ADMINISTRATIVE REVIEW FORM FOR UNAPPROVED BEHAVIORAL SUPPORT

Individual's Name: _____

Date of Unapproved Behavior Support: _____

Major Unusual Incident Form: _____

Form Initiated: _____

Name of Person Initiating Form: _____

Title of Person Initiating Form: _____

Contact Information for Person Initiating Form: _____

Provider Name: _____

PART 1 – TO BE COMPLETED BY THE INDIVIDUAL'S PROVIDER

DESCRIPTION – Describe the intervention/support in detail and the reason used.

How was the intervention/support necessary for the health and welfare of the individual or other individuals?

List the staff involved. _____

How many times was the intervention/support used? _____

How long (total) was the individual restrained? _____

HISTORY/ANTECEDENTS – Does the individual have a history of the behavior?

If so, describe history.

TYPE OF UNAPPROVED BEHAVIORAL SUPPORT

□ **Physical Restraint**

- □ Basket Hold
- □ Multiple Person Carry
- □ Multiple Person Escort
- □ Prone
- □ Restraint of One Appendage
- □ Supine
- □ Seated Restraint
- □ One Person Carry
- □ One Person Escort
- □ Physically Prompted Hands Down With Resistance
- □ Restraint of Multiple Appendages
- □ Side Restraint
- □ Standing Restraint
- □ Time-Out
- □ Other:

□ **Chemical Restraint**

- □ Anti-Anxiety
- □ Anticonvulsant
- □ Antidepressant
- □ Antipsychotic
- □ Mood Stabilizer
- □ Other:

□ **Mechanical Restraint**

- □ Full Body - Papoose Board Wrap
- □ Full Body - Seated Position
- □ Full Body - Supine Position
- □ Gait Belt
- □ Helmet
- □ Locked Seatbelt/Vest - During Transportation
- □ Locked Seatbelt/Vest - Not During Transportation
- □ Mitts
- □ Splints or Tethers
- □ Wheelchair Controls Disabled
- □ Wheelchair for Individual Who Does Not Use Normally
- □ Other:

BEHAVIORAL SUPPORT STRATEGIES - Did the individual's service plan outline behavioral support strategies?

_____

If yes, please describe.

Did the staff know about the behavioral support strategies? _____

Were staff trained on implementation of the behavioral support strategies? _____

INJURIES - Were there any injuries to the individual or anyone else involved in the unapproved behavioral support? If yes, please describe injuries sustained by the individual.

Did the individual receive timely medical attention?

PART 2 - TO BE COMPLETED BY THE INVESTIGATIVE AGENT IN COLLABORATION WITH THE INDIVIDUAL'S TEAM

CAUSES AND CONTRIBUTING FACTORS

- □ Supervision not met
- □ Staff ratio was not appropriate
- □ Excessive sensory input
- □ Medication change
- □ Illness
- □ Engaging in self-harm
- □ Others:
- □ 1:1 attention unavailable
- □ Change in routine or schedule
- □ Control issues - staff/family/peers □
- □ Loss of important relationship
- □ Individual service plan/behavioral support strategy not followed
- □ Initiating harm to others

ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION

PREVENTION PLAN - Describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, or level of supervision).

Name of Investigative Agent Completing Form: _____

Date Form Completed: _____