

Safety Restrictions

As your provider, we have identified something you want to do that might create a risk. We need your input to develop a plan that... that this restriction is necessary to... intervene in an emergency a...

Restrictions on the Freedoms of Everyday Life

The Safety Restrictions form is completed **only** when a Restriction on Freedoms of Everyday Life as defined in the Human Rights Regulations {12VAC35-115-100} is being put in place with an individual.

It is completed with the individual/substitute-decision maker's signed consent and details specific conditions regarding the restriction. These conditions are detailed in Virginia's Human Rights Regulations and in the Centers for Medicare and Medicaid Home and Community Based Services Rule (published January 16, 2014).

The contents are developed with the individual by a qualified professional, which is someone employed by the provider who is supporting the person and has knowledge of the information needed to complete the form.

This form is **not** completed for the use of restraints, to include protective devices (i.e. helmets/gait belts). Restraints are defined in {12VAC-115-110} of the Human Rights Policy.

<http://www.dbhds.virginia.gov/individuals-and-families/human-rights>

I understand...	
This is necessary to...	
The outcome of the restriction...	restriction]
Describe your possible alternative restriction individual's behavior, preferences, needs, and...	
Describe other approaches safety needs and mental nursing and function in...	ted]
Is this proposed effective treatment protect him or her injury, or death?	
Describe how progress toward resolving the restriction(s) will be measured:	[Describe how progress will be measured]
Describe how often restriction(s) will be reviewed:	[Enter frequency of review]
Describe conditions for removal of restriction(s):	[Describe conditions for removal of restriction]

I understand that taking the actions listed can create a safety risk. I understand the reason for the restriction, the criteria for removal, and my right to a fair review of whether the restriction is permissible. When utilized, I understand that the proposed restriction will not cause harm and give my consent to participate:

Individual

Date

Substitute Decision Maker

Date

Responsible provider

Date

This ISP belongs to: _____ ID# _____ ISP Start: _____ End: _____ Revision: _____