

LoneStar Solutions Incident Report Form (please print or type)

Incident#: _____
(Office use ONLY)

Name of Foster Home: _____ Date of Incident: _____ Time of Incident: _____
Address of incident: _____ Phone Number of Foster Home: _____
Involved in incident: (last name): _____ (first name) _____ Gender: M / F

SITE OF INCIDENT: (Please check box in front of location)

<input type="checkbox"/>	Foster Home	<input type="checkbox"/>	School	<input type="checkbox"/>	Community	<input type="checkbox"/>	Office	<input type="checkbox"/>	Other Agency	<input type="checkbox"/>	Other
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IDENTIFY ALL INVOLVED & WITNESSES (INCLUDING ADULTS):

Name (First ,Last)	Age	Gender	Date Admitted	Relationship

Circumstances Surrounding Incident: _____

Interventions Made (i.e. medical, contacts, other): _____

Resolution of Incident: _____

Description of Incident (HIPAA no longer requires use of Initials) Please State Facts and Events Observed: _____

Nature of Incident (Please check all that apply, maximum of three per incident) See Definitions

<input type="checkbox"/> Falls	<input type="checkbox"/> Security/ Safety	<input type="checkbox"/> Breach of Confidentiality
<input type="checkbox"/> Animal Cruelty	<input type="checkbox"/> AWOL/Elopement/ Runaway	<input type="checkbox"/> Stealing/ Theft
<input type="checkbox"/> Critical Sexual Incident <input type="checkbox"/> Perpetrator of <input type="checkbox"/> Victim of <input type="checkbox"/> Sexual Acting Out	<input type="checkbox"/> Verbal Abuse <input type="checkbox"/> to Peer <input type="checkbox"/> to Adult	<input type="checkbox"/> Self Harm <input type="checkbox"/> Verbal Threat/ Gesture <input type="checkbox"/> Physical Action
<input type="checkbox"/> Aggression to Others <input type="checkbox"/> Peer <input type="checkbox"/> Adult <input type="checkbox"/> Resulting in Injury to Another	<input type="checkbox"/> Medication Variance <input type="checkbox"/> Medication Incident	<input type="checkbox"/> Property Damage <input type="checkbox"/> Vandalism
<input type="checkbox"/> Critical Event (see description)	<input type="checkbox"/> Time Out <input type="checkbox"/> # of Minutes	<input type="checkbox"/> Fire Setting/ Fire Play
Medical: <input type="checkbox"/> Acute Medical Condition <input type="checkbox"/> Chronic Medical Condition <input type="checkbox"/> New Medical Condition <input type="checkbox"/> Existing Medical Condition	<input type="checkbox"/> Contraband <input type="checkbox"/> Alcohol <input type="checkbox"/> Weapon <input type="checkbox"/> Drugs <input type="checkbox"/> Other	Restraint: <input type="checkbox"/> Therapeutic Hold/ Physical Restraint <input type="checkbox"/> Emergency Medication Adjustment SCM/SM form must be completed of over 1minute in duration
<input type="checkbox"/> Excessive Defiance beyond age appropriate behavior	Hallucinations <input type="checkbox"/> Auditory <input type="checkbox"/> Visual	
<input type="checkbox"/> Other Explain:	Is this a result of faulty assistive device? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes , Please list Device: _____	

Signature of Person Preparing Report _____ Title/Relationship _____ Date _____

===== DO NOT WRITE BELOW THIS LINE=====

Date Received _____ *BHS Only- Date Called In: _____ Time of Day: _____ Date Form Received: _____
Time of Day _____ Copies: * Caseworker _____ *RCCL _____

Incident Type Definitions

Abuse: May be physical, verbal, sexual or psychological in nature.

Verbal: Harassing, using profanity, threatening harm or inappropriate teasing.

Physical: Kicking, striking, slapping, applying physical force that causes physical and/or mental pain, or applying restraints or time out without proper reason.

Psychological: Treating another in such a manner as to cause loss of self-image, feelings of rejection, or mental anguish.

Sexual: Sexual contact or interaction involving a child or adult with disabilities for sexual stimulation.

Accident: Outside the usual course of events which occurs unexpectedly or by chance.

Aggression to Others: Any act, verbal or physical, with intent to intimidate or harm. (ex: hitting, kicking, punching, biting, spitting, scratching, throwing objects toward another person.)

AWOL/Elopement: A client whose whereabouts are unknown at any time.

Contraband: Anything prohibited by law or company policy/procedure. Possession of an item that may present a potential safety hazard.

Employee Misconduct: Violation of company policy and procedure, including but not limited to: breach of confidentiality, possession and/or consumption of drugs and/or alcohol on company property, abuse, neglect, exploitation, misuse of company property, equipment, materials, or funds, etc...

Immoral: Against the respected beliefs and morals of the company.

Unethical: Violations against the standards of the professional organization.

Illegal: In violation of local, state, federal law or regulation.

Sexual: Any act sexual in nature performed by an agency employee while on company property or a scheduled company event. The act can include touching, kissing, fondling, oral anal or genital contact, intercourse. Ability to consent to such activity is not an issue.

Exploitation:

Person: Using a client to perform a task and not be paid or compensated a reasonable or equitable amount for the service.

Financial: Not using adult client financial resources for them.

Resources: Using adult client resources (clothing, food, etc.) for other purposes than for the client.

Critical Event: An event of serious consequences during or 6 months after care. (ex: Death, legal action)

Evacuation: Circumstance due to a natural disaster requiring abandonment of building.

Falls: Decent to a lower place under force or gravity.

Injury: Requires medical evaluation or treatment. Self-inflicted, accidental, or caused by another.

Property Damage: Breakage or damage to property belonging to another.

Media Contact: A representative of the media contacting an employee to obtain information regarding the agency, or any unapproved contact with a representative of the media by an employee to share information regarding the agency.

Medical:

Acute Medical Condition: Begins suddenly. Short lasting.

Chronic Medical Condition: A disorder that continues for a long time.

New Medical Condition: A disease or physical ailment not previously diagnosed.

Existing Medical Condition: A disease or physical ailment previously diagnosed.

Medication Incident: Any situation not classified as variance.

Medication Variance: Violation of patient rights, right medication, route, dose, and time.

Missing Items: Article or possession cannot be located.

Neglect:

Physical: Deprivation of service needed for health, safety, and welfare. (ex: withholding food or water, soiled linens not changed, poor bathing or grooming, not providing shelter in a safe environment.)

Psychological: Failure to provide support necessary for emotional and social well-being. To cause loss of self-image, feelings of rejection, or mental anguish.

Seclusion: Placement of an individual alone for any period of time in a hazard-free area in which direct observation can be maintained and from which a way out is prevented.

Security: Access of any company property or equipment by persons without communicated permission to do so. The malfunction of any security system(s) which would allow access to company property or equipment without use of a key, badge or other security tool.

Sentinel Event: Unexpected occurrence involving death or serious physical/psychological injury or risk thereof.

Restraint:

Therapeutic Hold/Physical Restraint: A physical hold 3 to 10 minutes in length/physical pressure alone to the body for 10 minutes or longer, restricting free movement of the whole or a portion of the body to control physical activity.

Mechanical Restraint: Application of a mechanical/leather device that restricts full or partial movement of arms and/or legs.

Emergency Medication Adjustment: Prescribed medications are adjusted to stabilize behaviors.

Chemical Restraint: Use of sedatives to calm behaviors.

