TEACHING FAMILY HOMES OF UPPER MICHIGAN

INCIDENT REPORTING FORM

Prior to completing the incident report, it is important that you have documented the date, time, and type of incident. Below, insert the name of the youth, choose the date of the incident from the dropdown box, enter your name, document the time of the incident, and choose the program where the incident occurred from the dropdown box. Once you have filled in all of the necessary identifying information, you may select the type of incident. Select as many options as necessary for the specific incident that occurred.

PERSON INVOLVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF INCIDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STAFF MAKING REPORT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF INCIDENT** (check one or more):

Medical Social/Legal Other

Injury of youth Legal problem Self-Injurious Behavior

Injury of staff (youth victim) Sexual experimentation

Contagious disease Police involvement or assault

Emergency hospitalization (youth suspect) Possible violation of

Medication issue Youth runaway youth rights

Ingestion of drugs/ Severe behavior problem Other

harmful substances Property damage

Blood borne Exposure Suspected or known

abuse or neglect

**WHAT ANTECEDENT EVENT(S) OCCURRED PRIOR TO THE INCIDENT?**

In this section, it is important that you consider environmental, social, or biological factors that may have contributed to the incident. It is important that you are specific in your description of the event or events leading up to the incident.

Important questions to consider include:

What was going on around the youth prior to the incident?

Was the atmosphere loud or quiet?

Was there something said that prompted the incident?

Who was involved in the incident?

What was the youth’s demeanor like prior to the incident?

What were you doing prior to the incident?

How was the youth feeling physically?

Was there an absence of something prior to the incident?

\*\*\*Reports involving a child other than the child listed on the top of the report must be referred to by their youth number.

**DESCRIBE THE INCIDENT IN CONCRETE, BEHAVIORAL TERMS:**

This section should provide a clear depiction of the critical incident that occurred. Problem behaviors must be specific and should describe exactly what was occurring at the time of the incident. Terms such as assault, aggression, intimidation, or violence are vague in nature. When completing this section, you should include specific conversations that occurred or words that were said. You should also refer to physical acting out in terms such as, hitting, kicking, spitting, punching, throwing, etc.

**DESCRIBE THE DE-ESCLATION TECHNIQUES THAT WERE USED IN CONCRETE BEHAVIORAL TERMS:**

In this section you should provide specific descriptions of the tools that were used to prevent the incident from escalating. Avoid institutional statements such as, “I then instructed the youth to calm down.” Instead, explain specific measures you took to de-escalate the situation such as practicing deep breathing, maintaining a supportive stance, offering space, praising approximations, offering choices, etc.

**HOW LONG WAS DE-ESCALATION USED?**

Document the length of time (in minutes) that the above de-escalation techniques were used.

***PHYSICAL INTERVENTION REPORT***

**WAS PHYSICAL INTERVENTION USED?**

Choose “yes” or “no” based on the incident. If physical intervention was not involved in the incident you may proceed to the follow-up section.

YES

NO

***(If no physical intervention/de-escalation was involved, please SKIP to FOLLOW-UP SECTION)***

**WHAT YOUTH BEHAVIOR LED TO THE NEED FOR PHYSICAL INTERVENTION?**

Select the form of behavior that led to the use of physical intervention. It is possible that several boxes will require a checkmark.

Physical Aggression towards Staff Physical Aggression towards Resident Self Injury

Self-Endangerment Property Destruction Other

**DESCRIBE THE BEHAVIOR IN CONCRETE, BEHAVIORAL TERMS:**

This section should supplement the section that describes the incident in concrete, behavioral terms. Be sure to include examples of the physical actions that led to the physical intervention (hitting, kicking, spitting, punching, throwing, etc.).

Use the text boxes to enter the person requesting physical restraint (most likely yourself) as well as the person authorizing the restraint (Therapists or Director of Clinical Services). Also be sure to document the date and time of the correspondence in the text box provided.

**Person Requesting Physical Intervention:**  **Date/Time:**

**Clinician Authorizing Physical Intervention:**  **Date/Time:**

**WHAT PHYSICAL INTERVENTION TECHNIQUE WAS USED?**

Check the type of physical intervention that was used.

Child Control Two Person Team Control

**WHO PARTICIPATED IN THE PHYSICAL INTERVENTION?**

Enter the names of the individuals who participated in the intervention. Be sure to also indicate who monitored the intervention.

**Name:** **Name:**  **Name:**

**WHO MONITORED THE PHYSICAL INTERVENTION? Name:**

**HOW LONG DID THE PHYSICAL INTERVENTION LAST?**

Use the text box to indicate the duration of the physical intervention. Be sure to include begin times and end times in the provided text boxes.

**Begin Time**: **End Time:**

**Did the physical intervention last more than 15 minutes?**

YES

NO

**If “yes” did you contact your supervisor?**

YES

NO

N/A

**IF MORE THAN ONE INTERVENTION, HOW LONG DID EACH LAST?**

Use the table below to document additional interventions that were a part of this particular incident. Document the number of minutes the intervention occurred for as well as the begin time and end time. Any intervention related to a separate incident with the same youth must be documented on a new incident report.

|  |  |  |
| --- | --- | --- |
| Number of Minutes | Begin Time | End Time |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**IF NECESSARY, DESCRIBE IN CONCRETE BEHAVIORAL TERMS WHY MORE THAN ONE INTERVENTION WAS USED:**

Specifically explain the actions of the youth that prompted the use of more than one physical intervention technique.

**POST-PHYSICAL INTERVENTION DEBRIEFING:**

**\*\*\* To be Completed by Staff \*\*\***

Use this section to document the use of debriefing strategies. Provide the youth’s name as well as the date and time that the debriefing occurred.

|  |  |  |
| --- | --- | --- |
| **Name of Youth Involved in Restraint** | **Date** | **Time** |
|  |  |  |

**\*\*\* To be Completed by Consultant/Supervisor \*\*\***

**This table is for Consultants and Supervisors only.**

|  |  |  |
| --- | --- | --- |
| **Names of Staff Involved in Restraint** | **Date** | **Time** |
|  |  |  |
|  |  |  |
|  |  |  |

***FOLLOW UP***

***ONE HOUR POST ASSESSMENT***

**YOUTH’S PHYSICAL STATUS**:

Check any or all observations as they apply to the child’s physical status.

Normal Hyperactive Hypoactive Tremors Ticks Unremarkable

**COLOR:** Check any or all observations as they apply to the child’s complexion.

Normal Flushed Pale

**BREATHING:** Check any or all observations as they apply to the child’s rate of breath.

Normal Hyperventilating Hypoventilation

**ORIENTATION:** Check any or all observations as they apply to the child’s orientation.

Person Place Time Situation

**SENSORIUM:** Check any or all observations as they apply to the child’s sensorium.

Clear Consciousness Clouded Consciousness

**Able to understand and refrain from harmful action:** Assess the youth’s ability to refrain from harmful action towards themselves or others.

YES

NO

**IF “No”, HOW WAS THIS ADDRESSED?**Specify any additional teaching that was used to address ongoing behavior following the physical intervention. Be clear and specific in your description.

**DESCRIBE IN CONCRETE BEHAVIORAL TERMS WHAT OCCURRED AFTER THE INCIDENT WAS OVER:**

In this section, describe the behavior of the youth following the use of physical intervention. Also be sure to include debriefing or teaching techniques that were used by staff following the incident.

**FOLLOW-UP PLANS TO ADDRESS THIS INCIDENT:**

Use this section to discuss follow-up plans to prevent the incident from occurring in the future or plans to administer additional consequences. Be sure to indicate a date and time when plans will be discussed or were discussed. These discussions often take place at team meeting or during individual conversations with the Consultant or Supervisor. Also be sure to document any plans to contact BCAL, MIC, or CPS with corresponding dates.

***YOUTH/STAFF INJURY***

**INJURIES TO YOUTH:**

In this section, indicate if there were any injuries to the youth. Injuries could be as simple as a scratch or bruise to a broken bone or injured ligament.

YES

NO

N/A

**DESCRIBE THE INJURY (IF APPLICABLE)**:

Describe the nature of the injury as specifically as possible. Also indicate if medical attention was sought or needed.

**INJURIES TO STAFF (IF APPLICABLE):**

In this section, indicate if there were any injuries to the staff involved. You will also need to complete a work injury form in addition to this incident report.

YES (Sought medical attention – Complete work injury report)

YES (Refused medical attention – Complete work injury report)

NO

N/A

***\*\*\*Injuries that are not documented on a “Work Injury Report” will not be covered by workers’ compensation\*\*\****

What was the employee doing just before the incident occurred? *(Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific)*

How did the injury occur? *(Examples: “When ladder slipped on wet floor, worker fell 20 feet”; ‘Worker was sprayed with chlorine when gasket broke during replacement”)*

Describe the nature of the injury or illness?

***PERSONNEL NOTIFIED***

**PERSONS NOTIFIED OF INCIDENT (provide name)**

Use the table below to document the names of the individuals that were contacted along with the dates and times of the correspondence. Remember that parents and caseworkers must be contacted within 24 hours of the use of physical intervention. Be sure to sign and date the report when you are completed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Position/Role** | **Person’s Name** | **Date** | **Time** |
| Prg. Manager, Asst. Prg. Manager, FT |  |  |  |
| Program Consultant |  |  |  |
| Assistant Dir. of Residential Services |  |  |  |
| Director of Res. & HB Services |  |  |  |
| Chief Executive Officer |  |  |  |
| Therapist |  |  |  |
| Case Worker |  |  |  |
| Parent/Guardian |  |  |  |
| Police |  |  |  |
| Community Mental Health |  |  |  |
| Medical |  |  |  |
| BCAL |  |  |  |
| Court |  |  |  |
| Child Protective Services |  |  |  |
| Other |  |  |  |

STAFF SIGNATURE: DATE:

CONSULTANT SIGNATURE:

LICENSED CLINICIAN AUTHORIZING RESTRAINT:

ADMINISTRATIVE REVIEW: