



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 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: _____