

Phone (856) 430-1372 & (267) 982-0001 Fax (480) 393-4069 & (888) 212.0084

Email: receptionist@brettdassociates.com, Web:www.brettdassociates.com

Incident and Restraint Reporting Protocol

I. Incident Reporting:

- A. If an incident report is needed ALWAYS:
 - a. Inform Desiree Neves
 - i. Text/call: 908-907-5248
 - ii. Email: desiree@brettdassociates.com
 - b. Inform the Behavior Consultant (BC) on the case
 - c. If this is a school case, notify school administration
 - d. Complete the report within 24 hours of the restraint and/or incident
- B. When to complete an incident report:
 - a. If a district asks you to complete a form of theirs
 - i. Inform them that they must complete their own forms
 - ii. Discuss with your BC
 - b. Calls made to DCPP/Childline for abuse and neglect, as well as any follow up calls/visits
 - NEW JERSEY and FLORIDA Staff: Make sure to reach out to Dr. Pat Progar and Desiree Neves PRIOR to calling UNLESS there is severe risk of danger
 - ii. PENNSYLVANIA STAFF ONLY: Make sure to reach out to Josh Zeigler and Desiree Neves PRIOR to calling UNLESS there is severe risk of danger
 - iii. If this occurs in school, school staff should take the lead on making the call
 - iv. Notify the BDA BC on the case
 - v. Clinical Associates should not be unsupported during any calls or interviews. A BC, BDA district director, Dr. Pat, or Josh Zeigler should provide that support.
 - c. If the learner makes statements of suicide, self-harm, or homicide
 - If this is in school, the school Social Worker or Psychologist MUST complete a Risk Assessment. Make a note that it was done in the detailed description section of the report and what the outcome or recommendation is
 - d. Property destruction at a severe level
 - i. High-cost items
 - ii. Dangerous items that could cause injury (i.e.- windows, glass)
 - iii. Any other forms of severe level destruction
 - e. An injury to staff or the learner (not resulting from a restraint)
 - Staff injuries needing medical attention must text/call the school call outline PRIOR to receiving medical attention



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- f. If you witness/observe someone else implementing a restraint on the learner. On the report when it asks if a restraint was used select "No" if you were the witness and did not assist in any way.
 - i. Parents
 - ii. Siblings
 - iii. School staff
 - iv. Other
- g. Any involvement from police or emergency medical personnel
 - i. If 911 was called
 - ii. Hospitalizations
- h. If your learner experiences a medical emergency that is atypical for them
- i. If your BC asks you to complete one
- j. If you come across a situation that you are questioning whether or not a report is needed, reach out to Desiree to discuss. More than likely that means a report is needed
- C. Complete the Report
 - a. It can be found on the BDA intranet;
 - b. Make sure to complete all fields
 - i. Where names are required, use their FULL name (first and last)
 - c. In the Detailed Description section:
 - It should read like an objective narrative, be clear and concise. If someone reads the report, they should be able to visualize what happened without any questions
 - ii. Use descriptive and observable terms
 - iii. Define what the behaviors LOOK like
 - iv. Include what may have triggered the behavior/what the learner was doing prior to engaging in behaviors or what occurred to prompt the need for the report
 - v. If any outside professional staff were involved, make sure to include their full name and title (no abbreviations)
 - vi. What, if any, were the results once the incident ended
 - vii. If the student was injured in school, they must be checked out by the nurse

II. Restraint Reporting:

- A. If a restraint report is needed ALWAYS:
 - a. Inform Desiree Neves

i. Text/call: 908-907-5248

ii. Email: desiree@brettdassociates.com

- b. Inform the Behavior Consultant (BC) on the case
- c. If this is a school case, notify the school administration
- d. Complete the report within 24 hours



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- B. When to complete restraint reports:
 - a. Any time a CPI approved technique or safety hold is implemented
 - b. Escorts/transports are considered restraints and will need a restraint report completed
 - c. If the "more restrictive bite release" is used
 - d. If you assist other staff with the hold or escort
 - e. If you switch out with other staff to continue a hold or escort
- C. Complete the Report
 - a. It can be found on the BDA intranet
 - PA Staff ONLY for Magellan and CBH Funded cases use the Central Reach form (DO NOT sign off on the form until Desiree has reviewed it and signed it herself, she will let you know when you can sign)
 - b. Make sure to complete all fields
 - i. Use Full names where names are required
 - ii. The Nurse must do a body check after the restraint
 - iii. Parents must be notified; school staff typically do this so just follow up to make sure they were
 - iv. Keep track of the time the restraint started and stopped as this is included in the report
 - c. In the Detailed Description section: (like incident reports above)
 - i. It should read like an objective narrative, be clear, concise, and when someone reads it, they should be able to visualize the whole event
 - ii. Use descriptive and observable terms
 - iii. Define what the behaviors LOOK like
 - iv. Include what the student/learner was doing prior to engaging in behaviors (i.e.-the antecedent or trigger)
 - v. Describe what techniques were used to try to de-escalate (if any)
 - vi. Describe what happened specifically to require implementation of the restraint
 - vii. Include what occurred during the restraint (how the learner was acting, what were staff doing, any attempts to release, de-escalation techniques used)
 - viii.Describe what led to the termination of the restraint
 - ix. What happened right after the release (i.e.-they were redirected back to the original task, or they continued to engage in low level tantrum behaviors such as crying that was able to be ignored, etc.)



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