

Did an injury occur as a result of this restraint?

Yes No (if yes list type dates and times below)

Describe injury and treatment type _____

Emergency Protocol used during the emergency:

Professional Crisis Management (PCMA) Technique: _____ Duration _____

Professional Assault Crisis Training (ProAct) Technique: _____ Duration _____

Crisis Prevention Institute (CPI) Technique: _____ Duration _____

Other _____ Technique: _____ Duration _____

Describe the type of technique and the duration time each technique was used during the incident.

If technique (restraint) was utilized more than 15 minutes please provide approving Administrators name and contact information: _____

Were other manual restraints utilized with this individual 24 hours prior to this incident?

Yes No (if yes list type dates and times below)

Professional Crisis Management (PCMA) Technique: _____ Date & Time _____

Professional Assault Crisis Training (ProAct) Technique: _____ Date & Time _____

Crisis Prevention Institute (CPI) Technique: _____ Date & Time _____

Other _____ Technique: _____ Date & Time _____

Provide explanation if needed for clarity _____

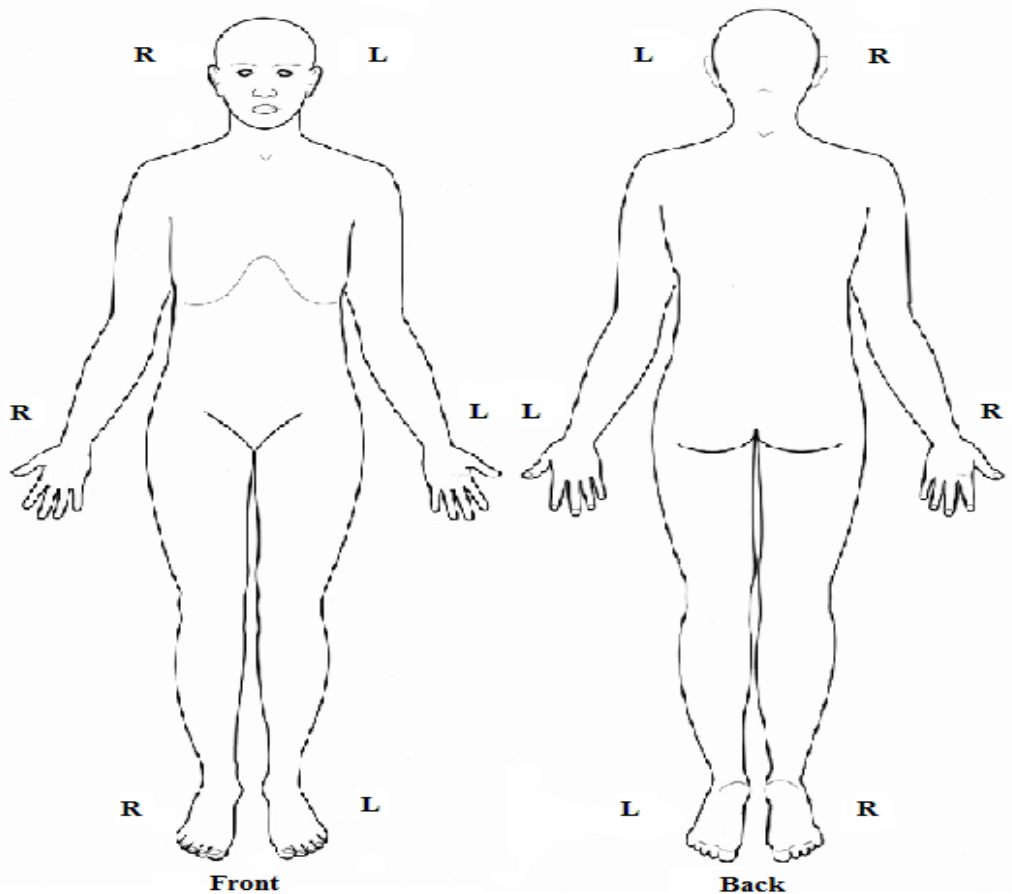
If an immobilization technique was used, was a mat utilized prior to implementing the procedure?

Yes No (if no, explain)

***NOTE: If an immobilization technique was used, a Team meeting will be required. Participants must include Service Coordinator and Administrator.**

What is the date of the meeting? _____

Please mark where the consumer was touched during the procedure



What de-escalation actions and/or techniques were used by staff member prior to the emergency restraint?

Is there a behavior plan in place for this consumer?

Yes Date of Behavior Plan: ____/____/____

No

Were the following post-crisis strategies performed, and what were the results?

Consumer was checked for any injuries?

Minor: (explain) _____

Major: (explain) _____

Was Medical Care Obtained? Yes No

Inspection of immediate environment

Potentially dangerous items were removed or cleaned up Yes No

Items that could be viewed as weapons were removed Yes No

Consumer returned to appropriate activities (explain)

Explain any, and all, post-crisis de-briefing techniques used related to the restraints:

This should occur within 24 hours between staff and supervisor.

Specific to the Consumer:

Identify Antecedents: _____

List alternatives to avoid escalation in future:

Specific to the Staff Member:

Identify Antecedent: _____

List alternatives to avoid escalation in future:

This report was completed by:

Signature: _____ **Position or Title:** _____

Print Name _____ **Date of Completion of Training:** _____ **Expiration:** _____

Date: _____

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To be completed by Administrator:

How many individuals were involved in the crisis intervention? _____

Was all staff involved trained in the crisis intervention protocol? Yes No

If no, what is the anticipated date of the training for staff member(s) involved? _____

Is there a behavior plan in place for this consumer?

Yes Date of Behavior Plan: ____/____/____ Developed by: _____

No Referral made to: _____

Will the behavior plan be changed as a result of the emergency restraint used in this incident?

Yes No

If yes - What are the planned changes?

If no – Why: _____

Did staff member follow the protocol prior to incident? Yes No *(If no, please explain)*

Did staff member follow the protocol after the incident? Yes No *(If no, please explain)*

Was a copy of the Special Incident Report and this PERR report was provided to your agency behavior analyst or consultant. Yes No

If yes, what were the recommendations?

Signature: _____ **Position or Title:** _____

Print Name: _____ **Date:** _____