

## Type 2 Incident Review Report

This form is to be used by the resource center employee assigned to review an incident and prepare the written report for all type 2 incident reviews. See 3-B-Appendix for instructions.

<b>I. Basic Information</b>	
Review Report	
Review number	ID number
Name of individual <input type="checkbox"/> Adult <input type="checkbox"/> Child	House address
Date incident allegedly occurred	Time alleged incident to have occurred
Location of incident	
Date/time incident reported to supervisor	Supervisor reported to
Date/time review assigned	Date review completed
Name and title of employee assigned to review	
Description of the incident	
Names of employees involved	
Names of persons reporting the incident	
Immediate protections implemented	
Immediate actions taken with employees	
Names of all witnesses (employees, volunteers, contractors, individuals, others)	

Type of incident (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Accident on or off campus resulting in injury | <input type="checkbox"/> New onset seizure                               |
| <input type="checkbox"/> Adverse drug reaction                         | <input type="checkbox"/> Pica  |
| <input type="checkbox"/> Aspiration pneumonia                          | <input type="checkbox"/> Self injury                                     |
| <input type="checkbox"/> Assault by an individual to an employee       | <input type="checkbox"/> Significant weight change                       |
| <input type="checkbox"/> Assault by an individual to a peer            | <input type="checkbox"/> Site infection                                  |
| <input type="checkbox"/> Bowel obstruction                             | <input type="checkbox"/> Skin breakdown                                  |
| <input type="checkbox"/> Choking                                       | <input type="checkbox"/> Status epilepticus                              |
| <input type="checkbox"/> Elopement                                     | <input type="checkbox"/> Suicide gesture                                 |
| <input type="checkbox"/> Fall  | <input type="checkbox"/> Suspension or termination at work, school, etc. |
| <input type="checkbox"/> Injury of unknown origin                      | <input type="checkbox"/> Other (specify):                                |
| <input type="checkbox"/> Medical emergency                             |  |
| <input type="checkbox"/> Medication error                              |  |

## II. Review Procedure

### A. General Information

1. List the dates and times the reviewer visited the site of the incident.
2. List the persons with whom the reviewer spoke at that site of the incident.

### B. Information Related to the Incident

1. Describe the incident, impact on the individual, and employee actions or inactions related to incident.
2. Summarize the findings of the record review including, but not limited to, event logs, flow sheets, and case record.
3. Summarize the findings of any environmental review including, but not limited to, bedrails, wheelchairs, floors, etc.

### C. Interview Findings

1. List all the employees and individuals the reviewer interviewed to collect information regarding the incident.
2. Information describing the incident as provided by the employees interviewed. Report based on each employee interviewed.

3. Information describing the incident as provided by the individual involved or other individuals. Report based on each individual interviewed.

### **III. Analysis and Recommendations**

- A. Was the incident as reported? If type modified, explain.
- B. What impact did the incident have on the health and safety of the individual? Explain.
- C. Was a cause of the incident identified? Explain.
- D. Did employees respond appropriately to protect the health and safety of the individual? Explain.
- E. Was the incident reported in a timely manner? If not, explain.
- F. Is a corrective action plan required? If no, explain. If yes, describe including:
1. The corrective action required.
  2. Which employee is responsible for developing the corrective action plan.
  3. Which employee is responsible for implementing the corrective action plan.
  4. Dates by which corrective action is to be developed and implemented.
- G. Is this incident a part of a pattern of incidents involving this individual or the employees?
- H. Other recommendations? Specify.

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Incident Reviewer

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Date

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Title

#### **IV. Treatment Program Manager Review**

- A. Was the review of the incident appropriate and complete?
- B. Was appropriate action taken to protect the health and safety of the individual?
- C. Was the incident reported and the review done in a timely manner? If no, explain.
- D. Was the determination of need or no need for corrective action appropriate?
- E. Was a clinical or interdisciplinary team review required? If yes, was it completed?
- F. Is this incident a part of a pattern of incidents involving this individual or the employees?
- G. Recommendations for further actions needed.

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Treatment Program Manager

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Date