

## Incident Report

**REMINDER: All incidents must be reported within 24 hours**

If describing a different individual in report, use initials only. Full names for others involved are acceptable. Type or handwrite legibly in blue or black ink. No white out. For the notification section, either the staff or Program Manager can complete this information. It is required that the Vendor Agency notify at minimum the guardian and Service Coordinator.

Individual Name: Client First name last name	Region: Number 1-10	DOB: Month/ Day/ Year
Date of Incident: Month/ Day/ Year	Time of incident: Hour: Minute <input type="checkbox"/> am <input type="checkbox"/> pm Mark one	
Location of incident: Examples- home, community location, business name, etc.		
Name of agency providing services at the time of incident: Vendor/Provider Agency or N/A		

MEDICAL	LEGAL
<input type="checkbox"/> Hospitalization – medical – admittance not ER visit- (Must be admitted to hospital, not Emergency Room) <input type="checkbox"/> Hospitalization – psychiatric – admittance not ER visit (example- NH Hospital, 5 West, Hampstead, Cypress) <input type="checkbox"/> Injury of individual not requiring medical intervention* (did not seek professional treatment- example- minor injury) <input type="checkbox"/> Injury of individual requiring medical intervention* (went to medical facility, such as ER, Urgent Care, PCP) <input type="checkbox"/> Illness of individual not requiring medical intervention* (example- vomiting, diarrhea) <input type="checkbox"/> Illness of individual requiring medical intervention* (went to medical facility, such as ER, Urgent Care, PCP- example- medical or psychiatric evaluation) <input type="checkbox"/> Seizure (use this form if no seizure documentation process in place; include duration of seizure; and notify nurse) <input type="checkbox"/> Medication refusal (use this form if no refusal documentation process in place) <input type="checkbox"/> Fall (any fall regardless of severity) <input type="checkbox"/> Other: (incident that doesn't fall in any of the above categories) <i>*by nursing or medical intervention we mean treatment at a medical facility (e.g. ER, Urgent Care, PCP, etc.)</i>	<input type="checkbox"/> Possible/suspected violation of client rights (example- potential abuse, neglect, exploitation, or service rights violation) <input type="checkbox"/> Individual missing/eloped (even temporarily) (absent without supervision as per Service Agreement) <input type="checkbox"/> Police involvement (any circumstance involving the police, including wellness checks)
INDIVIDUAL VICTIM OF	
<input type="checkbox"/> Theft (someone stole something from individual) <input type="checkbox"/> Assault (acts of physical violence made against individual) <input type="checkbox"/> Sexual Assault (acts of unwanted sexual contact made towards individual) <input type="checkbox"/> Car Accident (individual in vehicle that is involved in an accident) <input type="checkbox"/> Fire hazard/arson (individual victim of fire event)  (this section is only for incidents that the individual is a victim of, not staff)	
SOCIAL	
<input type="checkbox"/> Behavior incident – no behavior plan (Any reportable behavioral incidents involving an individual that does not have a behavior plan) <input type="checkbox"/> Behavior incident w/behavior plan (Any behavioral incidents by an individual with a behavior plan, if no other documentation process in place per plan) <input type="checkbox"/> Mental Health episode (Suicidal ideation, unusual emotional moods, etc.) <input type="checkbox"/> Physical Restraint utilized (make sure to complete Emergency Physical Restraint Report if emergency physical restraint is outside of behavior plan requirements) <input type="checkbox"/> Other: (incident that doesn't fall in any of the above categories)	

**Describe what occurred during this incident (include specific information, i.e. behavior, injury etc.):**

Who, what, where, and when. Recount facts only, no opinions. Keep it clear and concise. Do not give unnecessary details of the day. Do not make assumptions. Include where you and individual were at time of incident. Include exactly what you and the individual were doing at the time of incident. Describe any environmental factors at that time.

**What happened prior to the incident which may have contributed to its occurrence or to the likelihood of its occurrence:**

Describe what was happening immediately before incident. Who, what, where, and when. Recount facts only, no opinions. Keep it clear and concise. Do not give unnecessary details of the day. Do not make assumptions. Include where you and individual were prior to incident. Include exactly what you and the individual were doing prior to incident. Describe any environmental factors at that time.

**What action did the reporter or others employ in response to this incident:**

Describe what **your** (staff) response was to the incident/ individual. Describe how the individual reacted to your (staff's) response. Describe how the incident was resolved.

**Who was notified (Include name, date/time and method of contact):**

Name	Relationship to individual	Date	Time	Method of contact
First name last name	Service Coordinator	Month/ Day/ Year	Hour: Minute <input type="checkbox"/> am <input type="checkbox"/> pm	(example-phone, email)
First name last name	Program Supervisor	Month/ Day/ Year	Hour: Minute <input type="checkbox"/> am <input type="checkbox"/> pm	(example-phone, email)
First name last name	Guardian	Month/ Day/ Year	Hour: Minute <input type="checkbox"/> am <input type="checkbox"/> pm	(example-phone, email)
First name last name	Additional Service Provider (ex: home)	Month/ Day/ Year	Hour: Minute <input type="checkbox"/> am <input type="checkbox"/> pm	(example-phone, email)
First name last name	Nursing (if applicable)	Month/ Day/ Year	Hour: Minute <input type="checkbox"/> am <input type="checkbox"/> pm	(example-phone, email)
Other: First name last name	Relationship	Month/ Day/ Year	Hour: Minute <input type="checkbox"/> am <input type="checkbox"/> pm	(example-phone, email)
Printed Name: First name last name of person completing report		Title Job title		
Signature of Reporter Signature of person completing report, as per agency policy		Date Month/ Day/ Year	Time Hour: Minute	

**REVIEWS**

**Program Manager Review/Follow-up**

Vendor Agency Manager review of incident, which could include follow-up/ next steps, preventative measures, and processing with staff, individual or team. Ensure all additional attachments (example- Nursing/ Medical Intervention Report and Emergency Physical Restraint Report) are included with this report.

Has the individual had a service transition within the past 6 months (new home, new home care provider, significant change in service delivery)?  Yes  No Mark one

If yes, describe the transition and its relationship (if any) to the incident that occurred above:  
Describe transition and potential relationship to incident

Did incident result in nursing or medical intervention? Yes No *If, yes, please attach Nursing/Medical Intervention Report.*

If it is a behavioral incident with plan, was the behavior plan followed?  Yes  No *Mark one*

Signature of Program Manager <i>Signature of Manager completing report, as per agency policy</i>	Date <i>Month/ Day/ Year</i>	Time <i>Hour: Minute</i>
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Printed Name of Program Manager <i>First name last name of Manager reviewing report</i>	Title <i>Job title</i>
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**Service Coordinator/Case Manager Review/Follow-up**

*Service Coordinator review of incident, which could include any additional follow-up/ next steps, preventative measures, and processing with team. Ensure all additional attachments (example- Nursing/ Medical Intervention Report and Emergency Physical Restraint Report) are included with this report.*

Is a team meeting required at this time? Yes No *Mark one*

Signature of Service Coordinator/Case Manager <i>Signature of Service Coordinator completing report, as per agency policy</i>	Date <i>Month/ Day/ Year</i>	Time <i>Hour: Minute</i>
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Printed Name of Service Coordinator/Case Manager <i>First name last name of Service Coordinator reviewing report</i>	Title <i>Job title</i>
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