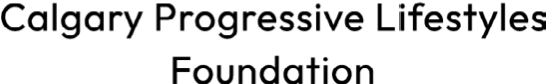
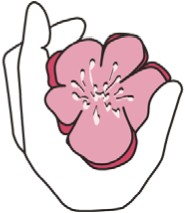
A registered charity supporting people with disAbilities



at home, work & in the community

**Emergency Restrictive Procedure**

**Type of restriction Frequency Duration**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client name** | Exclusion 1 |  |  |
| Exclusion 2 |  |  |
| **Address** |
| Exclusion 3 |  |  |
| Physical prompt |  |  |
| **Staff involved** |
| Physical escort |  |  |
| Physical hold |  |  |
| **Agency** |
| Mechanical restraint |  |  |
| Response cost |  |  |
| **Date of incident** |
| Other: |  |  |
| **Description of events** | | | |

**Consequences / effects of use / what client says happened:**

**Client’s Signature**

**Date**

**Written by**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**