

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction  
Division Of Prisons

SECTION: Care and Treatment of Patient -  
Dental Services

POLICY # TX V-7

PAGE 1 of 2

SUBJECT: Periodontal Treatment

EFFECTIVE DATE: March 2012  
SUPERCEDES DATE: June 2006

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## References

**Related ACA Standards**

**4<sup>th</sup> 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 inmate 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 inmates. Every inmate 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 inmates shall have access to this same information as warranted.
- B. Dental patients 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 Treatment Chart, DC-903.
- 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 – Inmates that refuse to follow recommended care should be given an “informed refusal” prior to dismissal from a treatment plan.
- G. Recalls – It is the inmate’s responsibility to follow recommended recall. This will be an inmate initiated visit and subject to co-pay.

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3/31/12

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

SOR: Dental Committee