PLAN OPERATIONS	Advantage Dental From DentaQuest			
	Policy and Procedure			
	Policy Name:	**Seclusion and Restraint**	Policy ID:	**PLANCG-50**
	Approved By:	Peer Review and Credentialing Committee	Last Revision Date:	01/09/2025
	States:	Oregon	Last Review Date:	03/26/2025
	Application:	Medicaid	Effective Date:	03/27/2025

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.

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.

PROCEDURE

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 time out 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 form imposed 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 and Protocol Review:
All contracted providers are required to read and attest to the understanding of all DCO policies including the Seclusion and Restraint Policy and 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.

The DCO requires contracted providers to have a policy and procedure regarding use of restraint and seclusion as required under the Code of Federal Regulations and also requires the contracted provider to provide a copy of their policy to the DCO upon request. If a provider is not required to maintain a policy regarding the use of restraints and seclusion, the DCO requires that the provider submit a Prohibited Procedure or written statement to that effect.

Monitoring and Compliance:
The DCO's Plan Operations 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 Review –** Violations of the above standards will be reported by providers, clinic staff, enrollees or enrollee's family representatives. Reports will be captured by Plan Operations and reviewed by the VP of Clinical Services and by the Peer Review and Credentialing 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.

REFERENCES

42 CFR, 438.100 Enrollee rights
OAR 410-141-3590 MCE Member Relations: Member Rights and Responsibilities

DEFINITIONS

"Seclusion" means the involuntary confinement of an enrollee alone in an area or room from which the where the enrollee is physically prevented from leaving.

"Restraint" means any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of the patient to move their arms, legs, body, or head freely; or a drug or medication used as a restriction to manage the enrollee's behavior or restrict the enrollee's freedom of movement and is not a standard treatment or dosage.

"Time out" means a behavioral support strategy in which an enrollee temporarily separates, for the purpose of calming. While on "time out", the enrollee must be continually monitored.

Revision History

Date:	Description
12/01/2018	Approval and adoption.
05/28/2019	Updates based on annual review.
12/09/2019	Conversion to revised policy and procedure format and naming convention.
2/17/2021	Updates based on annual review.
11/11/2021	Updates based on annual review.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
04/15/2024	Updates based on annual review.
01/09/2025	Annual review.