###### 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:** | | |
|  | | |
|  | | |
| **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.)?** |
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| **Were all the staff involved trained and currently certified in this physical intervention/ restraint technique?** |
| YES  NO |

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