## CVH-494 New 5/18

## CONNECTICUT VALLEY HOSPITAL INCIDENT REPORT

The purpose of this form is to ensure prompt and accurate reporting and evaluation. Effective reporting provides the hospital with the data to identify problems areas and implement corrective/remedial actions and preventive measures.

Division: [ ] ASD [ ] GPD	[] Dept/Other	r Inci	dent Date:			Tie	me:		AM / PM		
SECTION 2 TYPE OF INCIDE			aent Date:			11					
AGGRESSIVE ACTS	NI (Circle only on		PATIENT ABUSH	F INH	IRIES			MEDIC	AL CON	DITION	IS
Aggressive Act to Self	100	<u>ALLEGED I</u> Physical	20		raint Related I		300	Choking			
Aggressive Act to Self Aggressive Act to Other Physi		Psychologica			y of Unknown		300 301		;. Cleared A	irwov	500
Aggressive Act to Other Thysu Aggressive Act to Other Verba		Verbal	a 20 20		tion Control E		301	Heim		II way	500 501
Sexual Assault	102	Sexual	20		r Accidental Ir		303	Cardiac			502
Sexual Contact	104	Neglect	20			<b>Ju10</b> 5	000	Respirat			503
Exploitation of Peer	105	Exploitation			L		400	Seizure	•		504
Nurder Attempt	106	Violation of I	Patient Rights 20	6				Trauma			505
								Other M	Iedical Co	ondition	506
DEATH			DESTRUCTION		T OR STOLEN	N PROPI					
Expected 600		Patient Prop			nt Property		000				
Unexpected 601		Staff Propert			Property		001				
Suicide 602 Murder 603		State Propert Other Proper			Property r Property		002 003				
		Other Froper	<i>iy 70</i> .	5 Othe	r Property		005				
ELOPEMENT											
1. Elopement Attempt							800				
2. Elopement from unit/re							801				
3. Elopement from buildin Elopement from campus			with no rotur	m at tima Ina	ident Depart of	mulated	802				
4a Elopement from campu				in at time me	ident Report co	Inpleted	l xxx 803				
4b. Elopement from campu							803 804				
4c. Elopement from author				thin 24-hours			805				
4d. Elopement from author							806				
5a. Elopement from campu							807				
5b. Elopement discharged A			0				808				
ic. Elopement discharged a	fter inquiry						809				
			OTH	ER INCIDE	NTS						
Alleged Criminal Act	90	)0 Missir	ng Keys/Key Card	1	905	SUICID	E ATTEMP	Т			910
Confidentiality - Unauthorized	d Disclosure 90		ng Sharps		906	SUICID	E THREAT				911
Contraband	90	02 Securi	ity Breach			Other In	ncident				912
Fire Setting	90		ıs Threat/Threaten	ing Behavior			authorized				913
Medical Device Failure/Malf	unction 90	<u>)4 Smoki</u>	ing Violation		909	Equipm	ent Failure/	Malfunct	ion, non-1	nedical	914
SECTION 3 PERSON(s) INVOI	VED					1					
Charle One									ck One		
Check One Patient Staff Visitor	Last'	Name	First Name	MP	/Employee #	Aggress	or Victim	Primary Involved		l Witness	Undetermine
	1	Name	Thist Ivanic	1011	/Employee #	00	01 vicini		Involved	i winess	Onderermine
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	2										
	3										
	3 4										
	4 5	e to be an aggr	essor or a victim.	Primary II	wolved – Patier			no is the p			
Image: Constraint of the second secon	4 5	e to be an aggr	essor or a victim.	Primary II		nt, staff o					
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An Aggressive Act must have of (Incident Types in Italics)	4 5 boccurred for ther			•		nt, staff o	Dr visitor w		rimary fo		
An Aggressive Act must have of (Incident Types in Italics) SECTION 4 LOCATION OF IN	4 5 occurred for ther NCIDENT (Circle a NITS	appropriate codes	) <u>BUILDING</u> (if ap	•	(exclu	nt, staff (	Dr visitor w gressive acts	;). : LOCAT	rimary fo	D D D C U D D C U D D D D D D D D D D D	
	4 5 occurred for ther NCIDENT (Circle a NITS		) BUILDING (if ap Battell H	pplicable)		nt, staff ( ding agg	Dr visitor wigressive acts	s). <b>LOCAT</b> Pi	rimary fo	ocus of th	
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SECTION 6 IMMEDIATE CC	DRRECTIVE ACTION(S) T	AKEN:						
PERSON(S) NOTIFIED		DATE	TIME	PERSON(S) N	OTIFIED		DATE	TIM
				((0)				
Print Name and Title		Signature				Date	<u></u>	AM/PM
ECTION 7 PHYSICIAN REI	PORT (Use if exam required:	*		iuries).	L	Jale	111	ne
atient #1	<u>INJURY TYPE</u> (Circl		or all runchi rig	<i>unes)</i> .	SEVERITY	OF INJURY	(Circle on	ne)
Abrasion	Contusion		Multiple Injur	ies	No Injury		_	amination 957
Bite	Puncture Wound		Pain		No Treatment	951		
Blood Loss Bruise	Dislocation Fracture		Sprain Swelling		Minor First Aid Medical Intervention Requ	952 uired 953		
Burn	Laceration		Other:		Hospitalization Required	954 953		
Dum	Encolution		ouldi.		Death Occurred	955		
atient Name				Date of Eva	umT	Time of Exam		AM/DM
Summary and Treatment Orde				Date of Exa	un 1			
								AM/PM
Print Name and Title (Physics	ian)	Signature			Date		Time	AM/PN
	ian) <u>INJURY TYPE</u> (Circl	Ũ			<b>SEVERITY</b>	OF INJUR	<u>Y</u> (Circle on	ne)
Patient #2 Abrasion	INJURY TYPE (Circl Contusion	Ũ	Multiple Injur	ies	<u>SEVERITY</u> No Injury	956	<u>Y</u> (Circle on	ne)
Patient #2 Abrasion Bite	INJURY TYPE (Circl Contusion Puncture Wound	Ũ	Pain	ies	<u>SEVERITY</u> No Injury No Treatment	956 951	<u>Y</u> (Circle on	ne)
Patient #2 Abrasion	INJURY TYPE (Circl Contusion	Ũ	Pain Sprain Swelling	ies	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Requ	956 951 952 uired 953	<u>Y</u> (Circle on	ne)
Patient #2 Abrasion Bite Blood Loss	INJURY TYPE (Circl Contusion Puncture Wound Dislocation	Ũ	Pain Sprain	ies	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required	956 951 952 uired 953 954	<u>Y</u> (Circle on	ne)
Patient #2 Abrasion Bite Blood Loss Bruise Burn	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration	le all that apply)	Pain Sprain Swelling Other		SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Requ Hospitalization Required Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> ( <i>Circle on</i> Refused Ex	ne) amination 95
Patient #2 Abrasion Bite Blood Loss Bruise Burn atient Name	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration	le all that apply)	Pain Sprain Swelling Other		SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required	956 951 952 uired 953 954 955	<u>Y</u> ( <i>Circle on</i> Refused Ex	ne) amination 95
Patient #2 Abrasion Bite Blood Loss Bruise Burn atient Name	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration	le all that apply)	Pain Sprain Swelling Other		SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Requ Hospitalization Required Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> ( <i>Circle on</i> Refused Ex	ne) amination 95
Patient #2 Abrasion Bite Blood Loss Bruise Burn atient Name	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration	le all that apply)	Pain Sprain Swelling Other		SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Requ Hospitalization Required Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> ( <i>Circle on</i> Refused Ex	ne) amination 95
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name ummary and Treatment Orde	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration	le all that apply)	Pain Sprain Swelling Other		SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Requ Hospitalization Required Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> ( <i>Circle on</i> Refused Ex	ne) amination 95
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name ummary and Treatment Orde	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration	le all that apply)	Pain Sprain Swelling Other		SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Requ Hospitalization Required Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> ( <i>Circle on</i> Refused Ex	amination 95 AM/PM
Bite Blood Loss Bruise Burn	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration	e all that apply)	Pain Sprain Swelling Other		SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Tin	956 951 952 uired 953 954 955	<u>Y</u> (Circle on Refused Ex	amination 95 AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn atient Name ummary and Treatment Orde	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration ered:	le all that apply)	Pain Sprain Swelling Other	_ Date of Exam	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Death Occurred Tim Death Occurred Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> (Circle on Refused Ex	ne) amination 95 AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn atient Name ummary and Treatment Orde	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration ered:	le all that apply)	Pain Sprain Swelling Other	_ Date of Exam	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Death Occurred Tim Death Occurred Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> (Circle on Refused Ex	ne) amination 95 AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn atient Name ummary and Treatment Orde	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration ered:	le all that apply)	Pain Sprain Swelling Other	_ Date of Exam	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Death Occurred Tim Death Occurred Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> (Circle on Refused Ex	amination 95 AM/PM
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Patient #2 Abrasion Bite Blood Loss Bruise Burn atient Name ummary and Treatment Orde	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration ered:	le all that apply)	Pain Sprain Swelling Other	_ Date of Exam	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Death Occurred Tim Death Occurred Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> (Circle on Refused Ex	amination 95 AM/PM
Patient #2         Abrasion         Bite         Blood Loss         Bruise         Burn         Patient Name         Patient Name         Cummary and Treatment Order         Print Name and Title (Physical	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration ered:	le all that apply)	Pain Sprain Swelling Other	_ Date of Exam	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Death Occurred Tim Death Occurred Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> (Circle on Refused Ex	ne) amination 95 AM/PM
Patient #2         Abrasion         Bite         Blood Loss         Bruise         Burn         Patient Name         Patient Name         ummary and Treatment Order         Print Name and Title (Physical         Patient the two patient	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration ered:	le all that apply)	Pain Sprain Swelling Other	_ Date of Exam	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Death Occurred Tim Death Occurred Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> (Circle on Refused Ex	ne) amination 95 AM/PM
Patient #2         Abrasion         Bite         Blood Loss         Bruise         Burn         Patient Name         Patient Name         ummary and Treatment Order         Print Name and Title (Physical         Patient the two patient	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration ered:	le all that apply)	Pain Sprain Swelling Other	_ Date of Exam	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Death Occurred Tim Death Occurred Death Occurred	956 951 952 uired 953 954 955	<u>Y</u> (Circle on Refused Ex	amination 95AM/PM
Patient #2         Abrasion         Bite         Blood Loss         Bruise         Burn         Patient Name         Patient Name         ummary and Treatment Order         Print Name and Title (Physical         Patient Name         Patient Name	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration ered:	le all that apply)	Pain Sprain Swelling Other	_ Date of Exam	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Death Occurred Tin Death Occurred Death Occurred Date	956 951 952 953 954 955 ne of Exam	CE	e) amination 95' AM/PM AM/PM
Patient #2         Abrasion         Bite         Blood Loss         Bruise         Burn         Patient Name         Patient Name         ummary and Treatment Order         Print Name and Title (Physical         Patient the two patient	INJURY TYPE (Circl Contusion Puncture Wound Dislocation Fracture Laceration ered:	le all that apply)	Pain Sprain Swelling Other Ide any correctiv	Date of Exam	SEVERITY No Injury No Treatment Minor First Aid Medical Intervention Required Death Occurred Tin Death Occurred Death Occurred Date	956 951 952 953 954 955 ne of Exam	<u>X</u> (Circle on Refused Ex Time	e) amination 95' AM/PM AM/PM
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CVH-494
Rev. 06/15/12
<b>ADDENDUM B</b>

