## Westside Regional Center POST-EMERGENCY RESTRAINT REPORT (PERR)

In the event a restraint procedure was used to stop a consumer from harming themselves or other, continuous and dangerous behavior, a verbal Special Incident Report (SIR) is to be made within 24 hours of incident. A written SIR and this POST-EMERGENCY RESTRAINT REPORT (PERR) must be completed by the **Direct Support Professional (DSP)/Support Staff and Administrator** involved in the incident and returned to the regional center within 48 hours.

VENDOR NAME:		VENDOR #:	
Consumer Name:		D.O.B.:	<u></u>
Date of Restraint:		UCI#:	
To be completed by Direct	t Care Staff:		
What caused staff to eng	age in the emerg	gency restraint? (Check all that a	oply)
☐ Injury to Self ☐ In☐Other (Explain)	njury to Others	☐Imminent Danger to Self	Imminent Danger to Others
Describe in detail the paper if necessary):	facts and circ	cumstances leading to the	use of the restraint (attach additional
<b>Emergency Protocol</b>	used during t	he emergency:	
Professional Crisis Ma	nagement (PCM	A) Professional Assault Cri	sis Training (ProAct)
Crisis Prevention Instit	ute (CPI) Nonvi	iolent crisis Intervention Othe	er
Identify and describe the	type of techniqu	ues used during the incident:	
Transportation Technic	ques used (i.e. DSP/	staff moving the individual from one location to	another, etc.)
Describe:			

Restraint Techniques used
Describe:
If a restraint technique was used, was a mat utilized prior to implementing the procedure?  Yes No (if no, explain)
*NOTE: If a restraint technique was used, an ID Team meeting will be required per H&S Code §1180.4 What is the date of the meeting?
Please mark where the consumer was touched during the procedure
R L L R R R L L R R R R R R R R R R R R
What types of de-escalation actions and/or techniques were used by staff member prior to the emergency restraint?
Is there a behavior plan in place for this consumer? Tyes No Date of Behavior Plan://

Were the following post-crisis strategies performed, and what were the results?

	Consumer was checked for any injuries, including minor injuries, that may have occurred and appropriate medical care was obtained if needed (explain details):				
	The environment was inspected and parties that may have been used as a w	potentially dangerous items were removed or cleaned up, including reapon. (explain details):			
	Consumer was not able to return to a	ppropriate activities after the emergency restraint (explain details):			
This s	should occur within 24 hours between s  Consumer:	ng techniques used related to the restraints:  Staff and supervisor and ID Team per H&S code 1180.4.			
List a	lternatives to avoid escalation in future	<u></u>			
	Staff Member (use additional page in figure 1)  If y Antecedent:	· 			
	report was completed by:				
	ture:				
$\alpha$	Name)	Date:			

To be completed by Administrator:  How many individuals were involved in the crisis intervention?
Was all staff involved trained in the same crisis intervention protocol?   Yes  No
If yes, what was the date of the training for each staff member(s) involved?
Date Staff Member(s) were interviewed
Who developed the behavior plan for this consumer? (Name and credentials of individual)
Will the behavior plan be changed as a result of the emergency restraint used in this incident?  Yes No
What are the planned changes?
Did Staff member follow the protocol prior to incident?   Yes No (If no, please explain)
Did Staff member follow the protocol after the incident?   Yes No (If no, please explain)
Describe interactions between staff member and consumer post-restraint.
A copy of the Special Incident Report and this PERR report was provided to your agency behavior analyst or consultant.   Yes No
Signature: Position or Title:
(Print Name) Date:
Date Report sent to Westside Regional Center:
Date report sent to Disability Rights California (DRC) per WIC84659.2: