

SAMPLE PHYSICAL RESTRAINT INCIDENT REPORT

Program Name: _____

Child restrained: _____

Date of restraint: _____ Restraint start time: _____

Restraint end time: _____

Staff involved in restraint (names and job titles) _____

Activities and environment at time of restraint: _____

Behavior which prompted restraint: _____

Staff efforts to de-escalate situation: _____

Alternatives to restraint attempted by staff: _____

Justification for restraint: _____

Detailed description of actual restraint: (include all holds used and reasons why staff utilized more restrictive holds, if applicable) _____

Note most restrictive type of hold used in the restraint:
(indicate standing, sitting, or floor hold)

How was resident monitored during restraint ? _____

Who monitored the resident during the restraint ? _____

Notification of administrative designee _____
name of designee

time notified _____ by whom notified _____

Approval for continuation of restraint beyond 20 minutes: _____
by whom

time given _____ to whom _____

Who processed the restraint with the resident? _____

Describe any injuries to resident during restraint _____

Medical care provided: _____

Signatures of all staff involved in the restraint: _____

Report reviewed by: _____ Date: _____

Follow-up needed: _____

Was restraint comment form offered to resident? _____

If resident commented on restraint, attach their comment to this report.