) Urgency of treatment.
 - (3) Time and cost factors associated with obtaining such care from a DHA facility.
 - (4) The member's anticipated length of stay at the given station.
 - (5) Operational need of the unit for the member.
 - (6) Prior approval from HSWL SC must be obtained before AD personnel are treated in a non-federal medical facility for non-emergent conditions. Non-elective conditions are those which, without repair or treatment, would render the member unfit for duty.
- b. HSWL SC. HSWL SC will review the packet for validity and forward to DHA for approval. If approval is denied, HSWL SC will outline the appropriate appeals process to follow in the denial transmittal.

- c. Requests for Nonfederal Health Care beyond a Health Services Administrator's Authority. Requests for non-federal health care beyond a Health Services Administrator's authority will be submitted by following HSWL SC policy. Telephone authorization will not be provided without a hard copy of the request minimum, the following information must be provided, as applicable:
- (1) Name, grade/rate, social security number/EMPLID.
 - (2) Anticipated rotation date and expiration of enlistment.
 - (3) Whether care will be completed before transfer or separation.
 - (4) Diagnosis reported by International Classification of Diseases, (current edition) Revision, Clinical Modification (ICD-CM) code number and a brief explanation.
 - (5) History of patient's condition.
 - (6) Total amount of local and/or HSWL SC approved nonfederal expenditures to date for this condition.
 - (7) The necessity of treatment to maintain fitness to perform duty.
 - (8) Treatment plan: length, type of therapy/treatment, and estimated cost (cost estimates must include total scope of care not just primary provider or hospital costs).
 - (9) Name of facility where treatment will be done.
 - (10) Attending physician's or dentist's prognosis with and without treatment, including likelihood of medical board action.
 - (11) Name of nearest DHA facility capable of providing care:
 - a) Distance to facility (miles).
 - b) Earliest appointment available (not available is unacceptable).
 - c) Travel/per diem cost.
 - d) Estimated total lost time. Other factors for consideration, e.g., travel time, road conditions, operational impact, etc.
 - (12) Indicate date of original submission and reason for resubmission, if previous requests were submitted for this procedure.
- d. Personnel transferred prior to completing the approved care. Results in cancellation of authorized care.
- e. Authorization of funds. Authorized funds will not be exceeded without prior authorization from HSWL SC.

- f. Inpatient hospitalization. Inpatient hospitalization in nonfederal facilities shall be monitored closely by the HSWL SC. Normally, an inpatient stay will not exceed seven days duration without consideration of movement to a DHA facility. Cases suspected to extend past the seven-day limit shall not be placed in a civilian facility but shall be initially referred to a DHA facility. When notified that a member of the Coast Guard is hospitalized, transferred to another facility, or discharged from inpatient status, the unit CO shall notify the Assistant Commandant (CG-1K) and HSWL SC via e-mail.
 - g. Penalties for non-approved care. If prior approval is not obtained for non-emergent treatment in nonfederal facilities, the member receiving the care will be liable for payment.
 - h. Emergency treatment. Emergency dental care DOES NOT require prior approval (Refer to Paragraph 12.a.).
16. FORMS. The forms referenced in this Instruction are available on the Coast Guard Standard Workstation or on the Internet: <http://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-C4IT-CG-6/The-Office-of-Information-Management-CG-61/Forms-Management/Organization/Assistant-Commandant-for-C4IT-CG-6/The-Office-of-Information-Management-CG-61/Forms-Management/>.
17. REPORTS. None.
18. SECTION 508. This policy is created to adhere to accessibility guidelines and standards as promulgated by the U.S. Access Board with consideration of Information and Communications Technology (ICT) requirements. The customer experience (CX), plain language, and service delivery improvements were considered. If modifications are needed for this artifact, please communicate with the Section 508 Program Management Office (PMO) at Section.508@uscg.mil. Concerns or complaints for non-compliance of policy and/or artifacts may be directed to the Section 508 PMO, the Civil Rights Directorate (<https://www.uscg.mil/Resources/Civil-Rights/>) for the Coast Guard, or to the U.S. Department of Homeland Security at accessibility@hq.dhs.gov.
19. REQUEST FOR CHANGES. Units and individuals may recommend changes via the chain of command to: HQS-DG-1st-CG-112@uscg.mil.

/PAUL I. JUNG/
 Rear Admiral, U.S. Coast Guard
 Assistant Commandant of Health, Safety,
 and Work-Life

Appendix A. Roles and Responsibilities
 Appendix B. Coast Guard Dental Training Information

Appendix A. Roles and Responsibilities

A. ROLES AND RESPONSIBILITIES.

1. Coast Guard Dental Program. To provide dental care to active duty (AD), reserve service members and eligible dependents in select areas of responsibility to enable readiness for worldwide deployment.
2. Dental Officers (DO). Support Coast Guard operational missions by determining and maintaining each service member's dental fitness for unrestricted duty on a worldwide basis. Most Coast Guard DOs are assigned to perform duties as a general DO, including coordination of dental care by specialists. Some DOs provide specialty dental care, due to limited access and increased need for specialty services, e.g., oral surgery, endodontics, periodontics, etc.
 - a. General Responsibilities. Remain abreast of general and military dentistry and be responsible for:
 - (1) Maintaining accurate dental records.
 - (2) Providing dental care for all eligible beneficiaries as authorized by applicable laws and regulations including the TRICARE dental plan and Active-Duty Dental Plan (ADDP).
 - (3) Promoting dental health and preventing/controlling dental disease, including performing dental prophylaxis and necessary periodontal therapy.
 - (4) Completing referrals per Health, Safety, and Work-Life Service Center (HSWL SC) Standard Operating Procedures and the ADDP.
 - (5) Ensuring that results of all biopsies are received and reviewed by a DO to ensure that the appropriate action is taken.
 - (6) Ensuring medical emergency procedures are clearly written and emergency drills are practiced periodically.
 - (7) Participating in all required training mandated by the Coast Guard.
 - (8) Utilizing appropriate Health Information Systems (HIS), including an electronic health record (EHR) when available.
 - (9) Supervising ancillary staff administering local anesthesia.
 - b. Dental Examinations. DOs shall conduct dental examinations in accordance with Reference (a). Annual Type 2 dental examinations shall be conducted on all active duty (AD) and reserve (Selected Reserve, or SELRES, and participating Individual Ready Reserve, or IRR) military personnel collocated with dental examiners (e.g. Coast Guard DOs, Department of Defense (DoD) DOs, or civilian contract dentists).

- c. Care of Mass Casualties. DOs shall be qualified to perform first aid and to act as Triage Officer to treat or assist in treating mass casualties.
 - d. State Licensure. While assigned to the Coast Guard, DOs are required to have an unrestricted U.S. state or territorial license to practice dentistry.
 - e. Continuing Education. DOs must participate in a program of continued training in operational medicine/dentistry including maintaining familiarity with information published for other branches of the Armed Forces.
3. Regional Practice Senior Dental Executive (SDE). Performs Quality assurance of the services delivered by all DOs in the Regional Practice (RP) and supervision of DOs through completion of performance report rating/endorsement. The SDE will perform or delegate the following duties:
- a. Ensure dental readiness compliance at all units in the RP Area of Responsibility (AOR).
 - b. Prescribed regulations as described in Reference (b).
 - c. Supervise. Oversee the working conditions, cleanliness and infection control of RP dental clinics, which includes sterilization procedures, dental supply, equipment, publications maintenance, and the establishment of a preventive maintenance program for dental equipment and supplies.
 - d. Infection control procedures. Ensure strict adherence to current infection control procedures and standards.
 - e. Prepare performance appraisals of assigned staff, including USPHS and USCG DOs in the RP.
 - f. Preventive dentistry and dental health education program. Conduct and organize preventive dentistry and dental health education programs for all eligible beneficiaries.
 - g. Quality Improvement Technical Supervisor. With the Senior Medical Executive, act as quality improvement technical supervisors for all contracted dental employees. (For example, contracted hygienists and dentists). Ensure active participation and compliance with state, federal and local laws governing the safe utilization and maintenance of dental equipment and materials.
 - h. Oversight of the Health Services (HS) training program. Training in treatment of dental emergencies provided.
 - i. Administration. Oversee the preparation of reports, updating dental clinic policy and procedures manual(s), and maintain records connected with assigned duties.
 - j. Dental supplies. Maintain custody, security, and records of the dispensing of dental

supplies, including all controlled substances and poisons under the cognizance of the substances, used in the dental branch.

- k. Prescriptions. Issue prescriptions for and supervise the dispensing of controlled substances.
 - l. Professional oversight. In conjunction with HSWL SC, provide professional oversight of uniformed dental personnel to include but not limited to dentists, hygienists, expanded functions assistants, expanded functions hygienists and dual hygienists/dental therapists.
 - m. Manage the quality of dental care services provided.
 - n. Use of personnel. Ensure efficient and effective use of all assigned DOs and civilian dental employees.
 - o. Determine the priority and range of services for each beneficiary group. Within general Coast Guard and unit guidelines, determine the priority and range of services for each beneficiary group.
 - p. Maintaining liaison. Maintain liaison with counterparts in Defense Health Agency (DHA), Veterans Affairs (VA), and private sector facilities.
 - q. Statistical and informational reports. Review and ensure accuracy of CG Business Intelligence (CGBI) and other statistical and informational reports.
 - r. Training. Ensure that appropriate training is conducted on a regularly scheduled basis, in accordance with Appendix B.
4. Dental Force Manager. The Dental Force Manager (DFM), a senior DO, handles matters of the accession, retention, and assignment of DOs in the Coast Guard. The DFM also serves the Assistant Commandant (CG-1K) as a consultant regarding force management of dental personnel and regarding the practice of dentistry such as the Standard of Dental Care. The DFM is the Chief Dental Officer assigned to the Division of Operational Medicine and Quality Improvement, (CG-1K21). This officer is also the Force Manager for Dental Hygienists and the Dental hygienist/dental therapist. The Deputy DFM is delegated as the Dental Technical Authority, HSWL SC (om-de). The Assistant Commandant (CG-1K) selects the DFM and Deputy DFM and may appoint them in writing.
5. Health Services Technicians (HSs) with a Dental Qualification Code (13).
- a. The primary responsibility of Dental Technicians is to provide chairside assistance to DOs. Additional duties include:
 - (1) Cleansing, disinfecting, sterilizing, maintaining, and preparing dental instruments.
 - (2) Assessing, referring, and treating (under direct supervision of a DO) of common

dental conditions. Provision of limited hygiene services as dictated by the supervising DO. Charting dental conditions.

- (3) Taking dental radiographs and maintaining dental records.
 - (4) Providing oral hygiene instruction, preparing dental materials, taking impressions, and fabricating study models.
 - (5) Performing emergency intervention as necessary.
 - (6) Maintaining the security and confidentiality of all dental records, databases, and other Protected Health Information (PHI). Actively using and being thoroughly familiar with required applications and modules of appropriate Health Information Systems (HIS).
6. Dual Dental Therapist/Dental Hygienist. Providers are authorized to treat beneficiaries in Coast Guard dental clinics under the indirect oversight of a DO. Dual providers must maintain licensure from the State of Minnesota in both dental therapy and dental hygiene.
- a. Scope of practice. Dual Dental Therapists/Dental Hygienists in Coast Guard health care facilities may provide care to include but not limited to exams, radiographs, simple fillings (decay no greater than 4mm into dentin), simple extractions and hygiene services. Care is rendered under the indirect supervision of a DO that can be reached either in person or via Tele-health.
 - (1) Only AD members are treated.
 - (2) A Medical Officer (MO) or civilian equivalent is present in the building or no more than three minutes away by foot.
 - (3) Consultation with a DO must be obtained for patients presenting with moderate to severe periodontics in one or more quadrants of periodontal disease in the last 12 months, teeth requiring root canal therapy/surgical extraction and decay presenting more than 4 mm into dentin radiographically. Exceptions for the provision of all procedures may be made in limited circumstances. Consultation may be obtained in person or via tele-medicine. Written notation of consultation must be placed within patient's electronic record.
 - b. Patient criteria. All patients must receive a Type 2 examination before the provision of care. The dentist's/dental therapist's electronic or written treatment plan must include all care and outline dental hygiene services and frequency.
 - c. Patient review. The SDE or a staff dental officer designated by the SDE shall conduct monthly intra-oral reviews of no fewer than 5% of the hygiene patients for completeness of plaque/calculus removal and damage to hard/soft tissues. The responsible DO shall document these reviews in the patients' dental record.
 - d. State laws. If a conflict between federal and state law is identified, the Program must

contact its Servicing Legal Office before proceeding with a course of action that conflicts with the state law.

- e. Injections. The dual dental therapist/dental hygienist holding a dental therapy license from the state of Minnesota is legally capable of administering anesthesia.
7. Registered Dental Hygienists (RDH). Contract and active-duty providers are authorized to treat beneficiaries in Coast Guard dental clinics under the oversight of a DO. Contract Dental Hygienists can be licensed in any state; thus, a state specific license is not required.
- a. Scope of practice. RDHs in Coast Guard health care facilities shall only treat patients when a DO is present for duty at the command. In rare instances, at the discretion of the SDE, and in the interest of expediency, this guideline may be overridden if each of the following conditions is met on every patient:
 - (1) Patients are AD members and dependents (on space available).
 - (2) An MO or civilian equivalent is present in the medical clinic.
 - (3) The patient has not been diagnosed with moderate to severe periodontitis in one or more quadrants within the last 12 months.
 - b. Patient criteria. All patients must receive a Type 2 examination by a DO, Dental Therapist or licensed civilian dentist no more than 12 months prior to treatment by an RDH. The dentist's/dental therapist's electronic or written treatment plan must include dental hygiene services and must describe their frequency.
 - c. Patient review. The SDE, dental therapist or a staff dental officer designated by the SDE, shall conduct monthly intra-oral reviews of no fewer than 5% of an RDH's patients for completeness of plaque/calculus removal and damage to hard/soft tissues. The responsible DO/Dental Therapist shall document these reviews in the patients' dental record.
 - d. State laws. Federal law supersedes state law. The Coast Guard is not required to follow state laws that interfere with operations Congress has entrusted to it. This includes Coast Guard medical operations.
 - e. Injections. In some cases, the state license may contain an addendum certificate which permits the RDH to administer injections of local anesthesia (either block and/or infiltration) under the direct oversight of a licensed dentist. Direct oversight shall mean that the DO has personally authorized the RDH to administer local anesthesia to the specific patient being treated at the specific time (i.e. blanket approvals/orders are not authorized). If the state in which the clinic is located also allows this, then the RDH may deliver local anesthesia under the direct oversight of the DO. In all cases, the RDH must possess specific approval through certification from the state or territory of the contracted dentist's /RDH's licensure allowing her/him to administer local anesthesia. The DO shall be physically present in the

clinic while local anesthesia is administered by the RDH. While direct oversight does not require the DO to be physically present in the RDH's operatory, the DO must be in the clinic and capable of responding to an emergency immediately.

8. Coast Guard Dental Officer Training. Emerging national and military strategies in support of wartime, humanitarian assistance, homeland security/defense, and disaster response contingencies are the driving forces behind the training requirements to provide initial and sustainment training for all Coast Guard Health Services personnel. Officers serving in the Coast Guard Health Services system, including DOs, may require training in a variety of specific subject areas. Training may occur over several agency platforms to include but not limited to the Coast Guard Online World of Learning (CG-OWL), USPHS Learning Management System, and the Joint Knowledge Online (JKO) System. Unless otherwise specified, required training should be completed within the first three years of the tour requiring that training.

- a. Officers should consult the following websites to determine required courses:

- (1) Commissioned Corps Learning Management System (PHS Only):

<https://usphstraining.hhs.gov/login/index.php>

- (2) Coast Guard Online World of Learning (CG-OWL):

<https://cg-owl.uscg.mil/moodle/login/index.php>

- (3) Joint Knowledge Online: <https://jkodirect.jten.mil>

*MHS Genesis Training will be coordinated through the respective clinical USCG MHS Genesis Training Coordinator.

*Course information can be found in Appendix B.

Appendix B. Coast Guard Dental Training Information

Name of course	Description	Duration	Funding source	Notes	Target audience
Coast Guard Senior Leadership Principles and Skills (SLPS) Course	Standard CG course for developing leadership and negotiation skills	5 days	FORCECOM	CG-1K21 will solicit applicants	Required: all HSDs within the first 3 years of service; recommended: all SMOs/SDOs
Medical Management of Chemical and Biological Casualties	Medical principles relating to chemical and biological weapons attacks	6 days	FORCECOM	Army course-apply through Operational Medicine-CG-1K21	Required: all Medical Officers within 3 years; recommended: all Pharmacy, Dental and Environmental Health officers
Combat Casualty Care Course	Training in provided care in austere environments and in mass casualty situations	9 days	FORCECOM	Army course-apply through Operational Medicine-CG-1K21	Required: Medical Officers within 3 years; recommended: all Dental officers
FEMA Emergency Response to Terrorism: Self Study	Orientation for medical emergency response	N/A	Web-based	check on CG-1K21 website for further info	Recommended: all providers
Basic Disaster Life Support	Orientation for basic medical response in disasters	1 day	Local funding	check on CG-1K21 website for further info	Recommended
Advanced Disaster Life Support	Orientation for advanced medical response in disasters	2 days	Local funding	check on CG-1K21 website for further info	Recommended
Dental Officer Training	Short- and Long-Term training	5-7 days	FORCECOM	Apply through Dental Force Manager	Courses available through the military and civilian residency programs. (Endo, Prostho, OMFS, Perio) Certification Programs (OSAP Infection Control, Navy Exodontia Program, Short Term Training: Navy continuing education courses.