

**CAPITOL DENTAL CARE**

**POLICY**

|                                |                                |
|--------------------------------|--------------------------------|
| <b>Name:</b>                   | <b>Seclusion and Restraint</b> |
| <b>Date of Origin:</b>         | <b>08/03/2009</b>              |
| <b>Current Effective Date:</b> | <b>04/20/2017</b>              |
| <b>Scheduled Review Date:</b>  | <b>04/19/2019</b>              |

**I. SECLUSION AND RESTRAINT POLICY:**

Capitol Dental Care (CDC) recognizes that there are circumstances where pediatric and special needs patients may need to be medically immobilized or restrained at times in order to deliver quality dental treatment and care. It is the policy of CDC that 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.

Definition Terms within this Policy:

The term “seclusion” means the involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving.

The term “restraint” means any method of physically restricting or reducing a patient’s freedom of movement, physical activity, or normal access to his or her body. Within this policy the terms immobilization and restraint are used interchangeably and when used strictly by the parent or guardian is not considered restraint.

The term “time out” refers to requiring the patient to abstain from social interaction with others and all activities.

While CDC understands that a “time out” may be necessary in certain instances for the patient to gain control of emotions, seclusion is never acceptable behavior management in the dental office environment.

**II. TIME OUT AND RESTRAINT PROCEDURES:**

“Time out” should follow the formula of one minute for every year of a child’s age, not to exceed fifteen minutes. The clinician should obtain the parent or guardian’s verbal approval to utilize the “time out” technique. Consent to use of the technique should be noted in the chart. Time out should be utilized on disabled adults only with consent of the guardian and as a last resort, since such an approach may appear to condescend to the adult patient. While on “time out”, the patient must be continually monitored.

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 on the “time out” technique and other 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](http://www.aapd.org/media/Policies_Guidelines/G_BehavGuide.pdf)

### Physical Restraint

Clinicians must be cognizant that the progression of techniques to address behavior issues is not a clear line from, for example, a failed timeout 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***

Restraint 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;
- in circumstances where the need for treatment is urgent/emergency, or
- when the safety of the patient, dentist or dental staff would be at risk.

#### ***Contraindications***

Medical immobilization should never be used;

- for the convenience of the dentist or staff members,
- as punishment,
- to provide care for a cooperative patient; or
- for a patient who cannot be immobilized safely due to medical conditions.

#### ***Pre-Restraint Requirements***

1. Prior to utilizing restraint the dentist shall consider each of the following:

- 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 should be considered first, based on the individual behavior status, age, mental and physical condition and treatment proposed.
  3. Prior to utilizing restraint, the dentist should obtain written, informed consent for the specific technique of immobilization from the parent or legal guardian. The consent must be appended to, or included in, the patient's chart.
  4. Parental consent involving solely the presentation or description of a listing 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 and when at all possible 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.

### III. REVISION ACTIVITY

| Modification Date | Change or Revision and Rationale | Effective Date of Policy Change |
|-------------------|----------------------------------|---------------------------------|
| 08/26/2009        | Policy Approved                  | 08/26/2009                      |
| 12/05/2012        | Annual Update/Review             | 12/05/2012                      |
| 11/13/2014        | Annual Update/Review             |                                 |
| 04/20/2017        | Annual Update/Review             | 04/20/2017                      |

### IV. AFFECTED DEPARTMENTS:

All CDC Members, Providers, Staff

### V. References:

CDC Member Service Guide  
OHP Client Handbook