INCIDENT REPORT

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CONFIDENTIAL - PLEASE TYPE OR PRINT IN BLACK INK

NAME OF PERSON _____

LAST FIRST

DATE OF INCIDENT _____

TIME OF INCIDENT _____

REGION
1 2 3

REPORTING PROVIDER: _____

SECTION 1 - DESCRIPTION OF INCIDENT

DESCRIBE WHAT HAPPENED: (Who was involved, what happened before, during and after the incident, how long did it last, where di it happen)

ACTIONS TAKEN:

THIS INCIDENT WAS ☐ Witnessed OR ☐ Discovered

NAME/TITLE OFREPORTER: _____ **SIGNATURE OF REPORTER:** _____

DATE _____ **REPORTER CODE:** ☐ 1 Employee 2 Consumer 3 Family 4 TCM 5 DDP 6 Other _____

TIME _____ **WITNESS NAMES:** _____

SECTION 2 - SUPERVISOR REVIEW

TYPE OF INCIDENT

PRIMARY CODE: ☐

SECONDARY CODE: ☐

1, Aspiration/Choking
2. Death
3. Discovery of Contraband
4. Hospitalization
5. Medication Error
6. Missing Person
7. Injury
8. Property Damage
9. Use of Mechanical Restraint
10.Use of Physical Restraint
11.Use of PRN Medication
12.Use of Exclusion Time Out
13.Use of Seclusion Time Out
14.Rights Violation
15.Seizure
16.Self Injurious Behavior (SIB)
17.Suicide Threat/Attempt
18.Ingestion of Harmful Substance
19.Law Enforcement Involvement
20.Other _____

ALLEGATIONS OF ABUSE:
20.Abuse: Physical Injury
21.Abuse: Mental Injury
22.Abuse: Exploitation
23.Abuse: Neglect
24.Abuse: Sexual Abuse

ALLEGATION OF:
25.Mistreatment

CAUSE OF INCIDENT **0. Does Not Apply**

PRIMARY CODE: ☐ **SECONDARY CODE:** ☐

CONSUMER ACTION:

1. Fall
2. Ingested
3. Medical Condition
4. Accident
5. Phycial Aggression
6. Provoked
7. Seizure
8. Self-Injurious Behavior
9. Other _____

EMPLOYEE ACTION:
Name: _____

10.Accidnet
11.Suspected A/N/M
12.Other Employee Action

OTHER CONSUMER ACTION:
Initials: _____

13.Accident
14.Physical Aggression
15.Provoked
16.Other

OTHER PERSONS ACTION:
Name: _____

17.Family Member
18.Individual in the Community
19.Visitor

HAZARDOUS CONDITION OF AGENCY PROPERTY
20.Equipment
21.Physcial Environment
22.Unknow/Undetermined

PRIMARY LOCATION

ADDRESS (Incident Location)
(Include City)

SECONDARYLOCATION **CODE:** ☐

1. Home - Inside - Bathroom
2. Home - Inside - Bedroom
3. Home - Inside - Hallway
4. Home - Inside - Kitchen/Dining
5. Home - Inside - Living Room
6. Home - Inside - Other
7. Home - Outside
8. Vehicle
9. Natural Home (residence)
10.Natural Home (visit)
11.Day Program
12.Work
13.School
14.Community - Supervised
15.Community - Unsupervised
16.Unknow

ACTIONS TAKEN: ☐ **Internal** ☐ **Reportable** ☐ **Critical** ☐ **Elder Abuse Act Report - Attach IR Addendum**

SIGNATURE: _____ **PRINTED NAME:** _____ **DATE:** _____ **TIME:** _____

SECTION 3 - INCIDENT MANAGEMENT COORDINATOR REVIEW

ACTIONS TAKEN:

SIGNATURE: _____ **PRINTED NAME:** _____ **DATE:** _____ **TIME:** _____

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SECTION 4 - MEDICAL/INJURY ASSESSMENT/TREATMENT

Describe Assessment/Tx Given

☐ **X-Ray** ☐ **Adbominal Thrust** ☐ **CPR** ☐ **Hospital Emergency Room** ☐ **Hospitalization-Medical** ☐ **Hospitalization-Psychiatric**

