

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

- ☐ Physically Prompted Hands Down With Resistance
- ☐ Prone
- ☐ Restraint of Multiple Appendages
- ☐ Restraint of One Appendage
- ☐ Seated Restraint
- ☐ Side Restraint
- ☐ Standing Restraint
- ☐ Supine
- ☐ Time-Out
- ☐ Other:

☐ Chemical Restraint

- ☐ Anti-Anxiety
- ☐ Anticonvulsant
- ☐ Antidepressant
- ☐ Antipsychotic
- ☐ Mood Stabilizer
- ☐ Other:

☐ Mechanical Restraint

- ☐ Full Body - Papoose Board Wrap
- ☐ Full Body - Seated Position
- ☐ Full Body - Supine Position
- ☐ Gait Belt
- ☐ Helmet
- ☐ Locked Seatbelt/Vest - During Transportation
- ☐ Locked Seatbelt/Vest - Not During Transportation
- ☐ Mitts
- ☐ Splints or Tethers
- ☐ Wheelchair Controls Disabled
- ☐ Wheelchair for Individual Who Does Not Use Normally
- ☐ 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: