

Emergency Physical Restraint Report

*Attach this form to the Incident Report for any physical interventions beyond blocking and not part of bx plan

Individual Name:	Region:	DOB:
Date of Incident:	Time of incident:	<input type="checkbox"/> am <input type="checkbox"/> pm
Name of Agency providing services at the time of incident:		

Describe the least restrictive method utilized prior to restraint:		
Identify category for reason of emergency restraint:		
<input type="checkbox"/> Substantial risk of serious physical harm/ injury to self or others <input type="checkbox"/> Occurrence of serious physical harm/ injury to self or others <input type="checkbox"/> Substantial risk of serious destructive behavior <input type="checkbox"/> Occurrence of serious destructive behavior		
Describe the physical restraint intervention utilized:		
Duration of restraint:		
Is there a behavioral plan in place to respond to emergency situations?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is the intervention of physical restraint part of an approved behavior plan?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Describe response of person being restrained <u>during</u> the use of restraint:		
Describe the response of the person being restrained <u>after</u> the use of restraint:		
Was the person visually/ verbally checked for potential injury after the restraint?		
YES <input type="checkbox"/> NO <input type="checkbox"/> Describe:		
Identify the staff person(s) who conducted the restraint:		
Reporter Printed Name:	Title	
Signature of Reporter	Date	Time

REVIEWS

Program Manager Review of the physical intervention, including debriefing with staff (e.g. why was it appropriate, was retraining necessary, etc.)		
What is the physical intervention/ restraint program that is utilized by the agency (i.e. MANDT, MOAB, etc.)?		
Were all the staff involved trained and currently certified in this physical intervention/ restraint technique?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Signature of Program Manager	Date	Time
Printed Name of Program Manager	Title	