*This form is to be completed by a manager or team leader when a Regulated Restrictive Practice (RRP) has been administered.
Detailed documentation of the restrictive practice must also be completed and retained on the participant’s file.*

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| --- | --- | --- | --- | --- | --- | --- |
| Date of RRP | Time | Participant name | Staff name who administered the RRP | Type of restrictive Intervention:Seclusion, Chemical, Mechanical, Physical, Environmental, Psychosocial | Does participant have a Behaviour Support Plan?(Yes / No) | Has documentation of the Restrictive Practice been completed and filed on participant file? |
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*Record keeping - file in the participants electronic & hard copy folder.*