All efforts will be made to obtain the cooperation for dental treatment from your child including warmth, friendliness, persuasion, humor and understanding. Other alternatives have been developed to gain cooperation if these don’t do the job and these are called safety steps.

If your child cannot hold still during the dental visit, the dentist will take safety steps to help your child to be still. These steps are used to make sure your child and the dental staff are not hurt by disruptive behavior or uncontrollable movement. Only the dentist will decide to use safety steps. The dental staff will help the dentist keep your child and other staff from getting hurt.

These are the safety steps used to protecting your child and the dental staff:

(Please initial in front of each step showing your approval to be used on your child):

- Tell-Show-Do
- Hand Holding/Passive Restraint
- Positive Reinforcement/Verbal Praising
- Props to Help Hold the Mouth Open
- Voice Control (May Raise/Lower Voice or Provide Directions Firmly)
- Physical Restraint (Holding arms down, holding head to prohibit side-to-side movement, elevating feet)
- Papoose Board/Pedi-Wrap to Hold Arms and Legs Still (will not be used if child has asthma)

I understand that the use of safety steps will help to prevent injury from disruptive or uncontrollable movements during the dental visit. I understand that safety steps will be used if my child, ________________________, cannot hold still on his/her own. If the dentist decides that my child’s movements are dangerous to themselves or the dental staff, my consent allows the dentist and staff to use safety steps. I understand that only Drs. Gushue, Kirby or Jarmoszuk will decide to use the safety steps for the safety of my child and the dental staff.

I have been given alternative choices to the safety steps which include:
1) Sending my child to another dentist for treatment
2) Having dental care done in a hospital, if appropriate
3) Doing temporary fillings until my child is older and able to cooperate

I have been given the chance to ask questions about safety steps.

I understand that complications may include, BUT are not limited to, bruising, muscle soreness and emotional distress.

I understand I can decide not to consent to safety steps at any time before the dentist begins treatment. My child will then be sent to another dentist or scheduled for treatment to be completed in the hospital.

I understand that I can make changes to my consent at any time before my child receives treatment.

I understand that this consent will expire ninety (90) days from the date it was signed.

_____________________________    ______________________________
Parent/Guardian                  Dentist

_____________________________    ____________________________
Witness        Date
Descriptions of Safety Steps

1) **Tell-Show-Do:** The dentist or the assistant explains to the child what is to be done using simple terminology and repetition. They show the child what is to be done by demonstrating with instruments on a model or the child's finger. The procedure is then performed in the child's mouth as described. Praise is used to reinforce positive behavior.

2) **Hand Holding/ Passive Restraint:** The assistant may hold the child's hand during a procedure or lay their hands over the child's to remind child not to reach up to their mouth.

3) **Positive Reinforcement/Verbal Praising:** This technique rewards the child who displays any desirable behavior. Rewards include compliments, praise, a pat on the back, a hug or a prize.

4) **Props to Help Hold the Mouth Open:** A rubber or rubber covered metal device placed in the child's mouth to prevent the mouth from closing when a child has refused to open or has difficulty maintaining an open mouth.

5) **Voice Control:** The attention of a disruptive child is gained by changing the tone or increasing the volume of the dentist's voice. The content of the conversation is less important than the abrupt or sudden nature of the command.

6) **Laughing Gas (nitrous oxide):** Nitrous Oxide is used to relax a child who does not respond to other behavior management techniques or is unable to understand and cooperate for dental treatment. Your child does not become unconscious and we will use a local anesthetic (numbing) as well. You will be informed if nitrous oxide will be used on your child and you will be asked to sign a specific consent each time it is used. Serious complications are rare. More common side effects are drowsiness, irritability and sleepiness. There is an additional charge not covered by insurance. This cannot be used on children with asthma.

7) **Physical Restraint:** The assistant will restrain from moving by holding down arms, stabilizing the head and/or raising the legs to control leg movements. A minimum amount of force is used at all times but bruising, redness, muscle soreness and emotional distress is possible.

8) **Papoose Board/Pedi-Wrap:** These are restraining devices for limiting the disruptive child's movement to prevent injury and to enable the dentist to provide necessary treatment. The child is wrapped in the device while lying on a reclined dental chair. Every effort is made to wrap the child comfortably but the pressure of the wrap may temporarily redden the skin underneath the wrap's straps. This is used when the risk of taking the child to the operating room is too great for the amount of work needed or the urgency of the needed work.