###### Emergency Physical Restraint Report

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

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| Individual Name:       | Region:       | DOB:       |
| Date of Incident:       | Time of incident:       [ ] am [ ] pm |
| Name of Agency providing services at the time of incident:       |
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| **Describe the least restrictive method utilized prior to restraint:** |
|        |
| **Identify category for reason of emergency restraint:**  |
| [ ]  Substantial risk of serious physical harm/ injury to self or others[ ]  Occurrence of serious physical harm/ injury to self or others[ ]  Substantial risk of serious destructive behavior [ ]  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 [ ]  NO [ ]  |
| **Is the intervention of physical restraint part of an approved behavior plan?**  |
| YES [ ]  NO [ ]  |
| **Describe response of person being restrained during the use of restraint:** |
|       |
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| **Describe the response of the person being restrained after the use of restraint:** |
|       |
| **Was the person visually/ verbally checked for potential injury after the restraint?**  |
| YES [ ]  NO [ ]  Describe:       |
| **Identify the staff person(s) who conducted the restraint:** |
|       |
| Reporter Printed Name:      | Title      |
| Signature of Reporter      | Date      | Time      |

**REVIEWS**

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| **Program Manager Review of the physical intervention, including debriefing with staff (e.g. why was it appropriate, was retraining necessary, etc.)**  |
|       |

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| **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 [ ]  NO [ ]  |

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| Signature of Program Manager      | Date      | Time      |
| Printed Name of Program Manager      | Title       |