

DDS Restraint Log  
Own or Family Home  
Instructions for Use

**Purpose**

This log is to be completed for each calendar month to record any occurrences of physical, mechanical or chemical restraint used by staff funded by DDS to provider residential, day or other supports.

Information	Instructions for filling out form
Individual's Name/DDS #	Write the individual's name and DDS Number (if known) who is being restrained
From/To Dates	Enter the Date of the first Restraint (From Date) and the Date of the last Restraint (To Date) in that calendar month (ex. 10/1/05 to 10/25/05)
Incident Date	Enter the date that the restraint incident occurred
Final Date Out	Enter the date the restraint incident ended <u>only</u> if different from the Incident Date (ex. if a restraint were begun on 11:59 PM on 10/1/05 and ended on 12:01 AM on 10/2/05, then 10/2/05 would be the final date out)
Time In	Enter the time of day the restraint was begun using a time of Hours:Minutes (ex. 10:15) and then check AM or PM as appropriate
Time Out	Enter the time of day the restraint ended using a time of Hours:Minutes (ex. 10:18) and then check AM or PM as appropriate
Restraint Types (1, 2, 3)	Enter all of the restraint types (up to three) that were used in the restraint incident. Use the restraint codes on page two to enter the appropriate restraints beginning with the first restraint used in column 1.
Behavior Types (1, 2, 3)	Enter all of the behaviors (up to three) the individual displayed that caused the restraint to be used. Use the Behavior codes on page two to enter the appropriate behaviors beginning with column 1.
Injury Caused by Restraint	Check the Yes or No box to indicate whether an injury was caused by using the restraint in this incident

**Who to send this form to:**

When the form is completed for the end of the calendar month, please send it to the Case Manager.