PRIORITY CLASSIFICATION SYSTEM

**Purpose:** The Priority Classification System and procedures for assigning priority classification are intended to help staff identify students with the most urgent oral health care needs, establish the sequence in which students receive treatment, and determine what treatment is within the scope of the centers’ immediate capabilities.

**Note:** Oral conditions such as fractured jaws, intolerable pain, rapidly progressing extraoral swelling are not included because they require immediate emergency care.

**SYSTEM OF CLASSIFYING ORAL PATHOLOGY AND TREATABLE CONDITIONS WITHIN   
THE SCOPE OF BASIC ORAL CARE**

Priority 1 (P1)

Students with one or more of the following conditions are placed in the first or highest priority (i.e., they are the first to receive oral treatment):

* Moderate-to-severe oral or craniofacial /dental pain
* Chronic, asymptomatic, irreversible pulpitis in salvageable and nonsalvageable teeth
* Oral infection or condition that, if left untreated, will probably become acute and lead to disability or harm to the student in the near future
* Symptomatic oral lesions
* An oral condition (such as lack of all teeth or missing upper anterior teeth) that (1) presents a major psychosocial or physical barrier to the students well-being; (2) helps the student, if given corrective treatment, adapt to Job Corps and increase employability; (3) compromises oral function; and (4) compromises general health
* Intraoral or extraoral facial swelling

Students with the above oral signs and symptoms should be managed by Health Care Guidelines until the student is evaluated and treated by a dentist. The center should follow emergency procedures for students with intolerable pain that is not managed by analgesics listed in the HCGs.

Priority 2 (P2)

The following conditions place a student in the second priority:

* One or more medium to large carious lesions
* Periodontal disease more severe than gingivitis that is treatable nonsurgically

Priority 3 (P3)

The following conditions place a student in the third priority:

* Gingivitis
* Small carious lesions presenting no imminent threat to the pulp
* Teeth containing sedative, temporary, or intermediate restorations
* Salvageable teeth on which pulpotomies or pulpectomies were performed

Priority 4 (P4)

The following conditions place a student in the fourth priority:

* Missing teeth that are not likely to produce psychological or employability barriers as indicated under P1
* Last oral prophylaxis was received within one year
* All restorations that are in good condition
* Lack of clinically visible carious lesions or of radiographic evidence of lesions
* Good periodontal/gingival health

Steps to Implement the Priority Classification System

To ensure the Priority Classification System functions as designed, use the following sequence of diagnosis and treatment:

1. Perform the oral examination and classify students as P1, P2, P3, or P4.
2. After the elective oral examination, outline a treatment plan in the oral health record.
3. Schedule and treat students classified as P1 as soon as possible.
4. Treat only the P1 oral needs of P1 students at this time. Inform students of the reasons for the condition and benefits of treatment.
5. Reclassify P1 students into a lower priority classification when P1 oral needs are met.
6. Maintain adequate time in the schedule for P1 students. Allocate the remainder of the time to students with other priority classifications. Other students are scheduled in sequential fashion according to their classifications.
7. Integrate into the schedule and plan to complete the treatment plans of students with 3 months left in Job Corps before transitioning out.
8. Integrate treatment of students classified as P4 when sufficient funds are available to satisfy P4 student dental needs.
9. They must wait until the dentist diagnoses the students’ periodontal status but they are not required to deliver dental hygiene services according to the priority classification system.

Considerations

* The Priority Classification System serves as an overall guide for providing oral health care but should not replace the professional judgment of the center dentist. Consideration of factors such as the availability of resources, skills of the provider, the inclusion of a dental hygienist to the OHW team, and the mix of dental pathology identified should allow for flexibility in implementing the priority system of oral health care.
* Oral conditions that require emergent or advanced oral care are not included in the Priority Classification System because they are not treatable by basic oral care. PRH 6.10 (R2)e requires that the center has a written referral plan or agreement with community facilities for emergent or urgent conditions treatable beyond the expertise of a general dentist.
* Options for students who cannot wait until they separate from Job Corps to follow-up on advanced oral care needs include medical separations with reinstatement rights (MSWRs) or referrals to community dental facilities at the students’ expense.