**PBS Qualified Clinician Completing Form:** Enter full name.

**Date Form Completed:** Click or tap to enter a date.

**Name of Person Restrained:** Enter full name.

**Date of Birth:** Click or tap to enter a date.

**Date Intensive Positive Behavior Support Plan (IPBSP) Created:** Click or tap to enter a date.

*\*Please Note: A Behavior Safety Plan cannot be developed without a prior IPBSP in place for an individual which has been reviewed by a Peer Review Committee in accordance with 115 CMR 5.14(12).*

**Identify the DDS certified CPRR curriculum that the agency uses**: Enter name of CPRR curriculum.

*\*Please Note: Permitted restraints are only found in a DDS certified CPRR curriculum.*

Personnel who have been appropriately trained may utilize specific physical intervention restraint techniques from the Department Qualified Crisis Prevention, Response and Restraint (CPRR) Curriculum used by the agency. Restraint may only be used in the event of any of the following emergency situations, as evidenced by the specific criteria detailed in Item 1:

* The occurrence of serious self-injurious behavior; or
* The occurrence of serious physical assault; or
* The substantial risk of serious self-injurious behavior; or
* The substantial risk of serious physical assault.

1. Criteria for Defining an Emergency Situation That May Pose a Risk to Safety:

List the specific, observable criteria for identifying severe and unsafe behavior in which this individual might engage (i.e., emergency circumstances) under which a restraint(s) may be utilized to ensure safety. Emergency circumstances must include that the individual is actually able to carry out the severe and unsafe behavior.

Enter response here.

1. Describe termination criteria (release criteria) for the specified restraint. (As per DDS Regulation: 115 CMR 5.11, the “duration of a restraint may not exceed 60 minutes”).

Enter response here.

1. Type of Restraint in the Department approved CPRR curriculum used by the organization

Enter response here.

1. Identify any reasons, including physical and psychological, that a specific restraint(s) is contraindicated for use with this specific individual:

Enter response here.

* 1. Enter the name/title of the person who has determined that the restraint(s) has been contraindicated for this individual: Enter full name and title.
  2. Enter date that the determination was made: Click or tap to enter a date.

1. Describe all data collection procedures in place to monitor the use of restraint with this individual:

Enter response here.

1. Additional safeguards:

Enter response here.

1. Debriefing: It is not part of BSP regulations but is required by 5.11(1)(a)(1c). See [BSP Guidance](https://www.mass.gov/doc/dds-pbs-behavior-safety-plan-guidance-20-2023) and [Restraint Debriefing Guidance](https://www.mass.gov/files/documents/2023/02/27/Debriefing%20guidance%20V1%202.20.23.pdf).
   1. Describe the debriefing process for this individual including level of training of the staff person conducting the debriefing:

Enter response here.

* 1. Describe any circumstances under which debriefing is contraindicated for this individual. See [Restraint Debriefing Guidance](https://www.mass.gov/files/documents/2023/02/27/Debriefing%20guidance%20V1%202.20.23.pdf).

Enter response here.

* 1. Name of PBS Qualified Clinician who will document in the restraint form the reason why the debriefing with the individual cannot take place: Enter full name.
  2. Describe the data driven evaluation process to determine whether to propose a teaching plan that will enable the individual to meaningfully participate in a debriefing session.

Enter response here.

Signature of PBS Qualified Clinician:



Date: Click or tap to enter a date.