

General Information

DDS Case Manager Name*: _____

Service Group* Intellectual disability Autism spectrum disorder OBRA

Restraint

Restraint Type (1): B-Safety belt Body board Chemical Escort Floor Control Supine (Face Up) Four-point
 Lifted and Carried Physical isolation Safety cuffs Sitting floor control Standing restraint holds
 Non-standard commissioner approved Non-standard not-approved

Behavior (1): Aggressor to client Aggressor to staff Disruptive behavior Pica Property destruction
 Remove suture, tubes, etc Running away Self-endangering Self injurious behavior

Restraint Type (2): B-Safety belt Body board Chemical Escort Floor Control Supine (Face Up) Four-point
 Lifted and Carried Physical isolation Safety cuffs Sitting floor control Standing restraint holds
 Non-standard commissioner approved Non-standard not-approved

Behavior (2): Aggressor to client Aggressor to staff Disruptive behavior Pica Property destruction
 Remove suture, tubes, etc Running away Self-endangering Self injurious behavior

Restraint Type (3): B-Safety belt Body board Chemical Escort Floor Control Supine (Face Up) Four-point
 Lifted and Carried Physical isolation Safety cuffs Sitting floor control Standing restraint holds
 Non-standard commissioner approved Non-standard not-approved

Behavior (3): Aggressor to client Aggressor to staff Disruptive behavior Pica Property destruction
 Remove suture, tubes, etc Running away Self-endangering Self injurious behavior

Restraint Type (4): B-Safety belt Body board Chemical Escort Floor Control Supine (Face Up) Four-point
 Lifted and Carried Physical isolation Safety cuffs Sitting floor control Standing restraint holds
 Non-standard commissioner approved Non-standard not-approved

Behavior (4): Aggressor to client Aggressor to staff Disruptive behavior Pica Property destruction
 Remove suture, tubes, etc Running away Self-endangering Self injurious behavior

Reporter Information

Entered in log book/notes? Yes No

Supervisor Review

Team to review? * Yes No

Guardian/PRRP notified? Yes No

Critical Incident? * Yes No

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

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