4.J. MEDICAL IMMOBILIZATION/PROTECTIVE STABILIZATION /RESTRAINTS

(Adopted August 11, 2004)

A. Within this policy, the terms medical immobilization, protective stabilization, and restraint are used interchangeably.

B. The purpose of this policy is to recognize the fact that pediatric and special needs patients may need to be medically immobilized or restrained in order to prevent injury and to protect the health and safety of the patients, the dentist, and the dental staff. To achieve this, it is important to build a trusting relationship between the dentist, the dental staff, the patient, and the parent or guardian. This necessitates that the dentist establishes communication with them and promotes a positive attitude towards oral and dental health in order to alleviate fear and anxiety and to deliver quality dental care.

C. Training requirement. Prior to utilizing medical immobilization, the dentist shall have received training beyond basic dental education through a residency program, graduate program, or an extensive continuing education course that involves both didactic and experiential mentored training.

D. Pre-Restraint Requirements
   1. Prior to utilizing medical immobilization, the dentist shall consider each of the following.
      a. Other alternate behavioral methods;
      b. The dental needs of the patient;
      c. The effect on the quality of dental care;
      d. The patient’s emotional development; and
      e. The patient’s physical condition.
      f. The safety of the patient, dentist, and staff;

   2. Prior to utilizing restraint, the dentist shall obtain written informed consent for the specific technique of immobilization from the parent or legal guardian and document such consent in the
dental record, unless the parent or legal guardian is restraining or immobilizing the patient. Parental consent involving solely the presentation or description of a listing of various behavior management techniques is not considered to constitute informed consent for medical immobilization. The parent or guardian must be informed of the advantages and disadvantages of the technique(s) of restraint being utilized and/or considered.

E. Medical Immobilization, Protective Stabilization or Physical Restraint

1. Immobilization can be performed by the dentist, staff, or legal guardian with or without the aid of an immobilization device.

2. Immobilization must cause no serious or permanent injury and the least possible discomfort.

3. Indications. Partial or complete immobilization may be used for required diagnosis and/or treatment if the patient cannot cooperate due to lack of maturity, mental or physical handicap, failure to cooperate after other behavior management techniques have failed and/or when the safety of the patient, dentist or dental staff would be at risk without using protective restraint. This method can only be used to reduce or eliminate untoward movement, protect the patient and staff from injury, and to assist in the delivery of quality dental treatment.

4. Contraindications. Medical immobilization may not be used for the convenience of the dentist, as punishment, to provide care for a cooperative patient, or for a patient who cannot be immobilized safely due to medical conditions.

5. Documentation. The patient’s record should include

   a. Specific written informed consent for the medical immobilization, including why the use of immobilization is required.
   b. Type of immobilization used.
   c. Indication or reason for specific immobilization
   d. Duration of application
   e. In addition, there must be documentation of the outcome of the immobilization including the occurrence of any marks, bruises, injuries, or complications to the patient.
a. The patient record must contain the time each immobilization began and ended.
b. The status and progress of the treatment and the plan for future or remaining treatment with treatment options shall be reported at least hourly, or more frequently if appropriate, to the parent or legal guardian. After each such hourly report, renewed consent for continuation of the immobilization must be specifically obtained. Such consent may be verbal but shall be documented in the record.

6. Duration of application.
   a. The patient record must contain the time each immobilization began and ended.
   b. The status and progress of the treatment and the plan for future or remaining treatment with treatment options shall be reported at least hourly, or more frequently if appropriate, to the parent or legal guardian. After each such hourly report, renewed consent for continuation of the immobilization must be specifically obtained. Such consent may be verbal but shall be documented in the record.

7. If the treatment plan changes during the procedure from that presented to the parent or legal guardian in the initial informed consent discussion, the parent and or legal guardian shall be notified and consulted immediately.

8. Dental hygienists and dental assistants shall not use medical immobilization by themselves, but may assist the dentist as necessary.

9. Parents or legal guardians cannot be denied access to the patient during treatment in the dental office unless the health and safety of the patient, parent or guardian, or dental staff would be at risk. The parent or guardian shall be informed of the reason they are denied access to the patient and both the incident of the denial and the reason for the denial shall be documented in the patient’s dental record. This provision shall not apply to dental care delivered in an accredited hospital or acute care facility.