Purpose:
This policy provides specific guidelines for dental clinic staff concerning obtaining parental/guardian permission for and use of safety steps during dental procedures performed on children. These steps are progressive in nature beginning from verbal directions up to physical restraint with a Papoose Board/Pedi-Wrap.

Policy:
It is the policy of Lorain County Health & Dentistry to provide dental care in a safe manner for both patient and staff. While the majority of children receiving dental treatment at LCH&D are able to cooperate, occasionally there may be a need for the use of progressively restrictive safety steps to gain cooperation when other alternatives have failed. Safety steps will only be used for the safety of the patient or staff under the direction of the dentist and with written permission of the parent/guardian.

Procedures:
The dentist will decide, at the time of treatment planning, whether the dental care needed will be successfully provided in the LCH&D dental clinic. This determination should be done based on the urgency of the treatment needs and the likelihood that the child will be cooperative. The dentist should discuss with parent/guardian all options for treatment including the use of safety steps, referral to another dentist, deferment (if possible) of non-urgent treatment until child is better able to cooperate or having the treatment provided in the hospital.

The dental clinic staff will obtain permission for the use of safety steps at the time of treatment planning surgical dental treatment being performed in the LCH&D clinic on all children ages 1-7 and for older children on an individual basis. Dental staff should reassure parents and guardians that all efforts will be made to obtain cooperation for dental treatment from children including use of warmth, friendliness, persuasion, humor and understanding and that generally these methods are successful.

Occasionally a child cannot hold still during the dental visit due to lack of psychological or emotional maturity and LCH&D staff should reassure the parent that the dentist will take safety steps to help the child to be still. These steps are used to make sure the child and the dental staff are not hurt by disruptive behavior or uncontrollable movement. Only the dentist will decide to use safety steps to keep the child and other staff from getting hurt.

Should a child’s behavior becomes uncontrollable while treatment is in process, the dentist should halt the procedure as soon as possible, discuss the situation with the parent/guardian and either select another approach for treatment or defer treatment based upon the dental needs of the patient. If the decision is made to defer treatment, the dentist immediately should complete the necessary steps to bring the procedure to a safe conclusion before ending the appointment. If the decision is to proceed with the necessary treatment, it must be done in a manner safe for the patient and the dental staff.
utilizing protective stabilization either by parental or staff physical restraint or with a papoose board.

Physical restraint and the papoose board may also be utilized if the dental treatment is urgent (trauma, pain, infection) or the amount of care needed does not warrant the risks of general anesthesia. In all instances of physical restraint, written parental/guardian permission must be obtained in advance and on each instance of use if used multiple times.

The use of protective stabilization has the potential to produce serious consequences, such as physical or psychological harm, loss of dignity, and violation of a patient’s rights and therefore requires a separate specific informed consent form. Stabilization devices placed around the chest may restrict respirations; therefore are not to be used on patients with asthma except under urgent instances.

The use of physical restraint must be documented in the child’s chart. The documentation must include: informed consent for stabilization, indication for stabilization, type and duration of stabilization, and behavior evaluation/rating during stabilization.

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.

References:


Recommended for approval by:

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