LINK ASSOCIATES

**INCIDENT REPORT**

**Directions: This form is to be completed by the staff person who was primarily involved with the incident. The boxes are to be filled out if you are writing up a behavioral incident. Please check only one item in each box as it relates to the incident and include details in your narrative.**

\*\*\* Incident reports **must be called into a voice messaging system (262-8888 ext. 355) from Fridays at 3:00 p.m. – Mondays at 8:00 a.m**.**; during holidays, snow days, etc**. Employees must **read the incident report** and send in the incident report to the office Monday morning, or the following work weekday.

 \_\_\_\_\_\_\_\_\_\_ Behavioral \_\_\_\_\_\_\_\_\_\_ Medical

Name: Date: ­­­­­ Time Began:\_\_\_\_\_\_\_ Time Ended: \_\_\_\_\_\_

Location:

|  |
| --- |
| **Motivation – Check Appropriate Response** |
|  Get something Get out of something Internally Driven Other/Unknown |

 **Antecedents:**

(Activity and/or events prior to behavior or incident)

**Summary of Incident**: (Specifically report what happened, describing the behavior that occurred. Do not label the behavior nor include your judgment or interpretations. Report what was done to assist, alleviate, or intervene. Document the outcome.)

|  |
| --- |
| **Behavior- Check Appropriate Response** |
|  Self Injurious Behavior (SIB) Physical Aggression with injury Physical Aggression without injury Property Damage Runs away (Elopement) Verbal abuse/aggression Defiance/Non-compliance  Eating inedible (PICA) Stealing Suicide Attempt Substance Abuse Sexually Inappropriate Other |

**Staff Intervention**: What happened after the behavior? (i.e.: ignored, modeled correct behavior, followed program plan, finished the activity, applied first aid, etc.)

|  |
| --- |
| **Behavior Immediate Decision- Check Appropriate Response** |
|  Referral to PBS Team Followed Program Plan Counseling Crisis Team visit ER Visit Police***Below items Must be documented in the service plan and/or in Behavior Intervention Plan***  Time Out Loss of Privilege Use of Physical restraint Use of Chemical restraint (PRN)  (per doctors order) |

**List the names of all involved parties (include other staff, consumer initials, and other observers)**

**Recommendations**: (Indicate interpretation of incident, recommendations on how to prevent reoccurrence and other recommendations for further study)

Reported by: Position/Title: Date:

Employee number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Recommended Follow-Up**:

Signature/Title: Date:

**Nurse Recommended Follow-Up:**

Signature/Title: Date:

**Case Manager Recommended Follow-Up**: (Please route copy to Safety committee)

Signature/Title: Date:

 Date

Date mailed to TXIX Case Manager

Date sent to PCHS CM Director

Date sent to Program Director

Copy filed in Centralized File on

Date HCBS Specialist Notified

Copies given to:

Residential Supervisor

Vocational Supervisor

Safety Committee

PBS Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Incident which meet the following criteria, are deemed major incidents and must be received by the supervisor with in 24 hours, and received by the Targeted Case Manager or County Case Worker within 72 hours. Guardian must also be notified with in 72 hours.** An occurrence involving the individual that: a) results in a physical injury to or by the individual that requires a physician's treatment or admission to a hospital, or b) results in someone’s death, or c) requires emergency mental health treatment for the individual, or d) requires the intervention of law enforcement, or e) results from any prescription medication error, or f) is reportable to protective services.

 **Incidents which are deemed minor incidents must be received by the supervisor with in 24 hours and then routed to the Targeted Case Manager or County Case worker.** Examples of minor incidents are: a) results in application of first aid, or b) results in bruising, or c) results in seizure activity, or d) results in injury to self, others or to property, or e) Constitutes a prescription medication error.