



Delaware GER - Restraint Related to Behavior

Begin Time:* _____ am / pm End Time:* _____ am / pm End Date:* _____

Status: Emergency Approved by Program Review or Human Rights Committee (PRC/HRC)

Injury caused by Restraint?:* Yes No

Monitoring, at least every 30 mins?:* Yes No

Exercise, at least 10 mins every hour?:* Yes No

Restraint Types:

- 1 Arm Standing Restraint 1 Arm Support 1 Person Body Hug 2 Arm Standing Restrain
- 2 Arm Support 2 Person Body Hug Bite Release Body Positioning
- Clothing Release Finger Release Hair Release Walk with Accompany
- Wrist Release

Person(s) Applying: _____

In Charge During: _____

Person(s) Removing: _____

Emergency Restraint Trauma Check within 24 hrs by: _____

Restraint Summary: _____

Witness 1: _____

Witness 2: _____

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

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