

Summit Pointe Emergency Use of Physical Management

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

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 the 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:

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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)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The Behavior Treatment Plan was followed as written? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The people involved are trained to implement the BTP techniques used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the Physical Management Technique properly utilized? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:
