

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

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 Type (1)

ADL completion Aggressor to client Aggressor to staff Disruptive behavior Property destruction Running away Self-endangering SIB

Behavior Type (3)

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

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 Type (2)

ADL completion Aggressor to client Aggressor to staff Disruptive behavior Property destruction Running away Self-endangering SIB

Behavior Type (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 (*)