

Restraint Risk Assessment



Management of Aggression Team

Restraint Risk Assessment	
Patient Name:	
CHI :	
Describe the behaviour the patient is displaying and the risks it presents:	
Please detail assessment of underlying and contributing factors:	
Alternatives to restraint that have been considered and/or implemented:	
Plan for intervention using restraint:	

What are the potential risks for the patient or others associated with the above plan?

Are there any resource requirements associated with this plan?

Staffing:

Equipment :

Training:

Other:

Who had been involved in the consultation regarding this plan?

When will this plan be reviewed, who will be involved?

Signed:

Print:

Date: