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**POST RESTRAINT REPORT (PRR)**

**(Emergency Intervention Process for CCH/EBSH Vendors)**

In the event a behavior modification procedure that may cause pain or trauma (as defined in Title 17§50800) is implemented to intervene on a behavior when the client’s behavior poses a risk of serious injury (as defined in Health & Safety Code, Section 1180.0) to self or others, a verbal Special Incident Report (SIR) is to be made within 24 hours of incident. A written SIR and this POST RESTRAINT REPORT (PRR) must be completed by the **Direct Care Staff and Administrator** involved in the incident and returned to the SIR Desk (sdesk@altaregional.org) within 48 hours. Upon review of the SIR and PRR, additional information or processes related to the incident may be required.

|  |  |
| --- | --- |
| Date of Incident:       | Date ACRC Notified:       |
| SIR Date and Tracking #:      | Date of PRR:       |
| Date Reported to DRC:       | Date reported to DDS Monitoring Team:       |
| Client Name:       | UCI:       | DOB:       |
| Administrator:       | Report Completed By:       |
| Vendor Name/ Number:       |
| Direct Care Staff Involved in Incident: |
| Approved Crisis Curriculum: [ ]  ProAct [ ]  CPI [ ]  Ukeru [ ]  Other:       |

**Description of the Incident (to be completed by or with direct care staff involved in incident):**

*In completing the sections below, use initial of the client for which this report is being submitted, if other clients were involved, refer to others by number.*

Location incident took place (e.g. care home, living room, community outing):

Behavior posed risk of serious injury (H&S, 1180.2) to self [ ]  and/or others [ ] . Check all risks that apply:

[ ]  Burn [ ]  Laceration [ ]  Bone Fracture [ ]  Substantial Hematoma

[ ]  Injury to Internal Organ(s) [ ]  Other (explain):

Does the client have any known medical contraindications (e.g. asthma, obesity, prior history of trauma, cardiac condition) that would place the client at increased risk of injury during physical intervention? Please explain:

Description of client’s condition, behavior(s), and precipitating factors (including behaviors of others or environmental conditions) occurring prior to the use of physical intervention.

(Additional document attached: [ ]  Yes [ ]  No):

Description of the non-physical interventions utilized/attempted prior to the use of the physical intervention and rationale for use of physical intervention was assessed.

Description of the behavior:

Physical intervention techniques utilizes/ attempted during incident:

Start Time of Restraint:       End Time of Restraint:

[ ]  Standing [ ]  Escort/Transport Techniques [ ]  Seated [ ]  Wall

[ ]  Floor assisted/Immobilization Techniques (i.e., supine, prone)

Other:

Description of use:

During the use of physical intervention technique(s), was a floor mat utilized prior to implementing the procedure? [ ] N/A [ ]  Yes [ ] No (if no, explain)

\*NOTE: If physical intervention was implemented, an ID Team meeting is required.

 Date of Meeting:

Identify area(s) on client body touched/restricted during the physical intervention (e.g., upper left and upper right arm)

Description of what occurred immediately following the physical intervention:

Description of the client’s vocal and non-vocal demeanor and/or physical appearance, after the intervention:

Description of assessed injuries related to or resultant of the physical intervention (e.g., bruises, red marks, scratches):

Injuries requiring first aid: [ ]  No [ ]  Yes (if yes, explain):

Date licensee notified of injury:       (if no, explain):

Dates(s) and time(s) of other physical intervention incident(s) involving the client within 24 hours**:**

Description of Precautions Taken (to be completed by or with direct care staff involved in incident):

[ ]  Staff that ensured client airway unobstructed (no items covering face, no pressure on client torso/back)

 Direct Care Staff Name:       Job Title:

[ ]  Staff that maintained continuous assessment and observation of client breathing and circulation.

 Direct Care Staff Name:       Job Title:

[ ]  Staff that assessed location of client hands (NOT placed behind back)

 Direct Care Staff Name:       Job Title:

Immediately preceding the incident, were individuals other than staff present?

[ ]  No [ ]  Yes. If yes, number of clients:       , number of other non-staff/non-client individuals:

If others were present, what were others directed to do at time of incident. Describe:

Additional information (if applicable):

Date of Individual Behavior Support Plan (IBSP)/ Individual Emergency Intervention Plan (IEIP):

 Name/ credentials of QBMP that developed plan(s):

Includes proactive and non-physical reactive strategies: [ ]  Yes [ ]  No

 Includes instruction for the use of physical intervention: [ ]  Yes [ ]  No

 If yes, client/caregiver/ conservator consent obtained: [ ]  Yes [ ]  No [ ]  N/A

 Physician consent obtained: [ ]  Yes [ ]  No [ ]  N/A

**Description of Post-Crisis Processes (to be completed by or with direct care staff involved in incident):**

The environment was inspected, potentially dangerous items were removed/cleaned (including items that may pose a safety risk or can potentially be used as weapon): [ ]  Yes [ ]  No

Explain:

Client was able to return to routine activities following the crisis intervention: [ ]  Yes [ ]  No

Explain:

Law enforcement or emergency services involvement: [ ]  Yes [ ]  No If yes, explain:

**Debriefing Processes/ Procedures:**

Client consented/ participated in debriefing within 24 hours of incident: [ ]  Yes [ ]  No

If yes, explain post-crisis debriefing techniques:

If no, list date of follow up attempts (must be within 72 hours of incident, follow up PRR may be required):

Individuals involved in debriefing (Title 17, 59010.4(b)(1)-(5), 59060.4(b)(1-5):

*\*Indicates required members of the debriefing, debriefing to still occur if client declines participation*

|  |  |  |
| --- | --- | --- |
| [ ]  Client \*      | [ ]  Authorized Representative \**If applicable:*       | [ ]  Administrator (or designee) \*      |
| [ ]  QBMP \*      | [ ]  ACRC Service Coordinator      | [ ]  Client Rights Advocate      |
| [ ]  Direct Care Staff Involved in Incident \*      ,      ,      ,      ,      ,       |
| [ ]  Other       |

Debriefing (Title 17, 59010.4 (e)(1)-(12), 59060.4(e )(1)-(12))

Assessment of factors leading up to the crisis (identify antecedent to incident):

Client (use client’s own words if possible):

Alternatives to avoid escalation in future:

 Staff member(s):

 Alternatives to avoid escalation in future:

Intervention was consistent with the approved IBSP and IEIP: [ ]  Yes [ ]  No

Staff involved have up to date training certifications: [ ]  Yes [ ]  No

Physical restraint was for least amount of time necessary: [ ]  Yes [ ]  No

Evaluation of effectiveness of less restrictive strategies were attempted: [ ]  Yes [ ]  No

Treatment for trauma discussed (as result of incident): [ ]  Yes [ ]  No

Revision of FBA, IBSP or IEIP required: [ ]  Yes [ ]  No

Client’s physical and psychological well-being/right to privacy addressed appropriately: [ ]  Yes [ ]  No

Questions/ comments related to the information in this document can be directed to:

Name:       Position:       Email:       Phone:

Signature:       Date:

**Debriefing Documentation and Incident Follow-Up (to be completed by Administrator or designee):**

List name(s) of direct care staff or other observers interviewed regarding this incident (including date(s)):

Is it the assessment of the administrator, QBMP and other relevant IBST members that:

The behavior posed risk of serious injury and warranted the use of physical intervention. [ ] Yes [ ] No

Treatment fidelity of the IBSP and IEIP (if applicable) was upheld during this incident. [ ] Yes [ ] No

Direct care staff followed IBSP/IEIP protocols prior to the incident [ ]  Yes [ ]  No (If no, explain)

Direct care staff followed IBSP/IEIP protocols after the incident [ ]  Yes [ ]  No (If no, explain)

Date SIR and PRR related to this incident provided to assigned vendor QBMP.

Describe interactions between the client and involved direct care staff post-intervention*.*

Direct care staff and other applicable vendor employees/consultants maintain current crisis training as outlined by the facility program design and in accordance with Title 17, 59007 (b)-(g), 59057(b)-(g). [ ]  Yes [ ]  No (If no, explain)

If indicated above involved staff do not have up to date training certification, describe vendor plan and timeline for ensuring training and certifications are updated.

If indicated above the FBA, IBSP and/or IEIP requires modifications resulting from this incident, describe the agreed upon changes and timeline for the update(s) to be completed.

Describe other actions that will be taken to prevent or decrease the likelihood that physical intervention will be necessary for future behavior incidents (e.g., staff training, protective wear, modifications to environment).

Title 17,59010.4(i), 59060.4(i), Debriefing After the Use of Physical Restraint: If physical restraint is used on more than three (3) occasions within a three-month period and/or the recurrence of the consumer’s dangerous behavior can be anticipated, the Individual Behavior Supports Team shall meet and discuss consumer’s Individual Behavior Supports Plan, ongoing support and transition plan, and alternatives to physical restraint. The Individual Behavior Supports Plan must be updated with any revision as specified in Subsections (e) and (g) within five (5) business days.

Date of most recent physical restraint (not including this incident):

IBST meeting required: [ ]  Yes [ ]  No (If yes, indicate date of meeting)

“Debriefing Documentation and Incident Follow-Up” completed by:

Position:       Email:       Phone:

Signature:       Date: