

## RESTRAINT OR OTHER SAFETY INCIDENT REPORT

Must be completed (check one):  
 Physical Restraint Applied  
 No Physical Restraint

Date: \_\_\_\_\_ Time \_\_\_\_\_ Function Based Behavior Plan in Effect:  Yes  No

Setting and Location: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ IEP:  Yes  No

Person Preparing This Report: \_\_\_\_\_

All people Involved: \_\_\_\_\_

Report filed with district or site administrator: \_\_\_\_\_

Parent or IEP meeting scheduled:  Yes Date: \_\_\_\_\_  No Rationale: \_\_\_\_\_

	Describe Student Behavior/ Description of Incident	Check Staff Response Used/ Emergency Intervention	
<b>Escalation Stage</b>	<b>ANXIETY:</b> <input type="checkbox"/> observed <input type="checkbox"/> not observed Who addressed if observed _____ Comments: _____	_____ proximity _____ counseling _____ restructure routine/environment _____ accommodate materials/expectations _____ referral to: _____	<b>Prevention</b>
	<b>DEFENSIVE:</b> observed <input type="checkbox"/> not observed (question, refuse, vent: intimidate) Who addressed if observed _____ Comments _____	_____ redirect, restate direction _____ set limits: _____ _____ separate student from group _____ separate the group from student _____ sit out within the group	
<b>Dangerous Behavior</b>	<b>ACTING OUT:</b> decision maker: _____ If physical restraint, must include type, rationale, length of time, etc. (use back of this form as needed): _____	<b>Intervention Team:</b> _____ _____ clear area      _____ basket hold _____ block              _____ team restraint _____ release              _____ escort _____ visual supervision _____ call administrator _____ other	<b>Intervention</b>
<b>Self Control</b>	<b>TENSION REDUCTION:</b> _____	_____ review events _____ review schedule _____ make plan: _____ _____ _____ _____	<b>Debriefing</b>
	<b>INJURY/MEDICAL:</b> _____	_____ sent to nurse      _____ first aid _____ 911 Paramedics      _____ CPR _____ released to parent _____ transported to: _____	

# RESTRAINT OR INCIDENT REPORT

## Examples and Clarification

Restraints are never permitted for non-compliance. There must be imminent danger to the student or other persons to justify a restraint. It must be applied by trained staff, and only when lesser interventions, such as removal of an audience, will not suffice to reduce safety risks. There must be one lead staff member authorizing the restraint. All restraints require a restraint and or incident report even if the student has received restraints in the past and methods of safely restraining are specified in a behavior plan. All students who have received two or more restraints in a setting should have a function-based behavior plan developed to address the triggers of problem behavior in the specific environment in which it occurred. *This form must be completed in ink with no white out. Staff may wish to record incidents in which a restraint may have resulted, but lesser interventions were used that reduced safety risk.*

Personnel training on this form: \_\_\_\_\_ Restraint trainer: \_\_\_\_\_

I certify that I have read the above and have received training on restraints and on the completion of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examples of Observable Behavior	Describe Student Behavior/ Description of Incident		Check Staff Response Used/ Emergency Intervention	Examples of Staff Behavior/Intervention Techniques	
Pacing, shaking, nervousness, change in eye contact, change in facial expression, change in posture, movement to specific area, change in rate of speech	<b>Escalation Stage</b>	ANXIETY:	<input type="checkbox"/> proximity <input type="checkbox"/> counseling <input type="checkbox"/> restructure routine/ environment <input type="checkbox"/> accommodate materials/ expectations <input type="checkbox"/> referral (to: _____)	<b>Prevention</b>	Move close to student w/o invading personal space; Active reflective listening; attend to complaints/request; simplify work; change directions; offer help; separate from bothersome stimuli; calming techniques; give choices.
Loud (noises or speech); questions, refusals, swearing, name calling, challenging, threatening, increase in breathing and/or heart rate		DEFENSIVE: (question, refuse, vent: intimidate)	<input type="checkbox"/> redirect, restate direction <input type="checkbox"/> set limits: _____ <input type="checkbox"/> separate student from group <input type="checkbox"/> separate the group from student <input type="checkbox"/> sit out within the group		Use simple clear language; reasonable, enforceable and understandable limits; restate positive consequences; separate from group; remove dangerous implements; assemble team members, allow venting.
Hit, kick, throw, turn over desks, pounding windows, tearing clothes or materials, running in dangerous area (e.g., street), self-injury.	<b>Dangerous Behavior</b>	ACTING OUT:	Intervention Team: _____ <input type="checkbox"/> clear area _____ basket hold <input type="checkbox"/> block _____ team restraint <input type="checkbox"/> release _____ escort <input type="checkbox"/> visual supervision <input type="checkbox"/> call administrator <input type="checkbox"/> other	<b>Intervention</b>	Maintain safe distance from acting out person; remove bystanders if still in area, plan for team intervention if necessary; implement non harmful, physical intervention techniques as a last resort
Reduction of above behaviors; can answer simple questions rationally; can follow simple direction such as "Take a deep breath"; briefly discusses incident w/o re-escalation; breathing and heart rate return to resting rate.	<b>Self Control Reestablished</b>	TENSION REDUCTION:	<input type="checkbox"/> review events <input type="checkbox"/> review schedule <input type="checkbox"/> make plan: _____ _____ _____ _____	<b>Debriefing</b>	Calm down time; discuss incident, make plan w/ acting out person for alternative behavior. For individuals w/ cognitive limitations review rules and return to a successful activity.
		INJURY/MEDICAL:	<input type="checkbox"/> sent to nurse _____ first aid <input type="checkbox"/> 911 Paramedics _____ CPR <input type="checkbox"/> released to parent <input type="checkbox"/> transported to: _____		