## INVESTIGATION SECTION

FIRST LEVEL REVIEW (To be completed by Unit Direc	ctor within 3 working days of in	cident)
Incident Date: MPI/Employee#	# (Person #1):	Date of Investigation:
Unit Director's Name:	Signature:	Date:
(Check all that apply and explain)		
Precipitating events (Patient):		
Behavior not adequately addressed in treatment plan	Missed behavior	cues exhibited by patient
Ongoing medication refusal impacting behavior		
☐ Medical condition not adequately addressed	□ None	
		addressed in treatment plan with ongoing monitoring
Unit Acuity/Staff issues:		
Lack of staff presence/supervision in area of incident	• Observation prod	cedures not followed
□ Staff attitude/behavior escalated situation		g correct CSS technique
□ Redeployed staff		requirements not followed
□ Staff skill mix (RN; FTS; MHA)	Delayed staff res	
□ Inadequate transfer of information between staff	□ Staff training	<u> </u>
□ Other:	□ None	
Milieu/Environmental factors:		
Lack of structured activities	□ Other:	
Increased patient acuity	□ None	
Environmental conditions requiring follow-up		
Actions taken to protect victim: (if applicable)		
Direct care staff actions related to the incident:		
Direct care stari actions related to the incluent.		
Recommendations/Further Actions:		

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-		

Rev. 06/15/12
ADDENDUM C

## INVESTIGATION SECTION

SECOND LEVEL REVIEW (To be a	completed by Division Director within 7 working	days of incident)		
Incident Date:	MPI/	Employee# (Person #1):	Date of Invest	igation:
<b>Division Director's Name:</b>		ature:	Date:	
Additional Information to Level 1 I				
Analysis of Contributing Factors:				
Actions/Recommendations	No Further Action Requ	ired 🛛		
Actions/Recommendations		ired 🛛		
		ired  Responsible Party	Required Completion Date	Status
Action Plan to Prevent Future Occu	irrences:		Required Completion Date	Status
Action Plan to Prevent Future Occu	irrences:		Required Completion Date	Status
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