

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department of Public Safety
Prison

SECTION: Care and Treatment of
Offender -
Dental Services

POLICY # TX V-7

PAGE 1 of 2

SUBJECT: Periodontal Treatment

EFFECTIVE DATE: March 2016
SUPERCEDES DATE: July 2014

References

Related ACA Standards

4th Edition Standards for Adult Correctional
Institutions 4-4360

PURPOSE

To provide clinical practice guidelines for the treatment of periodontal disease.

POLICY

The mission of periodontal policy is preventive education, documented offender compliance with self-care, diagnosis, and treatment of periodontal disease. The National Commission on Correctional Health Care standards classify dental care as an essential need and mandates preventive dental education and oral hygiene instruction be provided to all offenders. Every offender is encouraged to develop acceptable self-care skills and assume individual responsibility for their oral health.

PROCEDURE

Periodontal Treatment:

- A. Preventive dental education and oral hygiene instruction is to be provided for all processors, both verbally and via written literature.

All other offenders shall have access to this same information as warranted.
- B. Dental offenders are to be made aware of their responsibility for their personal oral health. They shall be advised that the satisfactory practice of personal oral hygiene is a pre-requisite for completion of a treatment plan.
- C. Periodontal treatment plans shall be based on the diagnosis after PSR, recorded probings, radiographs, and examination. This would include documentation of mobility, furcal involvement, gingival recession, and mucogingival defects. Charting will be documented on the Periodontal Chart, (Dental Forms) in HERO.
- D. Non-surgical treatment modalities shall be implemented based on clinical findings and professional judgment that may include the following:
 1. Initial therapy – identification and degree of tooth accretions; brushing/flossing instructions; literature on oral hygiene; and plaque index.
 2. Gross debridement, root planning, gingival curettage
 3. Prescription medication (antibiotics, analgesics, chlorhexidine)
 4. Restorations or oral surgery procedures needed to optimize oral hygiene efforts.
 5. Documented compliance with oral hygiene via plaque index score
 6. Fine scaling, polish, and fluoride
 7. Appointments to assess compliance and treatment results
- E. Broken/Missed appointments – document them in the Dental Chart noting reason, if known.
- F. Refusals – Offenders that refuse to follow recommended care should be given an “informed refusal” prior to dismissal from a treatment plan.

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- G. Recall Exam– It is the offender’s responsibility to follow the recommended recall exam interval by submitting a Sick Call request. This recall exam will be an inmate initiated visit and subject to co-pay.



4/16/2016

Paula Y. Smith, MD, Director of Health Services Date

SOR: Dental Committee