

# ONPOINT

## EMERGENCY USE OF PHYSICAL MANAGEMENT

**THIS FORM IS TO BE COMPLETED IN ADDITION TO AN INCIDENT 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:	

<p>What was happening prior to the incident/what triggered the incident (check all that apply):</p> <p>Other:</p>	<input type="checkbox"/> Denial of request <input type="checkbox"/> Request 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)
<p>Positive techniques attempted prior to the physical management (check all that apply):</p> <p>Other:</p>	<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"/> Coached skills used <input type="checkbox"/> Gave Space <input type="checkbox"/> Other (describe below)
<p>Positive Techniques Insufficient because (check all that apply):</p> <p>Other:</p>	<input type="checkbox"/> Risk to staff <input type="checkbox"/> Risk to self	<input type="checkbox"/> Risk to peer/other(s) <input type="checkbox"/> Other (describe below)
<p>Behavior that presented immediate Risk (check all that apply):</p> <p>Other:</p>	<input type="checkbox"/> Hitting or attempting to hit peer <input type="checkbox"/> Hitting or attempting to hit 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(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 (please describe below)

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Physical Management technique utilized (check all that apply):  Other:	<input type="checkbox"/> Separating technique (i.e., 2 hand release; bite release; hair pull release) <input type="checkbox"/> 1 Arm support/restraint - standing <input type="checkbox"/> 2 Arm support/restraint - standing <input type="checkbox"/> Side-hug support/restraint - standing <input type="checkbox"/> Other (describe below)
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Physical Management terminated because (check all that apply):  Other:	<input type="checkbox"/> Help arrived (staff) <input type="checkbox"/> No imminent risk/individual calmed <input type="checkbox"/> Distress observed, hold terminated	<input type="checkbox"/> Individual went to floor on their own <input type="checkbox"/> Individual & staff fell to the floor <input type="checkbox"/> Other (describe below)
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Outcome (check all that apply):  Other:	<input type="checkbox"/> Injury to staff as a result of behavior <input type="checkbox"/> Injury to staff as a result of physical management <input type="checkbox"/> Injury to individual as a result of behavior	<input type="checkbox"/> Injury to individual as a result of physical management <input type="checkbox"/> Injury to other as a result of behavior <input type="checkbox"/> Staff received medical intervention	<input type="checkbox"/> Individual received medical attention <input type="checkbox"/> Others received medical attention (specify below) <input type="checkbox"/> Police were called/ arrived <input type="checkbox"/> No injuries
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**Program Supervisor review:**

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| 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):

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PROGRAM SUPERVISOR SIGNATURE	DATE
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