

Emergency Use of Physical Management

THIS FORM IS TO BE COMPLETED IN ADDITION TO AN INCIDENT REPORT

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|----------------------------------|-------------|------------------------|--|
| Individual's Name: | | CMH Case Number: | |
| Date of Incident: | | Location of Incident: | |
| Staff Reporting: | | | |
| Duration of Incident: | Start Time: | Stop Time: | |
| Duration of Physical Management: | Start Time: | Stop Time: | |
| Employee(s) Involved: | | Employee(s) Observing: | |

What was happening prior to the Incident/what triggered the incident? (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Denial of request | <input type="checkbox"/> Difficulty with activity | <input type="checkbox"/> Request made of them |
| <input type="checkbox"/> Conflict with peer | <input type="checkbox"/> Conflict with staff | <input type="checkbox"/> Transition between activities |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other (describe below) | |

Other:

Positive techniques attempted prior to physical management (Check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Environmental modifications | <input type="checkbox"/> Verbal redirection | <input type="checkbox"/> Used active listening |
| <input type="checkbox"/> Shielded others | <input type="checkbox"/> Separated from others | <input type="checkbox"/> Separated from others |
| <input type="checkbox"/> Removed demand | <input type="checkbox"/> Used body positioning | <input type="checkbox"/> Coaching skills used |
| <input type="checkbox"/> Offered prescribed PRN | <input type="checkbox"/> Gave space | <input type="checkbox"/> Offered choice |
| <input type="checkbox"/> Other (describe below) | | |

Other:

Positive techniques were insufficient because (Check all that apply):

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Risk to staff | <input type="checkbox"/> Risk to peer/other(s) | <input type="checkbox"/> Risk to self |
| <input type="checkbox"/> Other (describe below) | | |

Other:

Behavior that presented immediate risk (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Hitting or attempting to hit peer | <input type="checkbox"/> Kicking or attempting to kick peer |
| <input type="checkbox"/> Hitting or attempting to hit staff | <input type="checkbox"/> Kicking or attempting to kick staff |
| <input type="checkbox"/> Hitting or attempting to hit other(s) | <input type="checkbox"/> Kicking or attempting to kick other(s) |
| <input type="checkbox"/> Pulling hair (other than own) | <input type="checkbox"/> Biting or attempting to bite |
| <input type="checkbox"/> Head-butting others | <input type="checkbox"/> Head-banging |
| <input type="checkbox"/> Other (describe below) | |

Other:

Emergency Use of Physical Management

Physical Management technique utilized (Check all that apply):

- ☐ Separating technique (i.e., 2 hand release, bite release, hair pull release)
- ☐ 1 arm hold—standing
- ☐ 2 arm hold—standing
- ☐ Side-hug hold—standing
- ☐ other (describe below)

Other:

Physical Management terminated because (Check all that apply):

- ☐ Help arrived (staff)
- ☐ Distress observed, hold terminated
- ☐ Individual and staff fell to the floor
- ☐ No imminent risk/individual calmed
- ☐ Individual went to the floor on their own
- ☐ Other (describe below):

Other:

Outcome (Check all that apply):

- ☐ Injury to staff as a result of behavior
- ☐ Injury to individual as a result of behavior
- ☐ Injury to other as a result of behavior
- ☐ Individual received medical attention
- ☐ Police were called/arrived
- ☐ Injury to staff as a result of physical management
- ☐ Injury to individual as a result of physical management
- ☐ Staff received medical intervention
- ☐ Others received medical attention (specify below)
- ☐ No injuries

Other:

Program supervisor review:

Does the individual have a Behavior Treatment Plan (BTP)?

☐ Yes ☐ No

The Behavior Treatment Plan was followed as written?

☐ Yes ☐ No

The people involved are trained to implement the BTP techniques used?

☐ Yes ☐ No

Was the Physical Management Technique properly utilized?

☐ Yes ☐ No

Corrective Action taken to prevent reoccurrence (staff training/development, request for treatment team meeting, request for BTP, or modification to services):

Program Supervisor Signature:

Date:

