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PHILOSOPHY/PURPOSE

It shall be the philosophy of Regional Center Health Services Programs to provide the highest quality of medical and dental services to all individuals. Since many individuals find cooperation during treatment procedures challenging, the use of behavioral intervention approaches, medical or dental management strategies, restraints, sedation, and/or general anesthesia may be necessary to safely accomplish needed medical and dental treatment, and to allow medical or dental services to be provided in the least restrictive manner. It is understood that without the use of dental restraints, sedation, and on occasion, general anesthesia, comprehensive medical and dental services for some individuals would be impossible.

The definition of the words as used in this document are as follows:

Must or shall: indicates mandatory;
Should: indicates desirable; and
May or could: indicates discretionary.

This policy is intended to support, not supplant, the clinical judgment of the individual medical or dental practitioner.

USE OF BEHAVIORAL INTERVENTION APPROACHES/FAMILIARIZATION TRAINING

One should not automatically assume that the management of medical or dental services for an individual with disabilities will be challenging. Of those who do experience difficulties cooperating with medical or dental services, some can be treated using behavioral intervention approaches.

Many physicians and dentists naturally use behavioral intervention approaches (e.g., verbal praise) with selected patients. These approaches can also be very effective for individuals with disabilities when they present with mildly challenging behaviors in response to treatment. However, these natural approaches may not be feasible or effective for those presenting with more challenging behaviors.

For those who present with more challenging behaviors, a formal behavioral intervention approach may be required. These formal behavioral intervention approaches can be very effective over time. Based on the needs and preferences of the individual, formal behavioral intervention approaches may include:

- A. Ensuring effective communication strategies are in place;
- B. Introduction of self-calming techniques;
- C. Use of longer periods of instruction;
- D. More frequent repetition of instructions;
- E. Use of concrete terminology;
- F. Increasing use of visual cues;
- G. Reducing distractions;
- H. Encouraging consistent use of behavioral interventions within the medical or dental environment;
- I. Higher frequency of positive reinforcement, training and other behavioral intervention techniques; and
- J. Medical and dental familiarization training.

All efforts to address challenging behaviors, including familiarization training, must be tried and documented before proceeding to more intrusive interventions such as restraint and/or sedation. Should restraint and/or sedation be required, efforts to fade use through behavioral intervention and familiarization training must continue as appropriate.

Necessary treatment shall not be delayed for behavioral intervention training if such a delay could result in increased risk of harm or morbidity.

MEDICAL AND DENTAL RESTRAINTS DURING MEDICAL AND DENTAL PROCEDURES

There are individuals who find cooperation with of medical and dental procedures difficult but who can be treated with the use of simple restraints without the concomitant use of sedation. These restraints vary from simple arm/wrist and body restraints to the use of full body wraps (e.g., Pedi-Wrap, Papoose board or sheets). Medical and dental restraints are medical and therapeutic in character, temporary in employment and should not be guided by many of the limitations and restrictions associated with use of general behavioral restraints.

When an individual requires restraints to receive medical or dental treatment, a record of this shall be made in the medical or dental process notes and referenced in the Individual's Program Plan. Use of planned medical or dental restraints requires the informed consent of the person, legal guardian or client representative. These planned restraints must also be reviewed and approved by the Regional Center Human Rights Committee. This documentation/consent/Human Rights Committee approval must be updated at least annually. If an individual is approved to receive planned dental restraints, dental familiarization training will be utilized as appropriate to support dental treatment.

Since the necessity for use of physical restraints cannot always be predicted prior to medical or dental treatment, unplanned restraint use and the reasons for it will be documented in the medical or dental progress notes following treatment. Recurring use of unplanned restraints will require review by the interdisciplinary team to determine if a plan of intervention is needed.

For certain individuals, health protection devices are necessary for positioning and support. Due to physical conditions such as spasticity or involuntary muscle contractions, the same devices used as medical or dental restraints on some individuals serve as positioning and support devices for others. When health protection devices are used for positioning and support, justification for the planned use of these devices will be made in the medical or dental progress notes and referenced to in the Individual's Program Plan. Use of these devices will require informed consent of the person, his/her legal guardian or client representative but should not require review/approval by the Regional Center Human Rights Committee.

If a restraint device is used, appropriate monitoring of the individual will occur. The head position should be checked to ensure a patent airway. At no time shall a restrained individual be left unobserved while in the medical or dental clinic.

USE OF SEDATION

When an individual requires sedation to receive medical or dental treatment, a record will be made in the physician's or dentist's notes and the Individual's Program Plan. Use of sedation requires consent by the person, his/her legal guardian or client representative and approval by the Regional Center Human Rights Committee. This documentation/consent/Human Rights Committee approval must be updated at least annually. If an individual is approved to receive planned sedation, medical or dental familiarization will be utilized as appropriate to support medical or dental treatment.

A. Introduction

These guidelines address three (3) major issues:

1. The choice of drugs, dosage and route of administration during medical or dental procedures are the responsibility of the individual dental practitioner and/or physician with the following exceptions:
 - a. Ketamine, Propofol, Etomidate, Sodium Thiopental, Methodexital, Fentanyl or similar agents will not be utilized.
 - b. The lowest level of sedation should be provided in order to accomplish the indicated medical or dental procedures. When sedation is indicated minimal sedation/anxiolysis is the goal. Planned deep sedation will not be utilized at DDSN Regional Facilities.
2. It is the responsibility of the Facility to provide the medical or dental staff with access to continuing education and programs necessary to maintain and/or improve current levels of skill (e.g., meetings, CPR certification and infection control updates).
3. The Facility must assure that medical and dental services are provided by trained professionals and are provided in a safe, properly equipped environment in which individuals requiring medical or dental sedation may be treated and monitored post operatively by appropriate, trained staff.

B. Indication

Sedation is indicated for individuals who find it difficult to cooperate with medical or dental procedures, including many with accompanying medical and physical disabilities, for whom less restrictive management modalities are ineffective and/or unsafe. The goals of sedation are similar to those in the private sector (e.g., allaying anxiety and fear, and raising pain threshold), but it is primarily used at DDSN Regional Centers to address severe responses to cooperation with medical or dental procedures characterized by aggressive, combative behavior and self-abuse. The goal of sedation procedures should be to provide optimal and comprehensive medical and dental services with maximum safety and comfort to the individual without the use of more involved procedures such as general anesthesia. It is important to note that, pursuant to the Adult Health Care Consent Act (S.C. Code Ann. § 44-66-10) (See DDSN Directive 535-07-DD: Obtaining Consent for Individuals Regarding Health Care - Making Health Care Decisions), DDSN may act as the authorized person only in instances of major medical treatment. Major medical treatment as defined as “a medical, surgical, or diagnostic intervention or procedure proposed for a person with an Intellectual Disability or a Related Disability, where a general anesthetic is used or which involves a significant invasion of bodily integrity requiring incision, producing substantial pain, discomfort, debilitation, or having a significant recovery period. It does not include routine diagnosis or treatment such as the administration of medications or nutrition or the extractions of bodily fluids for analysis or dental care performed with a local anesthetic or a nonpermanent procedure designed for the prevention of pregnancy.” (See S.C. Code Ann. § 44-26-10 - Rights of Clients With Intellectual Disability.

C. Definition of Sedation

Anxiolysis (minimal sedation): Anxiolysis (minimal sedation) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes and ventilation and cardiovascular functions are unaffected.

Moderate (Conscious) Sedation: Moderate (conscious) sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Deep Sedation: Deep sedation is a drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilation function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

THE TERM SEDATION, WHEN USED WITHIN THESE GUIDELINES, ALWAYS REFERS TO ANXIOLYSIS (MINIMAL) OR MODERATE (CONSCIOUS) SEDATION.

D. Facilities and Equipment

It is the responsibility of the Facility Administration to provide a safe environment in which to treat individuals who require sedation for medical or dental services.

It is the responsibility of the medical/dental practitioner and Facility Administration to assure that use of sedation is utilized in a manner that is consistent with applicable state regulations to include the American Dental Association's Guidelines for the Use of Sedation and General Anesthesia by Dentists.

The medical and dental clinic shall have a positive pressure oxygen delivery system that is capable of administering greater than 90% oxygen at a 5 liter/minute flow for at least 60 minutes. This equipment should accommodate both children and adults. If the Facility provides nitrous oxide/oxygen sedation, this equipment should provide a maximum of 100% and never less than 25% oxygen concentration at a flow rate appropriate to the individual's needs and have the standard fail-safe system which is in place on all DDSN nitrous equipment.

When sedation is provided at a Facility, it shall be the responsibility of that Facility to provide the physician or dentist with equipment that is appropriate for the technique being used. It is the responsibility of the administering physician, dentist and Facility Administrator to assure the accessibility and proper functioning of this equipment.

An emergency kit must be readily accessible and will include the necessary drugs and equipment to manage a non-breathing and unconscious patient and to provide continuous support until that individual can be transported to a medical facility. The drugs contained on the emergency kit

should be checked and maintained appropriately, according to South Carolina Department of Health and Environmental Control (DHEC), South Carolina Department of Labor, Licensing and Regulation (LLR) or other applicable regulations.

E. Monitoring

During the medical or dental procedure, a sedated individual's consciousness and responsiveness shall be appropriately monitored by licensed dentists or physicians who are trained in monitoring and resuscitation procedures. The monitoring process may be performed by visual, mechanical or electrical means. However, many individuals present with combative, aggressive and totally uncooperative behavior which renders recording of vital signs impossible and meaningless. Thus, the practitioner should utilize other signs of the degree of the individual's consciousness or responsiveness.

If a restraint device is used in conjunction with sedation, appropriate monitoring of the individual shall occur. The head position should be checked to ensure a patent airway. At no time shall a sedated individual be left unobserved while in the medical or dental clinic.

F. Documentation

The practitioner shall be familiar with the individual's current medical history and physical examination information. This information should be readily available. When utilizing sedation medications, pertinent information should be clearly entered into the medical or dental progress notes and Individual's Program Plan. All entries shall be signed and titled by the appropriate practitioner.

G. General Anesthesia

1. General anesthesia is necessary for only a small percentage of individuals. Although general anesthesia is indicated for only a small percentage of individuals, it is a vital component in the array of medical or dental treatment modalities for people with an Intellectual Disability or a Related Disability. The major considerations that influence the requirement for general anesthesia are:
 - a. The existence of a severe medical or dental management problem not amenable to the use of sedation and/or restraints, and/or
 - b. An extensive amount of medical or dental treatment needed.
2. Since general anesthesia is not administered at DDSN Regional Centers, the Regional Center physician or dentist will make a referral to an appropriate specialist.
3. Documentation of informed consent is the responsibility of the attending specialist.

Summary

When treating individuals who do not cooperate with medical or dental treatment, it is the responsibility of the medical or dental practitioner to determine whether behavioral modification management, physical restraints, sedation, general anesthesia or any combination is appropriate to allow for safe medical or dental treatment. The use of sedation for some medical or dental patients is a necessary and routine treatment modality and in no way should be confused with use of psychotropic medications employed on a regular basis to address general behavioral problems. It is the responsibility of the Facility Administrator to provide a safe environment for medical and dental sedation and to help provide the practitioner with access to the most current information and professional training for medical and dental treatment of individuals with disabilities.



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