



## DENTAL SCREENING/DENTAL EXAMINATIONS

### POLICY.

It is the policy of the Deschutes County Sheriff's Office – Adult Jail (AJ) to provide dental care to the extent necessary to stop pain, to prevent acute infection, or to alleviate a medical emergency. Intake screening will be conducted for each inmate, and dental observation will be conducted by the fourteenth day.

### PURPOSE.

The purpose of this policy is to set forth guidelines for the dental care of inmates under the supervision of the AJ.

### OREGON JAIL STANDARDS:

- G-205 Requests for Health Care
- G-207 Treatment Plans
- G-208 Elective Procedures
- G-209 Dental Care

### PROCEDURES.

- A-1.** Each inmate will have access to fluoride by using toothpaste with fluoride.
- A-2.** Dental education will be offered to the inmates. Education is provided in the Inmate Manual.
- A-3. Non-Elective Dental Care.** The AJ will provide dental care to the extent necessary to stop pain, to prevent acute infection or to alleviate a medical emergency. If an inmate develops dental related severe pain, and is unresponsive to medication, an examination by a dentist will be arranged (subject to dental availability).
- A-4. Elective Care.** Bridgework, crowns, six-month cleanings, other elective care and long-term preventative care under this section may be permitted if mutually acceptable financial arrangements are made between the inmate and dentist. However, such care may be deferred based on the safety and security needs of the AJ until the inmate is released if such deferral is not detrimental to the health of the inmate.
- A-5. Inmate Request.** The inmate requesting elective or non-elective dental care must sign a *Health Care Request Form No. 545* prepared by the inmate. A dental appointment may

be scheduled by the Medical Unit if appropriate. The inmate must first be evaluated by a nurse and the need determined emergent.

**A-6. After-Care.** The AJ will follow dental after-care as prescribed by a dentist utilizing the *Medical Referral Outside Facility Form No. 526*, which will be sent along with the inmate to the dentist. The dentist will use this form to communicate orders regarding dental after-care.

**A-7. Documentation.** All care, treatment, findings, diagnosis, medication and communication will be documented in the inmate's medical record.

**FORMS USED:**

- Medical Referral Outside Facility Form No. 526
- Health Care Request Form No. 545