

5123-17-02

APPENDIX E

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ADMINISTRATIVE REVIEW FORM
FOR UNAPPROVED BEHAVIORAL SUPPORT

Individual's Name:
Date of Unapproved Behavioral Support:
Major Unusual Incident Number:
Date Form Initiated:
Name of Person Initiating Form:
Title of Person Initiating Form:
Contact Information for Person Initiating Form:
Provider Name:

PART 1 - TO BE COMPLETED BY THE INDIVIDUAL'S PROVIDER

DESCRIPTION - Describe the intervention/support in detail and the reason used. How was the intervention/support necessary for the health and welfare of the individual or other individuals? List the staff involved.

How many times was the intervention/support used?

How long (total) was the individual restrained?

HISTORY/ANTECEDENTS - Does the individual have a history of the behavior? If so, describe history.

TYPE OF UNAPPROVED BEHAVIORAL SUPPORT

- ☐ Physical Restraint
- ☐ Basket Hold
 - ☐ Multiple Person Carry
 - ☐ Multiple Person Escort
 - ☐ One Person Carry
 - ☐ One Person Escort

<ul style="list-style-type: none"><input type="checkbox"/> Physically Prompted Hands Down With Resistance<input type="checkbox"/> Prone<input type="checkbox"/> Restraint of Multiple Appendages<input type="checkbox"/> Restraint of One Appendage<input type="checkbox"/> Seated Restraint<input type="checkbox"/> Side Restraint<input type="checkbox"/> Standing Restraint<input type="checkbox"/> Supine<input type="checkbox"/> Time-Out<input type="checkbox"/> Other: <input type="checkbox"/> Chemical Restraint <ul style="list-style-type: none"><input type="checkbox"/> Anti-Anxiety<input type="checkbox"/> Anticonvulsant<input type="checkbox"/> Antidepressant<input type="checkbox"/> Antipsychotic<input type="checkbox"/> Mood Stabilizer<input type="checkbox"/> Other: <input type="checkbox"/> Mechanical Restraint <ul style="list-style-type: none"><input type="checkbox"/> Full Body - Papoose Board Wrap<input type="checkbox"/> Full Body - Seated Position<input type="checkbox"/> Full Body - Supine Position<input type="checkbox"/> Gait Belt<input type="checkbox"/> Helmet<input type="checkbox"/> Locked Seatbelt/Vest - During Transportation<input type="checkbox"/> Locked Seatbelt/Vest - Not During Transportation<input type="checkbox"/> Mitts<input type="checkbox"/> Splints or Tethers<input type="checkbox"/> Wheelchair Controls Disabled<input type="checkbox"/> Wheelchair for Individual Who Does Not Use Normally<input type="checkbox"/> Other:

BEHAVIORAL SUPPORT STRATEGIES - Did the individual's service plan outline behavioral support strategies? Did the staff know about the behavioral support strategies? Were staff trained on implementation of the behavioral support strategies?

INJURIES - Were there any injuries to the individual or anyone else involved in the unapproved behavioral support? Did the individual receive timely medical attention?

**PART 2 - TO BE COMPLETED BY THE INVESTIGATIVE AGENT IN
COLLABORATION WITH THE INDIVIDUAL'S TEAM**

CAUSES AND CONTRIBUTING FACTORS

- ☐ Supervision not met
- ☐ Staff ratio was not appropriate
- ☐ 1:1 attention unavailable
- ☐ Change in routine or schedule
- ☐ Excessive sensory input
- ☐ Control issues - staff/family/peers
- ☐ Medication change
- ☐ Illness
- ☐ Loss of important relationship
- ☐ Individual service plan/behavioral support strategy not followed
- ☐ Engaging in self-harm
- ☐ Initiating harm to others
- ☐ Other:

ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION

PREVENTION PLAN - Describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, or level of supervision).

Name of Investigative Agent Completing Form:

Date Form Completed: