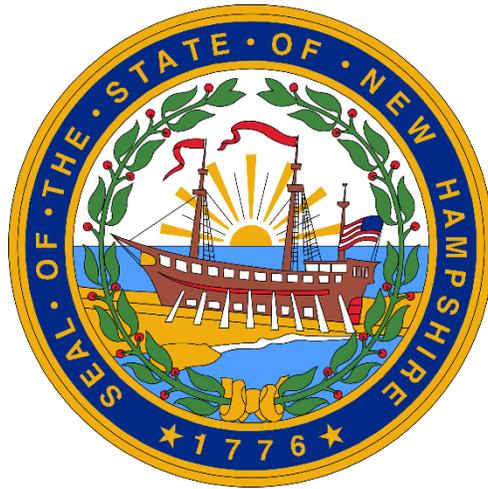


# Attachment B:

## Department of Health & Human Services Restraint & Seclusion Reporting Form



State of New Hampshire

The restraint and seclusion law (RSA 126-U) and the accompanying reporting requirements are applicable to facilities owned, licensed, and/or regulated by NH DHHS.

## Department of Health & Human Services Reporting Form

Date of Report: \_\_\_\_\_

Incident #: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Name of Facility/Program: \_\_\_\_\_

Name/Position of Person Completing Report: \_\_\_\_\_  
Name Position Title

**INCIDENT OF RESTRAINT/SECLUSION**

Date of Incident: \_\_\_\_\_

Time Incident Began: \_\_\_\_\_

Time Incident Ended: \_\_\_\_\_

Location Incident Began: \_\_\_\_\_

Location Incident Ended: \_\_\_\_\_

**OCCURRENCE(S) OF RESTRAINT/SECLUSION DURING INCIDENT**

**PHYSICAL RESTRAINT**

# of Occurrence	Duration	Location	Type of Hold Used for Restraint
<b>1</b>			
	<b>Staff involved:</b>		
<b>2</b>			
	<b>Staff Involved:</b>		
<b>3</b>			
	<b>Staff Involved</b>		
<b>4</b>			
	<b>Staff Involved:</b>		
<b>5</b>			
	<b>Staff Involved:</b>		
<b>6</b>			
	<b>Staff Involved:</b>		
<b>7</b>			
	<b>Staff Involved:</b>		
<b>8</b>			

	<b>Staff Involved:</b>		
9			
	<b>Staff Involved:</b>		
10			
	<b>Staff Involved:</b>		

*\*If more than ten (10) occurrences, please use an additional form.*

**TOTAL NUMBER OF OCCURRENCE(S) OF PHYSICAL RESTRAINT:** \_\_\_\_\_

**Questions Pertaining to the Use of Physical Restraint:**

- Were all staff involved trained in the use of physical restraint?  
                     Yes                      No
- If no, please identify which staff were NOT trained and why:

**SECLUSION**

# of Occurrence	Duration	Location
1		
	<b>Staff Involved:</b>	
2		
	<b>Staff Involved:</b>	
3		
	<b>Staff Involved:</b>	
4		
	<b>Staff Involved:</b>	
5		
	<b>Staff Involved:</b>	

**TOTAL NUMBER OF OCCURRENCE(S) OF SECLUSION:** \_\_\_\_\_

## REASON FOR INCIDENT OF RESTRAINT/SECLUSION

Please provide a narrative for the relevant events preceding the use of restraint or seclusion:

## INTERVENTIONS/DE-ESCALATION TECHNIQUES

Please provide a narrative of the interventions/de-escalation techniques used prior to the incident of restraint or seclusion:

## REASONING/JUSTIFICATION

**Please provide a narrative of the reason/justification for using restraint or seclusion, and if a hold was used, the reason the hold was necessary:**

## INJURY TO CHILD

### 1. Did the child have any visible/known injuries prior to the restraint or seclusion?

Yes                      No

a. If yes, what were the preexisting injuries?

b. Was medical treatment provided to the child?

Yes                      No

c. If yes, what type of medical care was provided?

### 2. Was the child injured during the restraint or seclusion?

Yes                      No

a. If yes, what type of injury occurred?

b. Was medical treatment provided to the child?

Yes                      No

c. If yes, what type of medical care was provided?

### 3. Did the child develop any injuries after the restraint or seclusion?

Yes                      No

a. If yes, what type of injury occurred?

b. Was medical treatment provided to the child?

Yes                      No

c. If yes, what type of medical care was provided?

## INJURY TO STAFF MEMBERS

### 1. Did any involved staff members have any visible/known injuries prior to the restraint or seclusion?

Yes No

- a. If yes, what were the preexisting injuries?
- b. Was medical treatment provided to the staff member?

Yes No

- c. If yes, what type of medical care was provided?

### 2. Was any staff member injured during the restraint or seclusion?

Yes No

- a. If yes, what type of injury occurred?
- b. Was medical treatment provided to the staff member?

Yes No

- c. If yes, what type of medical care was provided?

### 3. Did any involved staff members develop any injuries after the restraint or seclusion?

Yes No

- a. If yes, what type of injury occurred?
- b. Was medical treatment provided to the staff member?

Yes No

- c. If yes, what type of medical care was provided?

## INJURY TO OTHERS

### 1. Did any other person have any visible/known injuries prior to the restraint or seclusion?

Yes No

- a. If yes, what were the preexisting injuries?
- b. Was medical treatment provided to the other person?

Yes No

- c. If yes, what type of medical care was provided?

### 2. Was any other person injured during the restraint or seclusion?

Yes No

- a. If yes, what were the preexisting injuries?
- b. Was medical treatment provided to the other person?

Yes No

- c. If yes, what type of medical care was provided?

### 3. Did the other person develop any injuries after the restraint or seclusion?

Yes No

- a. If yes, what were the preexisting injuries?
- b. Was medical treatment provided to the other person?

Yes No

- c. If yes, what type of medical care was provided?

## PROPERTY DAMAGE

Did any property damage occur as a result of the incident of restraint/seclusion?

Yes

No

If yes, describe the property damage:

## NARRATIVE

Please address the following items in a detailed narrative:

- The child's action before, during, and after the incident of restraint or seclusion;
- The actions of the facility or school employees involved before, during, and after the incident of restraint or seclusion;
- The actions taken to address the emotional needs to the child during and following the incident of restraint or seclusion; and
- The future actions to be taken in an attempt to support the child's needs and address concerning and unsafe behaviors.

*Continue narrative on next page if necessary.*



**PARENT/GUARDIAN VERBAL NOTIFICATION**

Name of Parent/Guardian of Child: \_\_\_\_\_

How was the parent/guardian verbally notified of the restrictive intervention?

Telephone

Left message

In person

Unable to notify verbally; notified via email

If unable to notify by phone, explain the steps taken to attempt verbal notification:

Date/Time of parent/guardian notification and all attempts:

ATTEMPT #	DATE	TIME	NAME/POSITION OF STAFF MEMBER MAKING/ATTEMPTING NOTIFICATION
1			
2			
3			
4			
5			

**DIRECTOR OR DESIGNEE VERBAL NOTIFICATION**

**\*\*DUE IMMEDIATELY FOLLOWING INCIDENT\*\***

Director or Designee: \_\_\_\_\_  
Name

Date of VERBAL notification: \_\_\_\_\_

Time of VERBAL notification: \_\_\_\_\_

**DIRECTOR OR DESIGNEE WRITTEN NOTIFICATION**

**\*\*DUE WITHIN FIVE (5) DAYS OF INCIDENT\*\***

Director or Designee: \_\_\_\_\_  
Name

Date of WRITTEN notification: \_\_\_\_\_

Time of WRITTEN notification: \_\_\_\_\_

**PARENT/GUARDIAN WRITTEN NOTIFICATION**

**\*\*DUE WITHIN TWO (2) DAYS OF DIRECTOR'S RECEIPT OF NOTIFICATION\*\***

**Date of written notification to parent:** \_\_\_\_\_

**Time of written notification to parent:** \_\_\_\_\_

**FINALIZATION**

**Date/Time report was finalized:** \_\_\_\_\_

**Name/Position of person completing this written notification:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position Title