

Describe the events and environment leading up to the incident.

How was the situation handled?

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FOR BEHAVIORAL INCIDENTS ONLY:

Was an Emergency Control/Safety Procedure Used? _____

Starting time of Procedure: _____ Ending Time: _____

Describe the Procedure Used: _____

Why was the Procedure Used? _____

Has this type of behavior occurred with this person before? YES NO

Is it likely that this behavior will reoccur? YES NO

Is there a Behavioral ISSP? YES NO Was it implemented? YES NO

Comment: _____

Measures to be taken or suggestions for preventing a re-occurrence of this incident:

Report Written By: (Print Name) _____

Report Written By: (Signature) _____ Date: _____

To be completed by supervisor:

Follow-up Action: _____

Person Responsible for Follow-Up: _____

Follow-up by Nurse: _____

Follow-up Action Completed: _____

_____ Date Completed: _____

SIGNATURES:

RESIDENTIAL DIRECTOR _____ DATE: _____

NURSE: _____ DATE: _____

PRESIDENT: _____ DATE: _____

RESOURCE COORDINATOR _____ DATE: _____

OTHER: _____ DATE: _____