

REPORT FOR RECORDING INCIDENTS WHERE STAFF RESTRAIN A RESIDENT

Part 1 A

Incident Number: _____

Name of establishment: _____

Resident's name: _____

Time of incident: _____

Carers involved: _____

Other residents involved: _____

Witnesses to incident _____

If appropriate, please attach any witness statements. _____

Day and date of incident: _____

Place of incident: _____

Events leading to incident

(What was happening for the resident before the incident, what seemed to trigger the behaviour, who else was involved or present.)

Behaviour of resident

(What behaviour alerted you that the resident was struggling to cope?)

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Response from Carers	
(Which techniques did you use to de-escalate the situation? Before restraining the resident what was the response from them and others?)	

Reason for the restraint	
(What was the specific risk to the welfare of the resident or others?)	
Remember: Physical Intervention and Restraint must be 1) Necessary (or believed to be Necessary) to prevent harm and must be 2) Proportionate to the degree of harm which may be caused if there was no intervention made.	

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Description of restraint

(What method or type of hold did you use and were there any complications that arose during the restraint?)

How long did the restraint last?

Conclusion of restraint

(How did the restraint come to an end, and what help and support did you offer to the resident?)

Staff signature: _____

Date: _____

Interviewer signature: _____

Date: _____

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Part 1 B

(A member of staff not involved in the restraint must fill this in.)

Injuries

Was the resident injured?	Yes	No	If 'Yes', what were the injuries?
Was a member of staff injured?	Yes	No	If 'Yes', what were the injuries?
Did someone get medical help?	Yes	No	If 'Yes', please say why, who called and when, and the outcome of their involvement.
Was first aid given?	Yes	No	
Was an accident form filled in?	Yes	No	
Were the police involved?	Yes	No	

Who was told about the restraint?

	<u>Name of person told</u>	<u>Date</u>	<u>Time</u>	<u>Initials of Informing Staff</u>
Appropriate manager	_____	_____	_____	_____
Relative	_____	_____	_____	_____
Social worker	_____	_____	_____	_____
Witness to the incident	_____	_____	_____	_____
Other	_____	_____	_____	_____

Staff signature: _____

Date: _____

Part 2

Personal plan or care plan

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Was this action in line with the part of the resident's plan that deals with violent or otherwise dangerous behaviour?

Yes

No

If 'No', please explain.

Does the care plan need to be changed?

Yes

No

If 'Yes', please explain.

Is a statutory review needed?

Yes

No

If 'Yes', has a date been made?

Yes

No

Signatures

	Print name	Signature	Date
Staff involved	_____	_____	_____
Resident	_____	_____	_____
Establishment managers	_____	_____	_____
Other manager	_____	_____	_____