

Name:	Seclusion and Restraint
Date of Origin:	10/01/2018
Current Effective Date:	10/01/2018
Scheduled Review Date:	10/17/2019

I. SECLUSION AND RESTRAINT POLICY:

Managed Dental Care of Oregon (MDCO) recognizes that there are circumstances in which pediatric or special needs patients may need to be medically immobilized or restrained in order to safely deliver quality dental treatment and care.

Use of physical restraint is only to be used as a last resort after other methods have failed. In those circumstances where it is the only option—it is critical to build a trusting relationship between the dentist, dental staff, the patient, and the parent or guardian.

Definitions

Seclusion: the involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving. It is Managed Dental Care of Oregon’s policy that seclusion is never acceptable behavior management in the dental office environment.

Restraint (Protective Stabilization) / Immobilization: any method of physically restricting or reducing a patient’s freedom of movement, physical activity, or normal access to his or her body. Restraint is also known as protective stabilization or immobilization. When used strictly by the parent or guardian, such actions are not considered restraint or immobilization.

Time-Out: a period in which the patient is required to abstain from social interaction with others and all activities. MDCO understands that a time-out may be necessary in certain instances for the patient to gain control of emotions.

MDCO requires that their participating OHP dentists abide by the MDCO policy and procedure regarding the use of seclusion and restraint as required under the Code of Federal Regulations. (42 CFR, 438.100, be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation).

II. TIME-OUT AND RESTRAINT PROCEDURES:

Time-Out

Time-outs should only be used briefly, as a means to allow the patient to compose himself after becoming agitated or upset. The clinician should first obtain the parent’s or guardian’s verbal approval to engage in a time-out technique.

Consent, indication, duration, and supervision should be noted in the chart. Time-outs should be used on disabled adults only with consent of the guardian and as a last resort, since such an approach may appear condescending to an adult patient. While on time-out, the patient must be continually monitored either by a parent or staff member.

Parents or legal guardians should not be denied access to the patient during time-out or during the use of restraint or treatment, unless it is determined by the dentist to be detrimental to the patient. (For additional information regarding these behavior approaches see *Guidelines on Behavior Guidance for the Pediatric Dental Patient*, a publication of the American Academy of Pediatric Dentistry). www.aapd.org/media/Policies_Guidelines/G_BehavGuide.pdf

Restraint (Protective Stabilization)

The progression of techniques to address behavior issues is not a clear line from challenging behavior to restraint. Clinicians must consider whether an uncooperative or disabled adult may best be served by rescheduling or postponing a treatment in lieu of restraint.

That said, the following indications and contraindications are included below:

Indications - Protective stabilization may be used for diagnosis and delivery of quality dental treatment when:

- the patient cannot cooperate due to lack of maturity,
- there is a substantial mental or physical handicap,
- other behavior management techniques have failed,
- the need for treatment is urgent/emergent, or
- the safety of the patient, dentist, or dental staff is at risk.

Contraindications - Restraint should not ever be used for the following reasons:

- convenience of the dentist or staff members,
- punishment,
- to accomplish multiple quadrant or full mouth dental rehabilitation for patients with non-emergent needs,
- to provide care for a cooperative patient, or
- for a patient who cannot be immobilized safely due to medical, psychological, or physical conditions.

Additionally, the following requirements must be met prior to the use of restraint:

1. The dentist must have already considered other alternative behavioral methods; the dental needs of the patient; the effect on the quality of dental care; the patient's emotional development; the patient's physical condition; and the safety of the patient, dentist, and staff.
2. The least restrictive technique must be considered first, based on the individual behavior status, age, mental / physical condition, and treatment proposed.
3. The dentist must obtain written, informed consent for the specific technique of immobilization from the parent or legal guardian. The consent must be documented in the patient's chart.
4. A parent's consent to a presentation or list of various behavior management techniques is not considered consent for immobilization. The parent or guardian must be informed of the advantages and disadvantages of the technique(s) of restraint to be utilized and considered.
5. The patient's rights and dignity should be protected. When possible, the patient should be in a private area to prevent others from viewing him or her.
6. The patient should not be left alone at any time while in restraint.
7. The manufacturer's instructions and all safety guidelines should be adhered to and followed for any restraining device used.
8. Immobilization must cause no serious or permanent injury and cause the least possible discomfort.
9. Documentation within the chart should include duration of time in restraint and who is present during the procedure as well as documentation regarding condition of patient upon dismissal.

III. REVISION ACTIVITY

Modification Date	Change or Revision and Rationale	Effective Date of Policy Change
10/01/2018	Policy Approved / Created	10/01/2018

IV. AFFECTED DEPARTMENTS:

All MDCO Members, Providers, Staff

V. REFERENCES:

MDCO Member Service Guide
OHP Client Handbook