



THE RESOURCE EXCHANGE INCIDENT REPORT

PERSON RECEIVING SERVICES (PRS) NAME: _____ INCIDENT DATE: _____ DATE OF REPORT: _____

REPORTING PARTY: _____ REPORTING PROGRAM: FSSP CES SLS-State SLS-Waiver DD Waiver (DAY RES)

TIME OF INCIDENT: _____ DURATION: _____

INCIDENT LOCATION: _____ Did you observe the incident? Yes No

WITNESS (ES): _____

TYPE OF INCIDENT (Check most appropriate to situation)

All incidents must be reported to TRE's Quality Enhancement Team and the Service Coordinator within 24 hours. Incident types with an * below, must be reported to TRE On-call (719) 439-9664 if they occur outside of TRE's standard business hours.

*Mistreatment (Abuse/Neglect/Exploitation) as defined in Colorado Revised Statute 25.5-10-202

*Death

Unusual incidents or actions by PRS (may include, but not limited to examples below):

*Offense committed by PRS Problematic sexual behavior Seizure Incontinence Fall Other: _____

*Lost/Missing Person

Injury

Medical Emergency (ER/911/Urgent Care)

Hospital admission

Psychiatric Medical

Medication Error

If side effects noted, describe: _____

Emergency Control Procedure (ECP) as defined by DIDD 8.608.4 (The unanticipated use of a restrictive procedure or restraint in order to keep the PRS and others safe)

a. Description of the emergency control procedure employed _____

Time: _____ End Time: _____

b. Explanation of why the procedure was judged necessary _____

c. Assessment of the likelihood that the behavior that prompted the use of the emergency control procedure will recur: _____

Was use of ECP compliant with DIDD regulations regarding restrictive interventions/restraint? Explain: _____

Safety Control Procedure (SCP) per DIDD 8.608.4 (Safety control procedures must be developed when it can be anticipated that there will be a need to use restrictive procedures or restraints to control a previously exhibited behavior which is likely to occur again).

*If the safety control procedure is used more than three times within the previous thirty (30) days, the person's interdisciplinary team shall meet to review the situation and to endorse the current plans or to prepare other strategies.

Lost/Stolen property belonging to PRS Approximate or known value of property: _____

DESCRIPTION OF ANTECEDENTS (What happened prior to the incident?):

DESCRIPTION OF INCIDENT (factual information only including who, what, where, when, and why). * IF LAW ENFORCEMENT OR DHS NOTIFIED,

INCLUDE REFERENCE NUMBER, AGENCY NAME, AND CONTACT INFORMATION:



*Attach additional pages if/as needed.

INTERVENTION(S) USED (Check boxes as applicable):

Verbal redirection Protocol/Support Plan Implemented (indicate type/s): _____

DESCRIPTION OF IMMEDIATE ACTIONS TAKEN/INTERVENTIONS USED:

Attach additional pages if/as needed.

IR WRITTEN BY - NAME (PRINT): _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

Person(s) Notified	Date	Name	How notified	IR Sent <input checked="" type="checkbox"/>
<input type="checkbox"/> TRE: SC <input type="checkbox"/> QET <input type="checkbox"/> TRE On-Call				
<input type="checkbox"/> Guardian <input type="checkbox"/> Advocate <input type="checkbox"/> Authorized Rep <input type="checkbox"/> GAL				
<input type="checkbox"/> Residential supervisor <input type="checkbox"/> HHP <input type="checkbox"/> Nurse <input type="checkbox"/> On-Call				
<input type="checkbox"/> Day Services <input type="checkbox"/> PASA Staff <input type="checkbox"/> Nurse				
<input type="checkbox"/> CDPHE (GRSS only)				
<input type="checkbox"/> Other <input type="checkbox"/> Therapist <input type="checkbox"/> DHS <input type="checkbox"/> Police <input type="checkbox"/> DIDD <input type="checkbox"/> PCP				

SECONDARY REVIEW: TO BE COMPLETED BY WRITER'S SUPERVISOR/AGENCY ADMINISTRATOR (AS APPLICABLE)

FOLLOW-UP ACTION COMPLETED/NEEDED/MEASURES TAKEN TO PREVENT RECURRENCE: _____

*If Follow-up is not documented on this form, indicate where it can be located: _____

PERSON RESPONSIBLE FOR FOLLOW-UP: _____

***ALL FOLLOW UP NOT INCLUDED IN THIS REPORT SHOULD BE SUBMITTED TO TRE QET WITHIN 30 DAYS.**

NAME (PRINT): _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____