Caring For the Oral Health of Individuals With Special Needs: Medical Immobilization and Protective Stabilization for Care Givers and Individuals

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PA Head Start Association

Dental Trade Alliance Foundation Grant

This webinar is one in a series of webinars designed to help improve the oral health of individuals with special needs, and thus improve their overall health. In this webinar, we will discuss safe and effective ways to address behaviors that make oral care difficult.

Caring For the Oral Health of Persons With Special Needs

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- Pennsylvania Coalition for Oral Health Board of Directors
- PDA Committee on Access to Care
- PA Department of Health: Advisory Health Board

These are some of the current affiliations I have that contribute to my knowledge base for these modules. Much of the information in this module was developed in conjunction with the Office for Persons with Developmental Disabilities in NYS and their Special Care Dentistry Task Force. The information was implemented as policy for the state residences, and continues to be used throughout the state. More in depth training is available through OPWDD then the overview being provided here.

Caring For the Oral Health of Persons With Special Needs

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Disclosure

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The speaker, Dr. Alicia Risner-Bauman, does not have any financial interests in Specialized Care Company or ARK Therapeutic Services, Inc. or any other products mentioned.

This is the standard disclaimer and disclosure statement.

Please view the INTRODUCTION and NON-PHARMACOLOGICAL BEHAVIOR MANAGEMENT before proceeding with this module.

This webinar is part of the series of modules designed to help improve the oral health of individuals with special needs. Viewing the introductory module will help make this information more useful to you. The techniques in this webinar build upon the ideas presented in the nonpharmacological behavior management webinar. You will need to review that webinar prior to this webinar in order to best utilize this content. Thank you.

LEARNING OBJECTIVES

- Define restraint, immobilization, and stabilization.
- Describe how to obtain proper consent for the use of MIPS.
- Demonstrate comfort in teaching care givers how to utilize MIPS for oral care plans.
- Describe how to recommend and get MIPS incorporated into an oral care plan.
- Demonstrate how to safely and effectively utilize MIPS in an oral care plan.

This summarizes the information we are hoping you will take away from this webinar.

Medical Immobilization and Protective Stabilization Plans (MIPS)

- Limitation of unfavorable actions
- Limiting movements that prevent or interfere with care

Manual

Physical

Pharmacologic

- Definitions provided by Glossary of Psychological Terms from American Psychological Association http://www.apa.org/research/action/glossary.aspx?tab=18

Medical immobilization and protective stabilization is oftentimes necessary to provide safe and effective care. When other methods have failed, these techniques can often be utilized as a safe alternative to sedation or general anesthesia. While you may find that some staff are hesitant to utilize these modalities, or some professionals are not trained or comfortable utilizing these modalities, it is important to stress that these are safety measures to improve the overall health and well-being of the individual. These are going to be used for a limited time while care is being provided. The timeframe should be specified and breaks given after 20 or 30 minutes.

MIPS

- The partial or complete control of an individual's arms, legs, head or torso.
- Necessary to protect the individual or others from injury.
- Only used for the duration of a medical or dental appointment or procedure.
- This includes: manual techniques, mechanical devices, the use of a papoose board, and/or sedating medication.

- NYS Special Care Dentistry Task Force and OPWDD developed to be consistent with NY OMRDD Administrative Memorandum #2007 Medical Immobilization/Protective Stabilization (MIPS) and Anxiolysis/Sedation for Medical/Dental Appointments

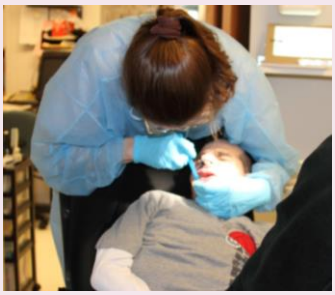
Remember, sedation and general anesthesia have risks. With individuals who have compromised posturing or other airway risks, transporting and care can be extremely risky. Proper monitoring after drug administration may not be possible for staff or caregivers making sedation dangerous.
I once had a staff member question why we didn't just sedate a person rather than stabilize them. When I asked how long the trip home was, they stated it was an hour and a half. I asked them what they would do if they had emergency during the trip back and she said they would go to the nearest hospital. I then asked how many hospitals they passed on the way here she wasn't able to answer. We know brain-damage begins six minutes after oxygen is no longer going to brain. If they had an airway emergency, unless they could open the airway adequately or were carrying oxygen on the van, they would not be able to properly manage the emergency. The half-life of many sedating drugs is hours. The majority of deaths in dental offices occur during sedation or general anesthesia.

You are obviously not going to sedate somebody every time that you need to clean their teeth. Understanding how you might incorporate some of these modalities into your care plan at home is very useful when some of the behaviors are preventing you from doing the job you need to do to care for somebody. For someone being cared

for, controlling your movements or actions for two minutes is simply to provide better health for you and to keep you and others safe during the care process. Hopefully, as you get more comfortable with oral care, these measures will become less necessary. These modalities can be very important when alternatives fail.

MIPS

- Gentle holds of short duration to overcome physical and behavioral obstacles can become part of the plan
- Certain immobilization devices can be prescribed by the dental professional and ordered for use at home and in professional settings with proper training



Proper training is the key. Ask your care professionals how to properly stabilize someone for oral care. It is extremely important to avoid injury and to make the stabilization successful. Discuss the technique being used and how to use it. Ask to provide the technique and receive feedback to correct anything before you leave the office so you are best prepared to utilize the technique at home.

Full-body immobilization is very often when people think of when we talk about MIPS, or the quote unquote papoose board. Immobilization and stabilization takes many forms and can be used in many ways to help make the healthcare plan more effective. 20 to 30 minutes of snug as a bug in a rug is oftentimes safer than several people having to hold someone down. Many individuals with autism find this to be very comforting and may be used already in numerous settings ask if the dental lead apron can be placed if you know that you use a weighted blanket at home.

Rules and regulations regarding who can provide informed consent change frequently. Once an individual turns 18 years old, you may no longer be considered a legal guardian despite being a parent. Check out the laws in your state and establish legal guardianship before this important birthday to avoid any issues when seeking professional care. Have a legal guardian create a letter preferably that has been witnessed or notarized. Well-intentioned helpers may bring someone to appointments, but this can create a legal mess If the Guardian did not want that person to be seen at that facility day.

Make it clear when you visit professional offices if you are able to provide consent for yourself. Many professionals do not understand various learning abilities and levels of consent. Some think having a power of attorney means that person is the only one who can provide consent, but obviously this is not true. I have a power of attorney with my husband and vice versa so that if anything ever happened to us you know we could answer for each other. It also helps when I'm out of town all the time…and he can make decisions for me I can for him. Bring the necessary paperwork to your initial visits and have it available for the professional staff.

MIPS Plans

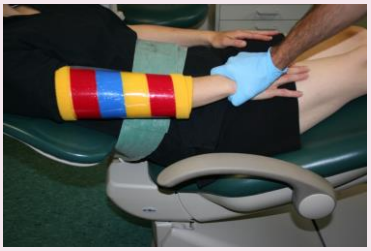
- Plan must start with least restrictive intervention techniques, advancing to more restrictive interventions only when documentation shows previous efforts have failed safe completion of the task.
- Local, state and federal, laws and guidelines, must be followed.
- Informed consent from legal guardian is required unless used for an emergency.
- Consent should be renewed annually.
- Confirmation of legal guardianship for consent or an individual's ability to consent should be reviewed annually.

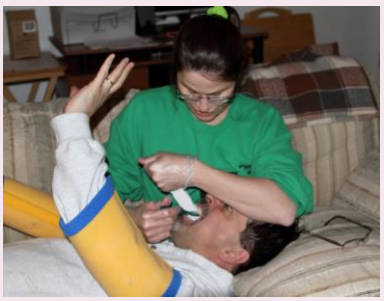
In deciding what modalities we should use, remember we start with the simplest techniques first. As a person becomes more accepting of care, the need for MIPS will also reduce overtime. Trying other, less restrictive techniques at each visit before utilizing a more restrictive technique is important. For example, a person who requires a papoose for extractions may not require a papoose for a cleaning.
I had patient who only required elbow stabilizers during injections because they would reach for the syringe. After the injections, the patient was perfectly cooperative and able to participate in their care with only count and break desensitization. Mixing behavior management techniques is very common, and many of the things discussed in the nonpharmacologic management webinar should be utilized along with these techniques.

