Advantage Dental
From DentaQuest

Policy Name: Seclusion and Restraint	**Policy Number: PL050-Seclusion and Restraint**
Type of Policy: DCO	**Effective Date: 12/1/2018**
Responsible Department: Plan Operations	
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Approved By: Clinical and Credentialing Sub-Committee	**Approved Date: 07/17/2019**

PURPOSE:

To address the care of any enrollee who requires restraints and timeouts:

- Protect the enrollee's rights, dignity and well-being.
- Guide staff in decision-making about the least restrictive methods for restraint.
- Provide guidelines for assessing and reassessing the enrollee's need for the timeout.
- Provide guidelines for the appropriate ordering of timeouts
- Provide guidelines for monitoring the enrollee during timeout and for meeting their personal needs.

DEFINITIONS:

Seclusion-means the involuntary confinement of an enrollee alone in a room where the enrollee is physically prevented from leaving.

Restraint- means any method of physically restricting or reducing an enrollee's freedom of movement, physical activity, or normal access to their 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.

Time out- should follow the formula of one minute for every year of a child's age, not to exceed fifteen (15) minutes. While on "time out", the enrollee must be continually monitored.

POLICY:

The Dental Care Organization (DCO) recognizes the fact that pediatric and special needs enrollees may need to be medically immobilized or restrained at times in order to deliver quality dental treatment and care. To achieve this, it is important to build a trusting relationship between the dentist, dental staff, the enrollee and the parent or guardian.

While a "time out" may be necessary in certain instances for the enrollee to gain control of emotions, seclusion is never acceptable behavior management in the dental office environment. The use of timeout is to reduce the frequency and intensity of harmful behaviors, to permit the enrollee to regain their composure.

Documentation for restraints or timeout shall include; (1) an order from a practitioner; (2) a description of the enrollee's behavior, and the intervention used; (3) an evaluation by a practitioner that is completed within one hour of initiation; (4) ongoing monitoring by trained staff; (5) an update in the enrollee's plan of care; (6) consideration of less restrictive alternatives at the time the intervention was initiated and as part of the ongoing assessment.

PROCEDURES:

Parents or legal guardians should not be denied access to the enrollee during "time out unless it is determined by the dentist to be detrimental to the enrollee.

Medical immobilization should never be used:

- For the convenience of the dentist or staff members;
- As punishment;
- To provide care for a cooperative enrollee;
- For an enrollee who cannot be immobilized safely due to medical conditions.

Medical immobilization should:

- Follow the manufacturer's instructions and all safety guidelines for any restraining device used.

Prior to utilizing restraints or timeout the dentist shall consider each of the following:

- Other alternative behavioral methods;
- The dental needs of the enrollee;
- The effect on the quality of dental care;
- The enrollee's emotional development;
- The enrollee's physical condition;
- The safety of the enrollee, dentist and staff;
- Prior to utilizing restraint, the dentist should obtain written informed consent for the specific technique of immobilization from the parent or legal guardian.
- 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.
- Immobilization must cause no serious or permanent injury and cause the least possible discomfort.

Protecting Enrollee Rights, Dignity and Well-Being:

All enrollees have the right to be free from restraint or seclusion of any formimposed as a means of coercion, discipline, convenience or retaliation.

Restraint Use Based On Assessed Need:

- Each episode of restraint will be limited to clinically justified situations.
- The nature of the restraint must take into consideration the age, medical and emotional state of the member.
- Restraint may only be imposed to ensure the immediate physical safety of the enrollee, a staff member or others and must be discontinued at the earliest possible time.

- The enrollee should not be left alone at any time while in restraint.

Least Restrictive Method:

Restraint may only be used when less restrictive interventions have been attempted or considered. Less restrictive interventions may include:

- Restraint by the parent or legal guardian during knee-to-knee examinations is an acceptable practice and recommended as the preferred method of restraint for young children.
- Assessing and attempting to correct, possible causes of agitation or confusion.
- Ensuring that pain, comfort, toileting, hydration and nutrition needs are met.
- Involving family in assisting with increased observation.
- Considering use of a constant observer (sitter).

Restraints Do Not Include the Following:

- Standard practices including limitation of mobility or temporary immobilization related to medical, dental, diagnostic or surgical procedures and related post-procedure processes (e.g., surgical positioning, radiotherapy procedures, protection of treatment or surgical sites for pediatric patients, intravenous arm boards). An elbow immobilizer functioning as an IV arm board is not considered restraint.
- Age or developmentally-appropriate protective safety interventions that a safety-conscious child care provider outside a health care setting would utilize to protect an infant, toddler or preschool-aged child (e.g., stroller safety belts, swing safety belts, high chair lap belts, crib covers).
- A staff member picking up or holding an infant, toddler or preschool-aged child to comfort the enrollee.

Ongoing Policy Training & Protocol Review

All contracted providers are required to read and attest to the understanding of all DCO policies including the Seclusion and Restraint Policy & Procedure at a minimum of annually. Further review of DCO policies will be required upon any update to policies.

All contracted providers are required to understand DCO policies through ongoing training. Contracted providers must understand that members have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other Federal regulations on the use of restraints and seclusion.

Monitoring and Compliance:

The DCO's Case Management Department will perform monitoring and auditing to test and confirm compliance with Medicaid regulations and contractual agreements, its OHP policies and procedures intended to protect against noncompliance. These activities include regular reviews by the Vice President of Clinical Services to confirm ongoing compliance and to monitor that corrective actions are undertaken and effective when risks are identified.

The DCO will monitor compliance and ensure seclusion and time out protocols are being followed. Monitoring processes will include:

Enrollee complaints and grievances – The enrollee grievance system in place for reporting to

Oregon Health Plan will allow the DCO to track reasons for complaints.

Enrollee Satisfaction Surveys – The enrollee satisfaction surveys will be reviewed to track any concerns or reporting of seclusion and restraint practices not in compliance with this policy.

Dental Record Review- Regular dental record audits will be conducted. During audits, any type of documentation of seclusions or time outs will be investigated further by Plan Operations and the Vice President of Clinical Services.

Violations of the above standards will be reported by providers, clinic staff, enrollees or enrollee's family representatives. Reports will be captured by Case Management and reviewed by the VP of Clinical Services and by the Clinical and Credentialing Sub-Committee.

Corrective Action: Correcting deficiencies will be required immediately and may require the following actions: increase dental record documentation, parental release form, or clinical policy on what protocol will be in place to ensure compliance of the DCO's policy. Corrective action will vary depending on circumstances.

Reviewed and Revised By:

11/15/2018	Tamara Kessler				
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