

State of Connecticut DDS-Incident Report-255 OH/FAM

Restraint

Restraint Type(1): Chemical Floor control-prone (Face Down) Floor control-supine (Face up) Four-point
 Held by arms Lifted and carried Physical isolation Safety cuffs Non-Standard
Commissioner ok Non-Standard Not-approved

Behavior(1): ADL completion Aggressor to client Aggressor to staff Disruptive behavior
 Property destruction Running away Self-endangering SIB

Restraint Type(2): Chemical Floor control-prone (Face Down) Floor control-supine (Face up) Four-point
 Held by arms Lifted and carried Physical isolation Safety cuffs Non-Standard
Commissioner ok Non-Standard Not-approved

Behavior(2): ADL completion Aggressor to client Aggressor to staff Disruptive behavior
 Property destruction Running away Self-endangering SIB

Restraint Type(3): Chemical Floor control-prone (Face Down) Floor control-supine (Face up) Four-point
 Held by arms Lifted and carried Physical isolation Safety cuffs Non-Standard
Commissioner ok Non-Standard Not-approved

Behavior(3): ADL completion Aggressor to client Aggressor to staff Disruptive behavior
 Property destruction Running away Self-endangering SIB

Restraint Type(4): Chemical Floor control-prone (Face Down) Floor control-supine (Face up) Four-point
 Held by arms Lifted and carried Physical isolation Safety cuffs Non-Standard
Commissioner ok Non-Standard Not-approved

Behavior(4): ADL completion Aggressor to client Aggressor to staff Disruptive behavior
 Property destruction Running away Self-endangering SIB

Reporter Information

Entered in log book/notes?: Yes No

Supervisor Review

Team to review?: Yes No Guardian/PRRP notified?: Yes No

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

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