PerformCARE®

Report of Restraint or Seclusion

Date of Report:_____

Name of Member (Last, First, MI)	Provider Name Promise Number/Type
MA Identifier Number	Level of Care
Member Home Address, including County	Provider Address
Member Telephone	Provider Contact Name and Telephone Number
Date of Birth	Date of Incident Time of Incident
Location of Incident and Name of Provider Staff Involved	Is this an addendum to a previously submitted report? ☐ Yes ☐ No If yes, date of initial report:_____
◯ Seclusion Did the Member require treatment greater than first aid for injury as a result of t h e seclusion? ◯ Yes* ◯ No Duration of Seclusion:_____ Was the Member assessed by a Nurse during the seclusion? ◯ Yes ◯ No Was the Member assessed by a Physician within 1 hour after the seclusion? ◯ Yes ◯ No	◯ Restraint by Provider Staff: Type of restraint.: ◯ Chemical ◯ Mechanical ◯ M a n u a l Duration of restraint:_____ If manual restraint, choose type of restraint: ◯ standing ◯ seated ◯ supine ◯ *prone Did the Member require treatment greater than first aid for injury that occurred as part of a restraint? ◯ Yes* ◯ No Was the Member assessed by a nurse after the restraint? ◯ Yes ◯ No ***Mechanical Restraint Only*** Was the Member assessed by a Physician within 1 hour after the restraint? ◯ Yes ◯ No

Instructions:

- This form must be completed for all restraints or seclusions in which **staff participate,** for any service that is funded by PerformCare and should be submitted within 24-hours of the occurrence of the restraint or seclusion.
- **If staff are not involved in the actual restraint or seclusion, this form does not need to be completed** (i.e. if staff are witnessing a restraint, but not participating, this form does not need to be completed by your agency).
- No other documentation is required to be submitted with this form unless additional information is requested by PerformCare.
- * If **an injury** occurred during restraint or seclusion or if a prone restraint occurred, the Critical Incident Report form must be completed instead of this form.

A "Report of Restraint or Seclusion Form" must be completed for EACH restraint or seclusion that occurs.
If a restraint leads to a seclusion, a separate form must to be submitted for each event.
If there was a progression in Type of Restraint utilized, choose the most restrictive level of restraint.
If there was a progression in Type of Manual Restraint utilized, choose the most restrictive type of restraint.