Never allow anyone to present these modalities as a punishment for bad behavior. These techniques are necessary to overcome behaviors from fear and anxiety and oftentimes simply physical limitations. Always stress safety, safety, safety. Use terms like “help you be able to be a good helper” or “keep you safe help keep you safe from whatever the behavior is (reaching, scooching, pushing, whatever)”. Reinforce that you know they're trying to be a good helper but they need some extra assistance for the task, whether you believe they are trying to help or not.

What is "Restraint"

- (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely
- Any of these techniques must be viewed as safety measures and NEVER as punishment.





- Public Health Code of Federal Regulations #42 Part 482 to End, Revised October 1, 2010.

Keep in mind restraining someone is not necessarily a bad thing. We would not hesitate to keep someone still while providing medication, so we shouldn't hesitate to keep someone still for two minutes while providing proper healthcare. This idea takes us back to our discussion of supervised neglect that we had during the introduction.

What is "Restraint"

- (B) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

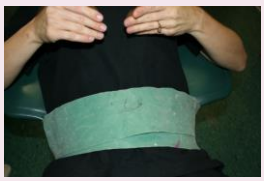
- Public Health Code of Federal Regulations #42 Part 482 to End, Revised October 1, 2010.

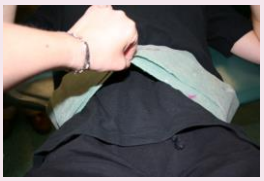
Some people self medicate for procedures. This can cause complications with care even when the medication is prescribed by a physician first. A proper behavior assessment should be done by each provider before any management techniques are used. Cooperation levels are going to be different for different environments with different people. It is important to communicate with professionals before initial appointments that you are used to administering a medications as part of a regular protocol. Clarify whether or not they have the proper permits or licenses to have someone in their office medicated. There's a general belief that if the medication is prescribed by their doctor then there's no problem for the dentist if the patient is sedated which is not true. Professionals need to consult with guardians, physicians, psychiatrists, and staff oftentimes before even being able to do a proper behavior assessment.

I can't tell you how many times someone said to me "you're not going to be able to get anything done" or "mom said you're not going to be able to get anything done". My first thought was always, "Oh, yeah? Watch me!" We would manage to accomplish an exam, cleaning, and x-rays by using some rather simple techniques. Don't reinforce a negative history before a visit. This may only encourage repeat difficult or uncooperative behavior. Instead, stress how happy you are to be seeing this professional and how you know they will be able to help.

What is not a Restraint

- (C) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the **purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm** (this does not include a physical escort).





Public Health Code of Federal Regulations
#42 Part 482 to End, Revised October 1, 2010.

Seatbelts are great way to help people feel safe; that they're not going to fall off the table or on your chair in addition to helping keep a fidgeter in place. I have patient with cerebral palsy who was adamant about not getting in the dental chair, and her speech was rather limited so she was very hard to understand. I asked her why she didn't want to get in the chair and I finally understood what she was saying FALL. She was afraid she would fall from the chair. When we offered to use a seatbelt so she could not fall, she was very expressive that that would solve the problem and caring for her was extremely easy. I've had patients to ask where their seatbelt is and put it on themselves. With little kids, telling them we're going to go for a ride up and down in the chair so we need to where our seatbelt, right? Usually the answer will be yes because they are used to wearing a seatbelt when they go for a ride, so now you have a seatbelt place, you have the go up and down, and now they're staying put.
If you are used to using the seatbelt for transportation, wheelchairs, or any other safety or comfort reason, let the professionals know and bring a seatbelt along even if it's just a long belt that you can fasten like you do for everything else.

Many people are afraid of providing oral care when they think someone may bite them. People with uncontrollable spasticity are often reluctant to be cared for because they don't want to bite someone. Asking if it's okay to use a prop will sometimes help you know no one will be hurt. A prop helps make things easier. It allows someone to rest rather than strain open during care which eases discomfort on the joint as well as making it easier to see into the mouth. They are great for someone who has trouble keeping their mouth open, biting on the toothbrush, squeezing their lips etc. Ask to be shown proper use of the mouth prop and how to buy or make one for home use. Providers get used to using them , and we sometimes forget to teach you how to use them.

Comfort Items as Mouth Props

- Clean rubber items are available online and in stores.
- Avoid hard items.

https://www.arktherapeutic.com/chewelry/

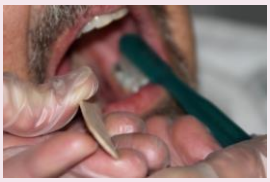
https://www.arktherapeutic.com/oral-motor-chewing-tools

Having something on one side propping the mouth open lets you take care of the other side. Think about whether you already have items that can be used as a prop. I had a patient who used to have a plastic rod he would hold between his teeth and he would tap with another rod. Staff would try to get him to take it out of his mouth. I told him to leave it was easier for me to work around than to struggle with him misbehaving because he didn't have his comfort item. At one point we used impression putty to cover the end of the rod.

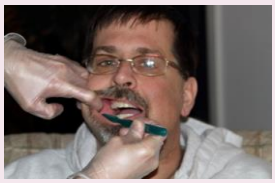
Ask to place and hold the prop while providing care before you leave the office so you can make sure it's being used properly. Sometimes individuals will even hold their own prop in place and allow caregivers to work around it. Sorting this out at the office makes it easier when than trying to do this at home. If the person who usually provides care is not there, ask if they can come to an appointment so that you can work together on mastering this technique. Office support staff, therapists, nurses, and other professionals already helping with your individualized care can work with you. Training a care person from a facility can be useful as well so that when you have a prop and instructions that the prop should be used, the person who has been trained can make sure the person caring for you or a loved one knows how to use the prop and keep track of it in the care plan.

Move Cheek, Tongue and Lips

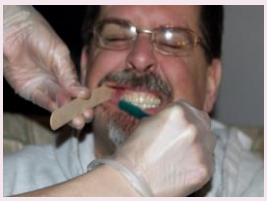
Keep fingers outside of teeth and next to cheek



Rest blade on teeth, NOT GUMS
Lips should be moved up, down, or out using gentle pressure



Use finger without grabbing or pinching lip



Tongue depressor or mouth prop can be used to move lip. Slide between lips, move back along cheek, then pivot out.

I sometimes refer to this as fish hooking, using a finger to cheek out of the way. Prop can be used for this as well.

Items used in office visits can be requested or ordered for use at home. Consulting with staff nurses, physicians, behaviorists psychiatrists etc. might be necessary in order to get these modalities implemented into a daily care plan. Once in the plan, frequency of use, time of intervention, and how successful the task was should be documented. Ask for or create a tracking sheet. The information will not only be helpful for you at home, but also for return visits to show how successful you have been with the recommendations.

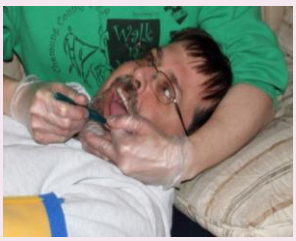
Remember, in the dental office we usually have the patient reclined and we sit somewhere between nine and 12 o'clock. But, most caregivers try to come at someone from the front while they're standing which makes it nearly impossible to see what you're doing! Many times you need to be behind the person you're caring for with their head in front of you so that when you look down when you can see in the mouth. If you have to be in front of the person be sure that you are on the same level or perhaps even lower so that you can see more easily into the mouth. If possible have them tip their head back and support it with your hand or a pillow or a towel or something similar. Beanbags work great for this as well

As dentists, it is not unusual for us to hold someone’s head in order to provide care. Most caregivers really don't understand how to do this properly. Ask for help for doing this properly so you can feel comfortable and be able to provide better oral care, and be better able to assist with in office care. Trying to hit a quote unquote “moving target” can be dangerous. Keeping the head still simply makes it easier for everyone to be able to provide care and helps to lower the overall anxiety and fear associated with oral health care.

Safe and Effective Head Stabilization




Pressure on bony prominences
Cradle against a stable object
Can secure against chest, belly, arm

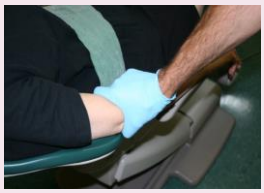



The purpose is to prevent sudden movement. Pressure should be equal and opposite to the individual's movements. I often tell people that we are going to put our hands here to remind you to keep your head in one spot. If you start to move, we will help you stop so you stay safe. We are right here to help if you need us to. Reinforce that you are keeping them safe, and make it seem as though you're correcting something that they're really trying to be helpful about but just might need some extra help. This is true for hand holding as well. Don't hesitate to ask someone to stabilize your head if you think it will help. They may be concerned that you will say they're abusing you, or consider this abuse.

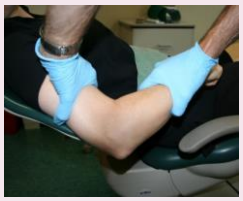
Not only do these positions make it difficult for the person to breathe, it also makes it difficult for you to see what you're doing. Don't be afraid to speak up if you see this happening during an office visit. We sometimes get so involved with what we're doing that we don't notice that the head has shifted into a bad position. Please offer to help when it appears there just aren't enough hands to get things done safely and effectively.

Yes, believe it or not, I have seen parents grab onto the hair in order to keep someone still. Stabilizing the lower jaw requires holding the angle of the jaw bone, never under the jaw which causes a choking feeling. Never assume that this is obvious to the person you're asking to help.

Limb Stabilization



Never apply pressure directly over a joint



Hold long bones only Do not twist skin

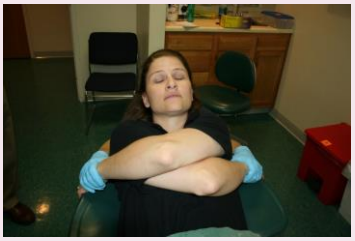
Joint stabilizers can be prescribed by a physician or dentist and ordered*

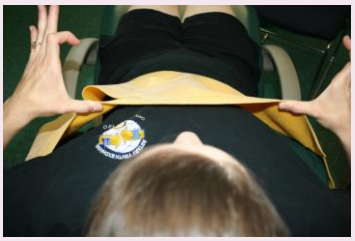
Release hold whenever not performing the task

Elbow stabilizers are great for people who reach. This can be helpful in many settings, so if you find that they are successful in the office, consider their use for other professional visits. Ask to have them ordered for home use. Talk to other providers first about their use during visits to assure they are comfortable if you bring them to an appointment. Usually, if this becomes part of the regular care plan or there is documentation of consent, it is not an issue. I had someone ask to borrow these to be able to get their child through an eye examination. I called the ophthalmologist first to make sure they were fine with it, and then the parent took them to the appointment. They used them and told me it was the first successful visit they had ever had; the child was 27 years old.
Knee stabilizers are great for scoochers, someone who tries to push their way up or down using the legs.

Torso Stabilization

- Usually requires two care givers
- Seated wrap can be accomplished in any chair, want 25 degree tip back if possible
- Skinny chair easiest, have "wrapper" behind the chair keeping the arms crossed, back pressure to keep from moving forward
- Monitor to be sure not compressing chest





The Rainbow Wrap papoose has the ability to use only the top portion for torso stabilization as well. This is really useful for people who rock. I learned this technique POINT TO TOP when a staff person asked if I wanted to see how they have to feed the person. We ordered for it to be used for oral care as well. This was fairly easy to implement since it had been approved for feeding.

Proper Documentation

- Consent
- All methods tried day of treatment and previously
- Duration of intervention
- Number and length of breaks
  - May be summarized as “with numerous breaks”
- Success of measure
  - If treatment was completed
  - How intervention was tolerated by patient
- Always document who was present or assisted with intervention
- What next for behavior management (same?)

This documentation goes for not only office visits but also for care provided in institutionalized or group settings. It is beneficial to have to keep track of this on a regular basis so that the plan can be better developed and improved upon over time. When introducing techniques like this, ask for a return visit early on to discuss how it's working, show how you're doing it at home, and see whether or not you need to modify how you are implementing the technique.

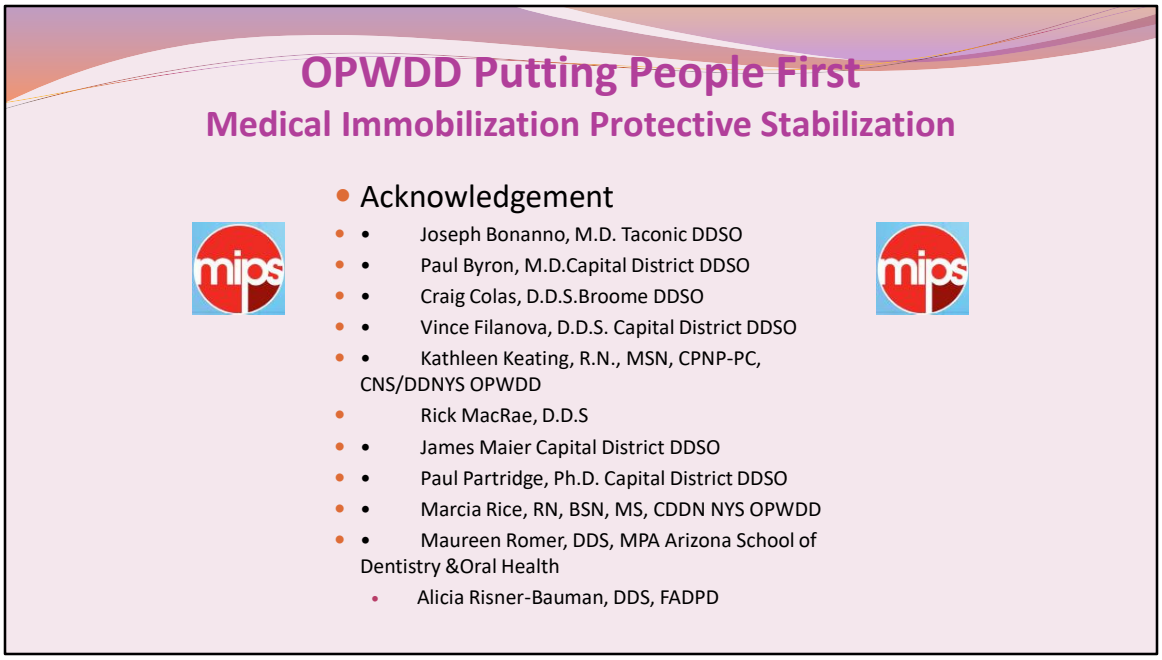
Billing

- **D9920 BEHAVIOR MANAGEMENT BY REPORT**
- May be reported *in addition* to treatment provided.
- Should be reported in 15 minute increments.
- Some plans require that the patient have a medical diagnosis in order to bill this code. Best to include in medical history.
- Guidelines and regulations vary from plan to plan and state to state.
- Some plans will not allow billing with levels of sedation, even when use both.

- CDT 2014 Dental Procedure Codes American Dental Association

Some insurances cover, some require a narrative as to why it's necessary, the usual insurance type stuff. Even if your insurance does not pay for this stabilization, it is worth the safety and ease of care for shorter appointments. This is sort of the cost for specialized care.

Remember, the point of these webinars is to show you how to improve the care you're providing to an individual with special needs. Don't hesitate to ask a professional to show you how to use these techniques, to get these techniques included in a plan and get those plans approved. The health of the individual is in your hands, and understanding the benefits of stabilization is up to you as well. As individuals, you certainly should ask about these techniques if you believe they'll help you. I've had individuals with spasticity asked to have their life stabilized seatbelt papoose whatever in order to make care easier and more comfortable for them.



The methods shown in this webinar were adapted by the NYS OPWDD for medical and dental visits. The training developed for staff in residences was developed by Dr. Alicia Risner-Bauman in cooperation with the individuals you see here. More training on these methods is available at their website.

Questions?

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THANK YOU

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Dental Lifeline Network
More than Dentistry. Life.

Again, we wish to thank the Dental Trade Alliance Foundation and the Dental Lifeline Network for the grant that supported this presentation. Please contact me via email if you have any questions or concerns regarding this presentation. We hope you enjoy the remaining modules for your care giving level. Thank you for your participation.