|  |
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| All reportable incidents must be verbally reported to the Care Coordinator and legal guardian **within 24-hours**. This form is to be completed by staff and approved by the program QMHP **within 5 business days**. Reportable incidents should also be documented with a clinical note in the treatment record. |
| ***Reportable Incident -*** *an unexpected occurrence involving serious challenging behavior or an injury that does not pose a significant risk of harm or death.* |
| **Agency:** | Select | **Service:** | Select | **Island:** | Select |
| **Youth:** | Last Name |  | First Name | **DOB:** | Select |
| **CR#:** | 123456 | **MHCC:** | Name | **FGC:** | Select |
| **Event Date:** | Select | **Event Time:** | 10:00 PM | **R / S Duration:** | # minutes |
| **Staff Involved:** |   |  |   |
|   |  |   |  |   |
| **Incident Description** |
| Incident description… |
| **Incident Category** |
| **RI01** | [ ]  | **Elopement** (from CAMHD out-of-home placement) |
| **RI02** | [ ]  | **Physical Assault** (not requiring emergency dept. or hospital visit) |
| **RI03** | [ ]  | **Restraint or Seclusion** (less than 5 minutes, not repeated, performed by program staff) |
| **RI04** | [ ]  | **Self-Harm** |
| **RI05** | [ ]  | **Suicidal Threat** (without a plan to harm or act of harm) |
| **RI06** | [ ]  | **Other**  |   |  |
| **Completed by:** |  | **Date:** |  |
| **Approved by:** |  | **Date:** |  |