



# Calgary Progressive Lifestyles Foundation

*Providing Services for Citizens with DisAbilities*

## Emergency Restrictive Procedure

Client:	Type of Restriction	Frequency	Duration
Address:	<input type="radio"/> Exclusion I		
Staff involved:	<input type="radio"/> Exclusion II		
Agency:	<input type="radio"/> Exclusion III		
Date of Incident:	<input type="radio"/> Physical Prompt		
	<input type="radio"/> Physical Escort		
	<input type="radio"/> Physical Hold		
	<input type="radio"/> Mechanical Restraint		
	<input type="radio"/> Response Cost		
	<input type="radio"/> Other:		
Description of events:			

Consequences / effects of use / what client says happened:	
Client signature: _____	
Written by: _____	Date: _____



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Guardian Information	Date	Staff responsible	Witness
By phone:			
In writing:			

Reviewed by: 1. \_\_\_\_\_

2. \_\_\_\_\_

Discussion/recommendations arising from this intervention (used by agency and SRC):

Chair, Supportive Rights Committee.

Date: