

INCIDENT REPORT ON USE OF PHYSICAL RESTRAINT

LANE COUNTY DEVELOPMENTAL DISABILITIES
ADULT FOSTER HOMES

1. Resident's Name: _____

2. Provider's Name: _____

3. Date of Incident: _____

4. Time of Incident: _____

5. Location of Incident: _____

6. List other persons present at time of incident:

7. Describe the incident prior to the use of physical restraint (include description of behaviors, attempts of the provider to avoid or defuse the conflict, and verbal statements made by the provider to the resident).

8. Describe the perceived danger to self or others if restraint had not been used:

9. Describe the location, length of time, and type of physical restraint used:

10. Identify the name(s) of those performing the restraint:

11. Describe the resident's behavior and any further interaction with the provider after the restraint occurred:

12. Describe any injuries or abrasions occurring to the resident and any medical attention given to those injuries:

13. Specify the date and time of attempts to notify others about the use of emergency physical restraint (including the resident's case manager, the foster home coordinator, the nurse or resident's primary physician who performed the last semi-annual assessment, etc.)

14. Please add any additional comments (as desired):

Signature

Date