

YOUTH FOCUS

INCIDENT REPORT – PHYSICAL RESTRAINT

CLIENT DATA

Name: _____ Program: _____

Client's Home County: _____ Is the client currently receiving mental health authorized residential services? ____yes ____no

Age: _____ Height: _____ Weight: _____

Incident Date: _____ Time: _____ AM/PM (circle one)

Describe the incident /behavior leading to the use of physical restraint: (i.e. what was the acute physical behavior that placed the client or others in danger)

Attempts at De-escalation: (include the following less restrictive interventions)

A) Intervention styles used:

☐ Using Environmental Factors ☐ Listening and feedback ☐ Positive
Reinforcement ☐ Using your Relationship

B) Behavioral Modification techniques used:

☐ Re-direction ☐ Body Language Strategies ☐ Using Person Centered Language
(Communicating Respect)
☐ Proximity Control ☐ Focus on Feelings ☐ Encourage Decision Making
☐ Give Space and Time ☐ Natural Consequences ☐ Directive Statements
☐ Time Away

Physical Restrain Information:

A) Child was considered a danger to ☐ Self ☐ Others

B) Type of Restraint used:

☐ Limited Control Walk ☐ Therapeutic Hold ☐ Therapeutic Hold Wrap
☐ Escape Attempt

C) Duration of Restraint: _____ Minutes

D) Staff Member who initiated Restraint: _____

E) Other staff assisting in restraint: _____

Witnesses: _____

F) Describe how the physical restraint proceeded – include child's reaction and any need for medical attention:

G) Was De-briefing used with child

☐ Yes ☐ No

Briefly describe focus of De-Briefing: _____

Signatures:

Staff completing this form Date

Supervisor Date

Supervisory Review (within 48 hours)

Supervisor's Name:

Date Time

Legal Guardian informed:

Guardian's Name:

Staff making contact with Guardian:

Supervisor must mail form to:

Confirmation

1) Executive Director

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