

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-E-06

SUBJECT: ORAL CARE

POLICY: Dental care will be provided to each inmate under the direction and supervision of a licensed dentist. Dental treatment will consist of emergent and non-emergent services. Services are based on the priorities established by the attending dentist and by the priorities and procedures outlined in the ODOC Health Services Policy and Procedure Manual, including Level of Therapeutic Dental Care P-A-02.2. The treatment will be based on the following: urgency of need vs. length of sentence remaining, overall necessity and functional disability, pre-existing condition prior to incarceration, risk vs. benefit, cost vs. the benefit and alternate treatments available.

REFERENCE: OAR 291-124-005 through 291-124-095
NCCHC Standard P-E-06
Health Services Procedure #P-A-02.2, Level of Therapeutic Dental Care Provided by Oregon Department of Corrections, Health Services Section

PROCEDURE:

A. Emergency Dental Treatment

Emergency dental treatment will be made available to all DOC inmates. The emergency treatment will be made available during all hours that health service staff members are on duty. The emergency dental treatment will include, but will not be limited to, the following: Treatment for pain, infection, bleeding and suspected injuries. Emergency dental treatment may be accessed by medical sick call, interview requests, other health service staff referrals, and referrals from all other non-health service staff. The emergency dental treatment may be accomplished by instituting nursing dental protocols or direct referral to the dental clinic.

B. Non-Emergency Dental Treatment

Non-emergent dental treatment will be accomplished through interview requests and will be prioritized by the treating dentist or his designee. Non-emergent dental treatment may include but is not limited to: fillings, extractions, periodontal treatment, prosthetic treatment, stainless steel and polycarbonate crowns, sedative treatments, and minor TMJ procedures. Non-emergent dental treatment will be prioritized on the urgency and length of stay criteria as outlined in the Health Services Policy and Procedure #P-A-02.2, Level of Therapeutic Dental Care Provided by Oregon Department of Corrections, Health Services Section; Levels II, III and IV.

C. Dental Screening (At Intake)

A dental screening will be performed by a qualified health care staff person within seven days of admission to a DOC facility. The dental screening includes visual examination of the teeth and gums, noting any obvious abnormalities or patient complaints.

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D. **Dental Examination (At Intake)**

A licensed dentist will complete a dental examination within thirty days of admission. The dental examination will be performed on all the hard and soft tissues and will include the patient's dental history, charting of the teeth, health history, home care instructions and access to care instructions. X-rays will be taken on those patients where it is determined they are needed by the attending dentist. The overall oral condition and the length of incarceration may be used as a part of the criteria for determining if x-rays are needed. The completion of the dental examination will be documented in the dental treatment record. The x-rays will be interpreted, and a treatment plan will be completed by the attending dentist on those patients serving more than one year. If a patient has had a dental examination within the last six months, only the dental screening is required.

E. **Dental Screening and Examination (At Institution)**

If for some reason the dental screening and/or examination is not completed during the intake process, those areas needing completion will be documented in the dental record and will be completed when the patient arrives at the receiving institution. The date of completion will be documented in the dental record by the dentist at the receiving institution.

F. **Dental Prostheses**

Dental prostheses will be offered through ODOC Health Services as a co-pay service. Please see P-E-06.5, Dental Prostheses.

G. **Outside Dental Consultations/Treatment (Necessary)**

Any necessary dental consultation or treatment, which cannot be performed in any DOC facility, will be made available to the inmate patient by referral to a specialist in the community. Certain criteria prior to referral will be considered; urgency of need vs. length of sentence remaining, overall necessity and functional disability, pre-existing condition prior to incarceration, risk/benefit, cost/benefit and alternatives.

H. **Outside Dental Consultations/Treatment (Elective)**

Dental treatment, which is deemed optional but is not available in DOC dental facilities, can be obtained by inmates by seeking treatment from practitioners in the community. The inmates will follow the procedures as outlined in the purchase of care section, OAR 124-0085 of the Health Services Rule (Inmate).

I. **Emergency Dental Nursing Protocols**

Emergency dental nursing protocols will be available to treat dental emergencies at times when the dental staff is not available. Prescriptions ordered by nursing dental protocol need to be signed by a dentist, physician or nurse practitioner within 72 hours.

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J. **Periodontal Dental Treatment**

Periodontal dental treatment will be accomplished on both an emergent and non-emergent basis. The procedures may consist of any or all of the following treatments: Initial debridement of affected areas by ultra-sonic scaler or hand scaler, post-op appointments to check affected areas and assess the need for further treatment, scaling of specific areas with the use of local anesthetics, subsequent appointment to check if the treatment has improved or stabilized the condition or if some other form of treatment is necessary, i.e. extraction. Routine dental prophylaxis will be initiated by inmate requests and will be scheduled as time permits.

K. **Periodic Dental Exams**

Periodic dental exams will be offered during the patient's birthday month. These exams will normally be available on a yearly basis, but may be accomplished at different time frames if recommended by the attending dentist.

L. **Dental Treatment Plans**

Each patient serving more than one year will have his/her dental conditions explained. The conditions will be prioritized within the criteria of the dental levels of care. Each patient should be educated in the extent of dental treatment he/she may expect to receive by DOC Health Services during incarceration.

Effective Date: _____

Review date: August 2014

Supersedes P&P dated: April 2014

OREGON DEPARTMENT OF CORRECTIONS

URGENT CARE DENTAL ACCESS

| INSTITUTION | MEDICAL SICK CALL | INTERVIEW REQUEST | CALL FROM CO |
|-------------|-------------------|-------------------|--------------|
| CCCF | X | X | X |
| CRCI | X | X | X |
| DRCI | X | X | X |
| EOCI | X | X | X |
| MCCF | X | X | X |
| OSCI | X | X | X |
| OSP | X | X | X |
| OSPM | X | X | X |
| PRCF | X | X | X |
| SCCI | X | X | X |
| SCI | X | X | X |
| SFFC | X | X | X |
| SRCI | X | X | X |
| TRCI | X | X | X |
| WCCF | X | X | X |