

PDD Event / Incident Report – Employee Form – Internal Use Only

Serious incidents involving an adverse outcome are to be reported as soon as is safe.

This form must be completed and submitted to office within 24 hours of event / incident.

GENERAL EVENT / INCIDENT INFORMATION	
Date of Incident:	Date/Time Reported:
Time Incident Began:	Time of Incident Ended:
Person Reporting Event:	Phone # of Person Reporting:
Name of Employee Involved:	Name of Client Involved:
Location of Incident (specific address or description)	

Employee Description of Near Miss, Event or Incident

<input type="checkbox"/> Seizure	<input type="checkbox"/> Health	<input type="checkbox"/> Behavior	<input type="checkbox"/> Med Error	<input type="checkbox"/> AWOL	<input type="checkbox"/> Other:
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Type of Event/Incident. Please note all that apply:

Seizure (Length of Time) _____ PRN Administered; Name Strength of PRN _____

Aggression: Verbal Posturing Physical Psychotic Episode Other: _____

Aggression towards: Self Staff Client Resulting in: Threat Minor Injury Harm Property Damage

Provide a prior to event description. Describe early situational indications listing events leading up to the incident, relevant contributors, the atmosphere (noise level, etc.); where the client was when event started; who client was with; what client / others were doing prior to event. Describe any preventative measures or positive procedures used.

Give a precise description of the incident. Please include as much relevant information as possible. Describe the actual behavior or event that occurred; include what was said, observed or heard, and how you or others responded. Describe any preventative measures or positive procedures used to support behavioral changes.

Were restrictive procedures used? No Yes Describe what, when, how long, and who used it.

Is there any history of this behaviour / action of concern? No Yes

<input type="checkbox"/> Typical / Anticipated; part of Diagnosis or Normal Behavior	<input type="checkbox"/> Out of Ordinary / Unanticipated
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Strategies to prevent / address the event / incident from reoccurring in the future

What happened following the event? (De-escalation) What was the duration of the event?

Describe the client's mood immediately after the event:

<input type="checkbox"/> Calm	<input type="checkbox"/> Agitated	<input type="checkbox"/> Depressed	<input type="checkbox"/> Excited /Hyper	<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Other:
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The atmosphere immediately following the event was:

On average the client's mood for the day has been:

<input type="checkbox"/> Calm	<input type="checkbox"/> Agitated	<input type="checkbox"/> Depressed	<input type="checkbox"/> Excited /Hyper	<input type="checkbox"/> Anxious	<input type="checkbox"/> Angry	<input type="checkbox"/> Other:
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On average how easy has it been to work with the client today:

<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> Above Average
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Were there witnesses: Yes No As a staff member, do you believe you require training to best deal with this situation? Yes No

Who was notified of the incident (Agency, police, parent, guardian, etc.)? When? Please indicate brief summary of involvement / action taken.

Employee Signature _____

Date _____

CBI GREYSTOKE HOME HEALTH SUPERVISOR TO COMPLETE		
Parent/Guardian/Funder notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	By Whom?	Date (mm-dd-yy)
<input type="checkbox"/> No Adverse Outcomes <input type="checkbox"/> Minor Adverse Outcomes <input type="checkbox"/> Moderately Adverse Outcomes <input type="checkbox"/> Critical Adverse Outcomes		
Program Manager Signature	Date (mm-dd-yy)	Charting Entered in System (Date) <input type="checkbox"/> QCare _____ <input type="checkbox"/> JIRA _____
Critical Incident <input type="checkbox"/> Non-Critical Incident <input type="checkbox"/>	Follow-up Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Incident is: Open <input type="checkbox"/> Closed <input type="checkbox"/>
Follow-up plans/strategies evaluating effectiveness of positive approaches or need for a new/modified behaviour management plan:		

Please attach any additional documentation including statement from witness.