WHITING FORENSIC 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 reporting and preventive measures.

nplement corrective/remedial													
SECTION 1 BASIC DATA													
Location [] DUTCHER	[] WH	ITING	[] Dept/Othe	r Incide	ent Date:				Т	ime:		AM /	PM
SECTION 2 TYPE OF INCII	. ,			i incree	ent Bute.					<u></u>		/	1111
	ENT (Cu	cie oniy oi		DATIENT AD	TICE	INITIDIEC				MEDICA	I CONT	ITION	3
AGGRESSIVE ACTS				PATIENT AB		INJURIES				MEDICA		DITION	<u> </u>
Aggressive Act to Self		100	Physical		200	Restraint Rel			300	Choking:			
Aggressive Act to Other Phy		101	Psychologic	al	201	Injury of Unl			301		leared Ai		500
Aggressive Act to Other Ver	bal	102	Verbal		202	Infection Cor			302	Heimli	ch		501
Sexual Assault		103	Sexual		203	Other Accide	ental Inju	uries	303	Cardiac			502
Sexual Contact		104	Neglect		204					Respirato	ory		503
Exploitation of Peer		105	Exploitation	by Staff	205	FALL			400	Seizure			504
Murder Attempt		106	Violation of	Patient Rights	206					Trauma			505
										Other Mo	edical Co	ndition	506
DEATH			PROPERTY	Y DESTRUCT	<u>ION</u>	LOST OR ST	FOLEN	PROPER	RTY				
Expected 600			Patient Prop	erty	700	Patient Propo			000				
Unexpected 601			Staff Proper	ty	701	Staff Propert			001				
Suicide 602			State Proper	ty	702	State Propert	ty		002				
Murder 603			Other Prope	rty	703	Other Proper	rty		003				
ELOPEMENT				•									
									000				
1. Elopement Attempt									800				
2. Elopement from unit/									801				
3. Elopement from build									802				
Elopement from camp					eturn at ti	me Incident Re	port con	npleted	XXX				
4a Elopement from camp									803				
4b. Elopement from camp	,												
4c. Elopement from auth									805				
4d. Elopement from author						'S			806				
5a. Elopement from camp				scharged after	inquiry				807				
5b. Elopement discharged	ACA/A	MA/NCI	R after inquiry						808				
5c. Elopement discharged	l after inc	quiry							809				
				0	THER IN	CIDENTS							
All I Chinnin al A -4		0	000 11::				C	HICIDE	4 TTE 14 D	T			010
Alleged Criminal Act	10. 1			ng Keys/Key C	ara	905			<i>ATTEMP</i>				910
Confidentiality - Unauthorize	ed Disclo			ng Sharps		906			THREAT				911
Contraband				rity Breach		907	0	Other Inci	dent				912
Fire Setting		0											
		,	903 Serio	us Threat/Thre	atening Be	ehavior 908			thorized				913
Medical Device Failure/Ma	lfunction			us Threat/Threating Violation	atening Be	ehavior 908 909				Leave Malfunctio	n, non-n		
Medical Device Failure/Ma SECTION 3 PERSON(s) INV					eatening Be						on, non-n		
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SECTION 6 IMMEDIATE COL	RRECTIVE ACTION(S) TAKE	N:				
PERSON(S) NOTIFIED	D	ATE TIME	PERSON(S) N	OTIFIED	DATE	TIME
						AM/PM
Print Name and Title		Signature		Date		ime
SECTION 7 PHYSICIAN REPO	ORT (Use if exam required; Exam	m is required for all Patient In	juries):			
Patient #1	INJURY TYPE (Circle all	that apply)		SEVERITY OF	INJURY (Circle o	ne)
Abrasion	Contusion	Multiple Injur	ries	No Injury		xamination 957
Bite Blood Loss	Puncture Wound Dislocation	Pain Sprain		No Treatment Minor First Aid	951 952	
Bruise	Fracture	Swelling		Medical Intervention Required	953	
Burn	Laceration	Other:		Hospitalization Required	954	
				Death Occurred	955	
Patient Name			Date of Exa	m Time o	of Exam	AM/PM
Summary and Treatment Order	red:					
_						
Print Name and Title (Physicia	an)	Signature		Date	Time	AM/PM
Print Name and Title (Physicia	•	Signature		Date	Time	,
Patient #2	INJURY TYPE (Circle all	that apply)		SEVERITY OF	INJURY (Circle o	ne)
Patient #2 Abrasion	INJURY TYPE (Circle all Contusion	that apply) Multiple Injur	ries		INJURY (Circle o	,
Patient #2 Abrasion Bite Blood Loss	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation	(that apply) Multiple Injur Pain Sprain	ries	SEVERITY OF I No Injury No Treatment Minor First Aid	1NJURY (Circle o 956 Refused Ex 951 952	ne)
Patient #2 Abrasion Bite Blood Loss Bruise	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture	Multiple Injur Pain Sprain Swelling	ries	SEVERITY OF I No Injury No Treatment Minor First Aid Medical Intervention Required	956 Refused E: 951 952 953	ne)
Patient #2 Abrasion Bite Blood Loss	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation	(that apply) Multiple Injur Pain Sprain	ries	SEVERITY OF I No Injury No Treatment Minor First Aid	1NJURY (Circle o 956 Refused Ex 951 952	ne)
Patient #2 Abrasion Bite Blood Loss Bruise Burn	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration	Multiple Injur Pain Sprain Swelling Other		SEVERITY OF A No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred	956 Refused E: 951 952 953 954 955	ne) xamination 957
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration	Multiple Injur Pain Sprain Swelling Other		SEVERITY OF A No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred	956 Refused Ex 951 952 953 954	ne) xamination 957
Patient #2 Abrasion Bite Blood Loss Bruise Burn	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration	Multiple Injur Pain Sprain Swelling Other		SEVERITY OF A No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred	956 Refused E: 951 952 953 954 955	ne) xamination 957
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration	Multiple Injur Pain Sprain Swelling Other		SEVERITY OF A No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred	956 Refused E: 951 952 953 954 955	ne) xamination 957
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration	Multiple Injur Pain Sprain Swelling Other		SEVERITY OF A No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred	956 Refused E: 951 952 953 954 955	ne) xamination 957
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration	Multiple Injur Pain Sprain Swelling Other		SEVERITY OF A No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred	956 Refused E: 951 952 953 954 955	ne) xamination 957
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration	Multiple Injur Pain Sprain Swelling Other		SEVERITY OF A No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred	956 Refused E: 951 952 953 954 955	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration	Multiple Injur Pain Sprain Swelling Other		SEVERITY OF Description No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused Ex 951 952 953 954 955 Exam	ne) xamination 957
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red:	Multiple Injur Pain Sprain Swelling Other		SEVERITY OF A No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred	956 Refused E: 951 952 953 954 955	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum	Multiple Injur Pain Sprain Swelling Other	Date of Exam	SEVERITY OF Description No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused Ex 951 952 953 954 955 Exam	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum	Multiple Injur Pain Sprain Swelling Other	Date of Exam	SEVERITY OF Description No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused Ex 951 952 953 954 955 Exam	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum	Multiple Injur Pain Sprain Swelling Other	Date of Exam	SEVERITY OF Description No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused Ex 951 952 953 954 955 Exam	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum	Multiple Injur Pain Sprain Swelling Other	Date of Exam	SEVERITY OF Description No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused Ex 951 952 953 954 955 Exam	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum	Multiple Injur Pain Sprain Swelling Other	Date of Exam	SEVERITY OF Description No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused Ex 951 952 953 954 955 Exam	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum	Multiple Injur Pain Sprain Swelling Other	Date of Exam	SEVERITY OF Description No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused Ex 951 952 953 954 955 Exam	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum	Multiple Injur Pain Sprain Swelling Other	Date of Exam	SEVERITY OF Description No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused Ex 951 952 953 954 955 Exam	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum	Multiple Injur Pain Sprain Swelling Other	Date of Exam	SEVERITY OF Description No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused Ex 951 952 953 954 955 Exam	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum	Multiple Injur Pain Sprain Swelling Other	Date of Exam	SEVERITY OF Description No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused Ex 951 952 953 954 955 Exam	ne) xamination 957AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients SECTION 8 INVESTIGATION	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum BY UNIT DIRECTOR/SUPER	Multiple Injur Pain Sprain Swelling Other Signature A VISOR (Include any correcti	Date of Exam ve action(s) taken):	SEVERITY OF Description of Death Occurred Death Occurred Date	956 Refused E: 951 952 953 954 955 Exam Time	AM/PM
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients SECTION 8 INVESTIGATION PERSON(S) NOTIFIED	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum BY UNIT DIRECTOR/SUPER	Multiple Injur Pain Sprain Swelling Other	Date of Exam	No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused E: 951 952 953 954 955 Exam Time	me) xamination 957 AM/PMAM/PM TIME
Patient #2 Abrasion Bite Blood Loss Bruise Burn Patient Name Summary and Treatment Order Print Name and Title (Physicia *If more than two patients SECTION 8 INVESTIGATION	INJURY TYPE (Circle all Contusion Puncture Wound Dislocation Fracture Laceration red: an) examined, use Addendum BY UNIT DIRECTOR/SUPER	Multiple Injur Pain Sprain Swelling Other Signature A VISOR (Include any correcti	Date of Exam ve action(s) taken):	No Injury No Treatment Minor First Aid Medical Intervention Required Hospitalization Required Death Occurred Time of I	956 Refused E: 951 952 953 954 955 Exam Time	me) xamination 957 AM/PMAM/PM TIME

WFH-494 New: 04/2018 **ADDENDUM B**

INVESTIGATION SECTION

	TIGATION SECTION	
FIRST LEVEL REVIEW (To be completed by Unit Director with		
Incident Date: MPI/Employee# (Per	son #1):	Date of Investigation:
Unit Director's Name: Sign	nature:	Date:
(Check all that apply and explain)		
Precipitating events (Patient):		
☐ Behavior not adequately addressed in treatment plan	☐ Missed behavior cues exhib	ited by patient
☐ Ongoing medication refusal impacting behavior	□ Other:	
☐ Medical condition not adequately addressed	□ None	
		in treatment plan with ongoing monitoring
	= Tronce Benario: data esseu :	in weathern plant with engeling mentioning
Unit Acuity/Staff issues:		
☐ Lack of staff presence/supervision in area of incident	☐ Observation procedures not	followed
☐ Staff attitude/behavior escalated situation	☐ Staff not utilizing correct CS	
□ Redeployed staff	☐ Other procedural requiremen	
☐ Staff skill mix (RN; FTS; MHA)	☐ Delayed staff response/inter	
☐ Inadequate transfer of information between staff	☐ Staff training	
□ Other:	□ None	
N. 10		
Milieu/Environmental factors:		
Lack of structured activities	□ Other:	
☐ Increased patient acuity	□ None	
☐ Environmental conditions requiring follow-up		
Actions taken to protect victim: (if applicable)		
retions taken to protect victim. (y apparatus)		
Direct care staff actions related to the incident:		
Recommendations/Further Actions:		
Accommendations/Further Actions:		

WFH-494 New: 04/2018

ADDENDUM C INVESTIGATION SECTION

SECOND LEVEL REVIEW (To be	completed by Division Director within 7 working	g days of incident)				
Incident Date:		/Employee# (Person #1):	Date of Invest	Date of Investigation:		
Division Director's Name:		ature:	Date:	Date:		
Additional Information to Level 1	Review					
Analysis of Contributing Factors:						
Actions/Decommendations	No Funther Action Dogs	inod 🗆				
Actions/Recommendations Action Plan to Prevent Future Occ	No Further Action Requ	nired 🗆				
Action Plan to Prevent Future Occ	urrences:		Paguined Completion Date	Status		
		Responsible Party	Required Completion Date	Status		
Action Plan to Prevent Future Occ	urrences:		Required Completion Date	Status		
Action Plan to Prevent Future Occ	urrences:		Required Completion Date	Status		
Action Plan to Prevent Future Occ	urrences:		Required Completion Date	Status		
Action Plan to Prevent Future Occ	urrences:		Required Completion Date	Status		
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Action Plan to Prevent Future Occ	urrences:		Required Completion Date	Status		
Action Plan to Prevent Future Occ	urrences:		Required Completion Date	Status		

WFH-494 New: 04/2018

Print Name and Title (Physician)

ADDENDUM A PHYSICIAN REPORT (Use if exam required) (con't) INJURY TYPE (Circle all that apply) Patient #3 **SEVERITY OF INJURY** (Circle one) No Injury 956 Refused Examination 957 Abrasion Multiple Injuries Contusion 951 Bite Puncture Wound Pain No Treatment Minor First Aid 952 Blood Loss Dislocation Sprain Medical Intervention Required 953 Bruise Fracture Swelling Hospitalization Required 954 Burn Laceration Other: Death Occurred 955 Date of Exam _____ Time of Exam _____AM/PM Patient Name ___ Summary and Treatment Ordered: AM/PM Print Name and Title (Physician) Signature Date Time Patient #4 **INJURY TYPE** (Circle all that apply) SEVERITY OF INJURY (Circle one) 956 Refused Examination 957 No Injury Abrasion Contusion Multiple Injuries No Treatment 951 Bite Puncture Wound Pain Minor First Aid 952 Blood Loss Sprain Dislocation Medical Intervention Required 953 Bruise Fracture Swelling Hospitalization Required 954 Burn Laceration Other: Death Occurred 955 Patient Name ___ _____ Date of Exam _____ Time of Exam _____ AM/PM Summary and Treatment Ordered: AM/PM Print Name and Title (Physician) Time Signature Date Patient #5 **INJURY TYPE** (Circle all that apply) SEVERITY OF INJURY (Circle one) No Injury 956 Refused Examination 957 Abrasion Contusion Multiple Injuries No Treatment 951 Puncture Wound Pain Bite 952 Blood Loss Sprain Minor First Aid Dislocation Swelling Bruise Fracture Medical Intervention Required 953 Hospitalization Required 954 Burn Laceration Other: Death Occurred 955 Date of Exam Time of Exam AM/PM Patient Name Summary and Treatment Ordered:

Signature

AM/PM