



State of Connecticut DDS-Incident Report-255

General Information

DDS Case Manager Name *: _____

Service Group *: Intellectual disability Autism spectrum disorder ORBA

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 sutures, tubes, etc Running away Self-endangering Self injurious behaviour

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 sutures, tubes, etc Running away Self-endangering Self injurious behaviour

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 sutures, tubes, etc Running away Self-endangering Self injurious behaviour

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 sutures, tubes, etc Running away Self-endangering Self injurious behaviour

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 (*)