

Witness Entry - Restraint

GER Detail

GER Reference: GER- _____ - _____ Individual Name*: _____

Event Detail

Event*: _____ Type: _____

Event Date: _____ Event Time: _____

Witness Detail

Witness's Name*: _____ Title*: _____

Number of staff at incident site: (1 to 100): _____

Was the least amount possible of physical intervention used?* ☐ Yes ☐ No

Did staff gave only as much assistance as needed, allowing the individual to regain self control whenever feasible?* ☐ Yes ☐ No

Did staff, not directly involved, keep other individuals in the area on their assigned tasks?* ☐ Yes ☐ No

Was the individual held in a position that maintained natural body plane?* ☐ Yes ☐ No

Did staff remain calm throughout the procedure?* ☐ Yes ☐ No

Did staff remain silent, except when giving warning necessary for safety, throughout the procedure?* ☐ Yes ☐ No

Did staff directly intervening with the individual keep their body 'centered' with as little extraneous motion as possible?*
☐ Yes ☐ No

Were any unapproved holds used?* ☐ Yes ☐ No

Was individual injured?* ☐ Yes ☐ No

Was any staff member injured?* ☐ Yes ☐ No

Was individual escorted for intervention?* ☐ Yes ☐ No

If escorted, was staff silent except to give emergency directions? ☐ Yes ☐ No

During escort, did staff work as a team? ☐ Yes ☐ No

Is re- training needed for any staff member involved in this incident?* ☐ Yes ☐ No

Name of staff member: _____

In what area(s) specifically do you see the need for re-training?

Did you need to intervene during the procedure in order to assure the safety of the individual or of the staff? ☐ Yes ☐ No

Any further comments (preventive measures, etc):

☐ I have reviewed this report

Review Comments:

SIGNATURE.....NAME.....DATE.....TIME.....am/pm

Note:- Required fields are marked with an asterisk (*)