

<input type="checkbox"/> Emergency Restraint		Type of Procedure: <input type="checkbox"/> Manual Restraint <input type="checkbox"/> Mechanical Restraint <input type="checkbox"/> Removal of item/ property <input type="checkbox"/> Other (Specify): _____		
Date: _____ Time: _____ Start: _____ End: _____ Total: _____ minutes	Initiator of Intervention (Full name): _____ Assisting Staff (full names) 1) _____ 4) _____ 2) _____ 5) _____ 3) _____ 6) _____ 7) _____	RN Notified: _____ (Name) Time: _____		
1. Type of Risk necessitating intervention: <input type="checkbox"/> Harm to Self <input type="checkbox"/> Harm to Others				
2. Specify personal safety technique used in intervention, if any: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Escort <input type="checkbox"/> Group takedown <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Basic come-along <input type="checkbox"/> Prone hold (only to be used in transition to another position) <input type="checkbox"/> Arm-bar come-along <input type="checkbox"/> Sidelying hold (If not used, explain rationale below)				
Rationale for not using sidelying hold: _____				
3. Specify equipment used in intervention, if any: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Mat <input type="checkbox"/> Other (specify): _____				
4. Specify personal property removed, if any: <input type="checkbox"/> None				
5. Detailed description of the incident leading up to the use of intervention (describe with observable and measurable terms) (e.g., conflict with family, peers, or staff, difficulty accepting limits, physical discomfort, mental health symptoms, misunderstanding/confusion): _____ _____ _____				
6. Specific Alternatives Considered and Tried (describe with observable and measurable terms) (e.g., offered alternative activity, restructure environment, sensory integration, talk to/listen, active negotiation): _____ _____ _____				
7. Specific behaviors creating risk to client or others necessitating use of intervention (describe with observable and measurable terms): _____ _____ _____				
8. Specific behavioral outcome that was a result from the intervention (describe with observable and measurable terms) (e.g., cessation of behavior creating risk to self or others, reduction of target behavior per program criteria): _____ _____ _____				
9. What is the likelihood that the behavior necessitating intervention use will recur? _____ _____ _____				
10. MANUAL/MECHANICAL RESTRAINT PROCEDURE: Efforts to Lessen or Discontinue Restraint at least every 15 minutes)				
Time of Attempted Release	Pulse Respiration	Color, Motion, Sensation	Client Response (e.g., verbal aggression, physical agitation)	Staff Signature
Staff Signature:		Date:		Time:

Send form to Op Center before end of shift

Distribution of Copies
 RN Supervisor Designated Coordinator Treatment Director BAI
 Social Worker Bldg Supervisor DT&H SDS Primary RN

METO # 31032 (04/11)

Side 1 of 2

Facility Name:

Name:

MREC #:

Birthdate:

Gender:

Home:

Documentation for Implementation of Controlled Procedures

RN/Designee Assessment (check all that apply): SOS Medical Director Notified (within 1/2 hour of initiation) Date: _____ Time: _____		
<input type="checkbox"/> No physical injury apparent	<input type="checkbox"/> No emotional distress apparent	<input type="checkbox"/> Moderate distress, slight agitation
<input type="checkbox"/> Physical injury (describe below): _____	<input type="checkbox"/> Mild upset, distress, no agitation	<input type="checkbox"/> Severe agitation
Plan, if any: _____		
Third Party Expert Consulted (as soon as reasonably possible but within 1/2 hour of initiation)		
Name of Consultant: _____	Date: _____	Time: _____
Summarize consultant's advice on how to resolve the emergency or write "unavailable." _____		
RN Signature: _____	Date: _____	Time: _____
Client Debriefing		
1. Reason for intervention explained to client: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		
2. Client's suggestions regarding how to avoid future need for intervention: _____		
3. Client request for help in dealing with after effects of current intervention: (check all that apply) <input type="checkbox"/> None		
<input type="checkbox"/> Notify family	<input type="checkbox"/> Notify other team member	<input type="checkbox"/> Talk to staff
<input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Talk to others	<input type="checkbox"/> Time alone
<input type="checkbox"/> File complaint/grievance		
4. Client engaged in active programming or other appropriate activity within 15-30 minutes: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		
Administrative Review **		
1. Is controlled procedure documented in Progress Notes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Comments: _____		
Area Supervisor/AOD Signature: _____	Date: _____	Time: _____

NOTIFICATIONS** **Notified via E-mail/Scan [within 24 hours of use]**

- | | |
|---|--|
| <input type="checkbox"/> Dr. Rick Amado | <input type="checkbox"/> DHS Licensing |
| <input type="checkbox"/> OHFC | <input type="checkbox"/> Ombudsman |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Legal Rep |

Signature of Responsible Supervisor or Delegate_____
Date**Designated Coordinator Review**
(within 7 days of EUCP)☐ Yes ☐ No_____
Date**Mailed Notifications (by HIMS) (within 7 days of use)**☐ Interdisciplinary Team_____
Date☐ BMRC_____
Date☐ Legal Representative
(If no e-mail/fax notice)_____
Date☐ Case Manager

(If no e-mail/fax notice)

Date

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RN Supervisor	Designated Coordinator	Treatment Director	BAI
Social Worker	Bldg Supervisor	DT&H SDS	Primary RN

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Side 2 of 2

Printed Name_____
Name_____
MRE C_____
Responsible_____
Gender_____
Home**Documentation for Implementation of Controlled Procedures**