



ACKNOWLEDGEMENT OF RISK LEVELS INVOLVING RESTRAINT

Form to determine the possible risk of harm to a resident during a physical hold and to address the likelihood that physical holding would be necessary to ensure the safety of the resident and others *Note- Risk Assessment to be completed at intake and at each POC.

Name:	Date:
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PHYSICAL RESTRAINTS ARE ONLY USED AS A RESPONSE TO IMMEDIATE SAFETY CONCERNS AND NOT AS "THERAPEUTIC HOLDING".

Chart #1 is used to determine the possible risk of harm to a resident during physical holding.

Chart #2 is used to determine the likelihood that physical holding will be necessary for this resident. Caregivers should note that the following charts are only a guideline, and thus, in every circumstance vigilance in monitoring should be imposed. Prior to any physical holding, alternative efforts will be made to de-escalate the resident.

CHART #1 RISK OF INJURY TO RESIDENT	
Primary Factors	
<input type="radio"/> Mania	
<input type="radio"/> Obesity	
<input type="radio"/> Respiratory syndromes including	
<input type="radio"/> Asthma and Bronchitis	(x2)
<input type="radio"/> Cardiovascular disorders	(x2)
<input type="radio"/> Use of neuroleptic/stimulant medication	
<input type="radio"/> Racial Characteristics	
<input type="radio"/> Large Stature	
Secondary Factors	
<input type="radio"/> Position of restraint (e.g. prone)	(x2)
<input type="radio"/> Prolonged Struggle (e.g., > 15 minutes)	(x2)
<input type="radio"/> Drug/alcohol intoxication	
Total number of factors=	
(Ensure that those factors marked X2 are added twice)	

CHART #2 POTENTIAL FOR THE NEED TO RESTRAIN	
<input type="radio"/> Hx of previous restraints	<input type="radio"/> none=0; <input type="radio"/> few=2; <input type="radio"/> many=4
<input type="radio"/> Hx of previous aggression	<input type="radio"/> none=0; <input type="radio"/> few=2; <input type="radio"/> many=4 (if 0 then skip next question)
<input type="radio"/> Seriousness of previous aggression	<input type="radio"/> minor=1; <input type="radio"/> moderate=3; <input type="radio"/> serious=5
<input type="radio"/> Mood instability	<input type="radio"/> none=0; <input type="radio"/> some=1; <input type="radio"/> serious=2
<input type="radio"/> Impulsivity	<input type="radio"/> none=0; <input type="radio"/> some=1; <input type="radio"/> serious=2
<input type="radio"/> Hx of self-harm	<input type="radio"/> none=0; <input type="radio"/> minor=1; <input type="radio"/> serious=2
<input type="radio"/> School maladjustment	<input type="radio"/> none=0; <input type="radio"/> minor=1; <input type="radio"/> serious=2
<input type="radio"/> Interpersonal difficulties	<input type="radio"/> none=0; <input type="radio"/> few=1; <input type="radio"/> many=2
Total Score=	

- A** Low risk of injury; Low probability of restraint-utilize standard protocol for restraints.
- B** Low risk of injury; high probability of restraint-increase observation re: safety and security, proactive treatment (e.g., medication, relationship building, and skills development).
- C** High risk of injury; Low probability of restraint- re-evaluate risk frequently; ensure vigilant monitoring if restraint occurs; provide as much leeway as possible with respect to de-escalation; utilize two staff for restraints.
- D** High risk of injury; High probability of restraint- re-evaluate risk frequently; informed consent of restraint to be received by all interested parties; vigilant in monitoring restraints; ensure two staff available for restraints; increase observation re: safety and security, proactive treatment (e.g., medication, relationship building, skills development, and one to one staffing).

		Risk of Restraint	
		Low 0-8	High >8
Risk of Injury	Low 0-4	A	B
	High 5-10	C	D

Signature of QCH rep:

Signature of C.A.S. rep:

Signature of Resident: