

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		
Agency	Physical hold		
	Mechanical restraint		
Date of incident	Response cost		
	Other:		
Description of events			

Consequences / effects of use / what client says happened:

**Client 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: \_\_\_\_\_