Emergency Use of Physical Management

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

1. Individual / Incident Information

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:** _____

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

- ☐ Denial of request
- ☐ Difficulty with activity
- ☐ Request made of them
- ☐ Conflict with peer
- ☐ Conflict with staff
- ☐ Transition between activities
- ☐ Unknown
- ☐ Other (describe below)

Other: _____

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

- ☐ Environmental modifications
- ☐ Verbal redirection
- ☐ Used active listening
- ☐ Shielded others
- ☐ Separated from others
- ☐ Offered a break
- ☐ Removed demand
- ☐ Used body positioning
- ☐ Coaching skills used
- ☐ Offered prescribed PRN
- ☐ Gave space
- ☐ Offered choice (preferred activity/item)
- ☐ Other (describe below)

Other: _____

4. Positive techniques were insufficient because (Check all that apply)

- ☐ Risk to staff
- ☐ Risk to peer/other(s)
- ☐ Risk to self
- ☐ Other (describe below)

Other: _____

5. Behavior that presented immediate risk (Check all that apply)

- ☐ Hitting or attempting to hit peer
- ☐ Kicking or attempting to kick peer
- ☐ Hitting or attempting to hit staff
- ☐ Kicking or attempting to kick staff
- ☐ Hitting or attempting to hit other(s)
- ☐ Kicking or attempting to kick other(s)
- ☐ Pulling hair (other than own)
- ☐ Biting or attempting to bite
- ☐ Head-butting others
- ☐ Head-banging
- ☐ Other (describe below)

Other: _____

HealthWest

Emergency Use of Physical Management

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

6. 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:

7. 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:

8. 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:

9. 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

10. Corrective Action / Prevention

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: _____

HealthWest

Emergency Use of Physical Management

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

11. Additional Information