SIGNATURE/TITLE: _____ **PRINTED NAME:** _____ **DATE:** _____ **TIME:** _____

INJURY SEVERITY CODE ☐ 1. No Apparent Injury 2. Minor Injury (1st Aid) 3. Serious Injury (suture/fracture) 4. Severe Injury (hops. admission)

TYPE OF INJURY

PRIMARY CODE: ☐ **0. No Apparent Injury**

SECONDARY CODE: ☐

1. Abrasion/Scrape/Scratch
2. Airway Obsruction
3. Allergic Reaction
4. Bite/Sting
5. Burn/Blister
6. Bruise/Contustion
7. Concussion
8. Cut/Laceration
9. Cut/Laceration w/ Sutures
10.Dislocation
11.Fracture
12.Hematoma
13.Infection
14.Lesion
15.Loss of Consciousness
16.Puncture
17.Pregnancy
18.Reddened Area
19.Soft Tissue Swelling
20.Sprain
21.Strain
22.STD
23.Sunburn
24.Frostbite
25.Other

CAUSE OF INJURY

PRIMARY CODE: ☐ **SECONDARY CODE:** ☐

1. Animal
2. Bumpted/Stubbed
3. Chemical Burn
4. Choke on Food Object
5. Drug/Alcohol Use
6. Environmental Hazard
7. Equipment Problem
8. Escort
9. Fall/Slip/Trip
10.Food/Drink
11.Grab/Hold
12.Hair Pull
13.Head Bang
14.Heat/Cold
15.Hit/Slap
16.Human Bite/Scratch
17.Ingestion
18.Insect
19.Kick
20.Medication Error
21.Medication Use
22.Pinched
23.Provoked
24.Push/Shove
25.Prestraint, Chemical
26.Restraint, Manuel
27.Restraint, Mechanical
28.Rub/Friction
29.Self0Injurious Behavior
30.Sexual Trauman/Injury
31.Sharp Object
32.Thrown Object
33.Twisting
34.Vehicle Accident
35.Undetermined
36. Other _____
_____

PRIMARY INJURY LOCATION **PRIMARY CODE:** ☐ **SECONDARY CODE:** ☐

1. Scalp
2. Face
3. Eye
4. Nose
5. Lips
6. Cheek
7. Mouth
8. Teeth
9. Tongue
10.Throat
11.Chin
12.Neck
13.Collarbone
14.Sholder
15.Upper Arm
16.Elbow
17.Forearm
18.Wrist
19.Hand
20.Finger
21.Thumb
22.Chest
23.Breast
24.Back
25.Ribs
26.Abdomen
27.Buttocks
28.Anus
29.Genitalia
30.Thigh
31.Knee
32.Shin
33.Calf
34.Ankle
35.Heel
36.Instep
37.Toes
38.Ear
39.Hip

SIDE OF BODY **PRIMARY CODE:** ☐ **SECONDARY CODE:** ☐

1. Front
2. Back
3. Both Sides
4. Center
5. Left
6. Right
7. Lower
8. Upper
9. Internal

SECTION 5 - NOTIFICATION

Notifcation Codes: 1. Phone 2. Fax 3. E-mail 4. Mail 5. Personal Contact

	Date	Time	Contacted By	Notification Code
☐ **Case Manager**				
☐ **Quality Improvemet Specialist**				
☐ **Family/Legal Guardian**				
☐ **Adult/Child Protective Services**				
☐ **Other:** _____				
☐ **Other:** _____				
☐ **Other:** _____				

SECTION 6 - INCIDENT REVIEW COMMITTEE

ACTIONS TAKEN: _____

SIGNATURE: _____ **PRINTED NAME:** _____ **DATE:** _____ **TIME:** _____

SECTION 7 - INVESTIGATION

NAME OF PERSON _____ **Case Number:** _____

Date Opened: _____ **Time:** _____

Date Closed: _____