

Shiawassee Health and Wellness

EMERGENCY USE OF PHYSICAL MANAGEMENT

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

Individual's name:	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): Other:	<input type="checkbox"/> Denial of Request <input type="checkbox"/> Request was made of them <input type="checkbox"/> Transition between activities <input type="checkbox"/> Unknown <input type="checkbox"/> Difficulty w/ activity <input type="checkbox"/> Conflict w/ Peer <input type="checkbox"/> Conflict w/ staff <input type="checkbox"/> Other (describe below)
Positive techniques attempted prior to the Physical Management (check all that apply): Other:	<input type="checkbox"/> Environmental Modifications <input type="checkbox"/> Used active listening <input type="checkbox"/> Separated from others <input type="checkbox"/> Used body positioning <input type="checkbox"/> Offered prescribed PRN <input type="checkbox"/> Offered choice <input type="checkbox"/> Verbal redirection <input type="checkbox"/> Shielded Others <input type="checkbox"/> Removed demand <input type="checkbox"/> Coach skills used <input type="checkbox"/> Other (describe below)
Positive Techniques insufficient because (check all that apply): Other:	<input type="checkbox"/> Immediate Risk to staff <input type="checkbox"/> Immediate Risk to self <input type="checkbox"/> Immediate Risk to peer/other <input type="checkbox"/> Other (Describe below)
Behavior that presented the immediate risk (check all that apply): Other:	<input type="checkbox"/> Hitting or attempting to hit a peer <input type="checkbox"/> Hitting or attempting to his staff <input type="checkbox"/> Hitting or attempting to hit other <input type="checkbox"/> Kicking or attempting to kick staff <input type="checkbox"/> Kicking or attempting to kick peer/other <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)
Physical Management technique utilized (check all that apply): Other:	<input type="checkbox"/> Strike Block <input type="checkbox"/> Hold & Stabilize <input type="checkbox"/> Push/Pull Disengagements <input type="checkbox"/> Lever Disengagements <input type="checkbox"/> Seated Hold <input type="checkbox"/> Standing Hold – One Person <input type="checkbox"/> Standing Hold – Two Person <input type="checkbox"/> Team Control <input type="checkbox"/> Children's Standing Hold <input type="checkbox"/> Other (describe below)

Physical Management terminated because (check all that apply): Other:	<input type="checkbox"/> Help arrived <input type="checkbox"/> No immediate risk/individual calmed <input type="checkbox"/> Distress observed, hold terminated <input type="checkbox"/> Individual went to the floor on their own <input type="checkbox"/> Individual & staff fell to the floor <input type="checkbox"/> Individual De-escalated <input type="checkbox"/> Other (describe below)
Outcome (check all that apply): Other:	<input type="checkbox"/> Injury to staff because of behavior <input type="checkbox"/> Injury to staff because of physical management <input type="checkbox"/> Injury to individual because of behavior <input type="checkbox"/> Injury to individual because of physical management <input type="checkbox"/> Injury to other because of behavior <input type="checkbox"/> Staff received medical intervention <input type="checkbox"/> Individual received medical attention <input type="checkbox"/> Other received medical attention (specify below) <input type="checkbox"/> Police were called/arrived <input type="checkbox"/> No injuries
Technique properly utilized:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Program Supervisor Review:

- The Behavior Treatment Plan was followed as written? Yes No
- The people involved are trained to implement the techniques used? Yes No
- Does documentation indicate that less restrictive approaches were Considered and implemented? Yes No

Corrective Action to be taken if needed (a “no” response to any of the questions above requires a corrective action):

Program Supervisor Signature

Date

SC/CM Review:

- Physical management was was not appropriate to the severity of the behavior?
Physical management, as an emergency intervention, is included in the Crisis/Safety Plan?
 Yes No

Recommendations:

Supports Coordinator/Case Manager Signature

Date