Restrictive Intervention Application (RIA) Data Form

All Fields Required

INDIVIDUAL INFORMATION
1. Individual Name or TABS ID: FIRST = ___________________ LAST = ___________________ TABS ID#= ___________________

EVENT INFORMATION
2. IRMA Master Incident Number (if available/applicable): __________________________

PROGRAM INFORMATION
3. Program/Site: __________________________________________________________
4. Program Address: _________________________________________________________
5. Program Type:
   - Autism Unit
   - Center for Intensive Treatment Unit (CIT)
   - Clinic
   - Community Residence (CR)
   - Day Habilitation-Site Based
   - Day Treatment
   - Developmental Center (DC)
   - Employment/Work Site
   - Family Care Home

   6. Location: ☑️ only one location unless additional interventions result in other locations used.
      If multiple locations are used, check “Other” and explain.
      - Attic
      - Back Yard
      - Basement
      - Bathroom
      - Bedroom
      - Dining Room
      - Elevator
      - Foyer
      - Front Yard
      - Garage
      - Hallway
      - Kitchen
      - Laundry Room
      - Living Room
      - Loading Dock
      - Lunch Room
      - Off Facility Property
      - Office
      - Parking Lot
      - Program Room
      - Recreation Area
      - Sidewalk
      - Small Residential Unit (SRU)
      - Time-out Room
      - Treatment Room
      - Vehicle
      - Work Area
      - Attic
      - Elevator
      - Laundry Room
      - Parking Lot
      - Time-out Room

RESTRICTIVE PHYSICAL INTERVENTION INFORMATION
7. Select the most Restrictive SCIP-R Technique Used (Check only one):
   - One Person Take-Down
   - One Person Take-Down to Side Control
   - One Person Take-Down to Seated Control
   - Seated Control to Supine Control
   - Seated Control to Two to Three Person Supine Control
   - Two Person Take Down
   - Two Person Take-Down to Supine Control
   - Two Person Take-Down to Two to Three Person Supine Control

   8. Usage of Physical Intervention: ☑️ all that apply
      - Harming Others
      - Harming Self
      - Person in an unsafe location
      - Other (explain):

   9. Date Physical Intervention Used: __________________________

10. Time Physical Intervention Started: (HH MM) __________________ am / pm
     Ended: (HH MM) __________________ am / pm

11. Duration of Intervention: __________________________
    If it exceeds 20 minutes, a 147 form must be filed in IRMA

12. Reason for Physical Intervention: ☑️ all that apply
     - Part of Behavior Plan
     - Emergency Basis
     - Other (explain):

Other Reason for Physical Intervention: ___________________________________________
MEDICAL INFORMATION

13. Body Check Performed?  □ Yes  □ No
   a. If yes, Name of staff person conducting body check:
      FIRST= _______________ LAST= _________________
   b. TITLE:
      □ Direct Support Professional
      □ Direct Support Professional SUPERVISOR
      □ Residential Manager/House Director
      □ Classroom Aide/Assistant
      □ Classroom TEACHER
      □ Classroom SUPERVISOR
      □ Licensed Practical Nurse (LPN)
      □ Nurse Practitioner (NP)
      □ Registered Nurse (RN)
      □ Physician Assistant (PA)
      □ Behavior Specialist/Assistant
      □ Licensed Psychologist
      □ Clinician
      □ Other ______________________________________
   c. □ If no - What is the reason?  □ Refused  □ Unknown  □ Called 911  □ Transported to ER
      □ Emergent Medical Needs Supersedes Body Check

14. Injury: Was there an Injury?
   □ Yes  If yes, □ all the injuries from the list below  □ No  □ Unknown
      □ Abrasion  □ Redness  □ CONCUSSION  □ LACERATION W/SUTURES
      □ Bruise/Contusion  □ Scratch  □ DISLOCATION  □ FRACTURE
      □ Hematoma  □ Skin Reaction  □ INTERNAL INJURIES  □ OTHER (only if it meets the Part 624 definition of an injury)
      □ Laceration without Sutures  □ Swelling
      □ Puncture  □ Sprain

If any of the injuries selected are CAPITALIZED, a 147 form must be filed in IRMA.

15. Indicate the Injury Location for the Individual by number(s) found on the
   a. Front Body Diagram:____________________
   b. Back Body Diagram:____________________
**STAFF INFORMATION**

16. Please list up to six (6) staff involved in the physical intervention. Use titles from #13.b:

Staff 1: ___________________________  ___________________________  ___________________________
First Name  Last Name  Title

Staff 2: ___________________________  ___________________________  ___________________________
First Name  Last Name  Title

Staff 3: ___________________________  ___________________________  ___________________________
First Name  Last Name  Title

Staff 4: ___________________________  ___________________________  ___________________________
First Name  Last Name  Title

Staff 5: ___________________________  ___________________________  ___________________________
First Name  Last Name  Title

Staff 6: ___________________________  ___________________________  ___________________________
First Name  Last Name  Title

17. Was Staff Injured as a Result of the Physical Intervention?

☐ Yes  ☐ No  ☐ Yes, Multiple Staff Injured

**MEDICATION ADMINISTRATION INFORMATION**  ☐ N/A

18. Date Medication Administered: ________

19a. ☐ PRN Medication  ☐ STAT Medication

20a. Medication Name: ___________________________  Dose: ____________  Route: (PO/IM) __________
(Refer to attached chart for medication name, dose and route.

21a. Usage of Restrictive Intervention:  ☑ all that apply  ☐ Part of Behavior Plan  ☐ Emergency Basis

22a. Time Medication Administered: (HH MM) am / pm

23a. Reason Medication was administered:  ☑ all that apply:  ☐ Harming Others  ☐ Harming Self  ☐ Other (explain):

Other Reason for Medication Administered:

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19b. ☐ PRN Medication  ☐ STAT Medication

20b. Medication Name: ___________________________  Dose: ____________  Route: (PO/IM) __________
(Refer to attached chart for medication name, dose and route.

21b. Usage of Restrictive Intervention:  ☑ all that apply  ☐ Part of Behavior Plan  ☐ Emergency Basis

22b. Time Medication Administered: (HH MM) am / pm

23b. Reason Medication was administered:  ☑ all that apply:  ☐ Harming Others  ☐ Harming Self  ☐ Other (explain):

Other Reason for Medication Administered:

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19c. ☐ PRN Medication  ☐ STAT Medication

20c. Medication Name: ___________________________  Dose: ____________  Route: (PO/IM) __________
(Refer to attached chart for medication name, dose and route.

21c. Usage of Restrictive Intervention:  ☑ all that apply:  ☐ Part of Behavior Plan  ☐ Emergency Basis

22c. Time Medication Administered: (HH MM) am / pm

23c. Reason Medication was administered:  ☑ all that apply:  ☐ Harming Others  ☐ Harming Self  ☐ Other (explain):

Other Reason for Medication Administered:

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TIME OUT ROOM USAGE INFORMATION

☐ N/A

24. Usage of Time Out Room: ☑ all that apply ☐ Part of Behavior Plan ☐ Emergency• Basis
   •Time Out Room cannot be used on an emergency basis; if so, a 147 form must be filed in IRMA

25. Date - Time Out Room Used: ______________

26. Time Out timeframe: Started: (HH MM) ______________ am / pm
   Ended: (HH MM) ______________ am / pm

27. Duration of Intervention: ______________ If duration exceeds 60 minutes a 147 form must be filed in IRMA

28. Reason for Time Out Room Intervention: ☑ all that apply
   ☐ Harming Others ☐ Person in an unsafe location ☐ Other (explain):
   Other Reason for Time Out Room Intervention: ________________________________

STAFF INFORMATION

29. Please list up to four (4) staff involved in Time Out Room Usage. Use titles from #13.b:
   Staff 1: ___________________________ ___________________________ ___________________________
            First Name          Last Name                Title
   Staff 2: ___________________________ ___________________________ ___________________________
            First Name          Last Name                Title
   Staff 3: ___________________________ ___________________________ ___________________________
            First Name          Last Name                Title
   Staff 4: ___________________________ ___________________________ ___________________________
            First Name          Last Name                Title

30. Was Staff Injured as a Result of the Time Out Intervention?
   ☐ Yes ☐ No ☐ Yes, Multiple Staff Injured

INCIDENT CATEGORY/CLASSIFICATION

31. Select Category/Class of incident ☐ N/A
   ☐ Non-Reportable Incidents/Notable Events
   ☑ Reportable Incident ______________________________
   ☐ Serious Reportable Incident ______________________________
   ☐ Allegation of Abuse: ______________________________
      ☐ Mistreatment ☐ Neglect ☐ Physical ☐ Psychological

32. Name and title of staff completing form:
            ___________________________ ___________________________ ___________________________
            First Name          Last Name                Title

33. Date Form Completed: ___________________________

34. Name and Title of staff reviewing the form:
            ___________________________ ___________________________ ___________________________
            First Name          Last Name                Title

35. Date Form entered into RIA: ___________________________