

House of New Hope
Assisted Safety RESTRAINT DEBRIEFING Form

Person Completing this Form: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Name of Person Assisted to Safety: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Assisted Safety: \_\_\_\_\_

Type of Restraint: (Check all used)

\_\_\_\_\_ Hand Holding: Start time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Time: \_\_\_\_\_

\_\_\_\_\_ Bear Hug: Start time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Time: \_\_\_\_\_

Was the physical condition of the individual monitored during the Assisted Safety Response? \_\_\_ Yes \_\_\_ No

What was the imminent danger requiring Assisted Safety Restrain Response: (Check all that apply)

\_\_\_ Need for self-protection \_\_\_ Protection from self-injury \_\_\_ To protect another person from injury

AS SOON AS POSSIBLE after the incident, ask the following question of the individual who was Assisted to Safety. Answer may be based on direct response or by observation.

- 1. Does any part of your body hurt now? \_\_\_ YES \_\_\_ NO \_\_\_ NO RESPONSE If yes, point or tell me which part hurts: \_\_\_\_\_
If yes, does the child need medical assistance or follow-up? \_\_\_ YES \_\_\_ NO

When the person who was Assisted to Safety is completely calm and the risk of re-escalation is low (but with 24 hours), ask the following questions and complete this form:

- 2. What happened? \_\_\_ NO RESPONSE (if no response, briefly describe to the person what happened and why Assisted Safety Restraint was used):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

- 3. What could you have done differently to avoid what happened? \_\_\_ NO RESPONSE

\_\_\_\_\_

- 4. What can we (foster parent/staff) do differently to help you when you are feeling upset or to avoid what happened? \_\_\_ NO RESPONSE

\_\_\_\_\_
\_\_\_\_\_

- 5. Do you feel safe? \_\_\_ YES \_\_\_ NO \_\_\_ NO RESPONSE (if no response, indicate the answer based on your observations of the individual):

\_\_\_\_\_

TO BE COMPLETED BY FOSTER PARENT/STAFF

- 1. Do you feel that your training was adequate to prepare you for this escalation incident? \_\_\_ YES \_\_\_ NO

- 2. What positive behavior supports did you try before using Assisted Safety? (check all that apply)

\_\_\_ Prompting or assistance \_\_\_ Reminders \_\_\_ Changes to environment \_\_\_ Evacuation of others \_\_\_ Offering choices

\_\_\_ Prompted relaxation \_\_\_ Verbal redirection \_\_\_ Planned ignoring \_\_\_ Simple correction \_\_\_ Distraction

\_\_\_ Praise or targeted attention & approval \_\_\_ Problem-solving or discussion with individual \_\_\_ Calm voice

\_\_\_ Nonconfrontational body language/positioning \_\_\_ Nonconfrontational blocking \_\_\_ Asking questions

\_\_\_ Other: \_\_\_\_\_