Restraint and seclusion record

Form | CLN-FRM-004

Document type	Form
Title	Restraint and seclusion record
Document ID	{{facility.code}}-CLN-FRM-004
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 1 (Assessment, Care Planning and Safety), criterion 1.4
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records each use of restraint or seclusion: the reason, the less restrictive options, the order, the monitoring and the release.

1. How to complete

- Complete at the start of each use.
- Record each monitoring check.
- Record the release time.

2. Record

Patient ID	Type (physical, chemical, seclusion)	Reason	Less restrictive options tried	Order and time limit	Monitoring checks	Release time

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval