WHISPER RIDGE BEHAVIORAL HEALTH SYSTEM
Internal Incident Report

Date of Incident: 14 Jan 06 Time of Incident: 2:30 PM

Involving ____________________________ (Name of Resident/Visitor/Other)
Age: ______ Sex: ______ Address/Phone Number: ____________________________

Type of Incident: ( ) Resident/Visitor ( ) Medication Error ( ) Environment of Care

Location of Incident – Check all that apply:
( ) 100 Hall ( ) 200 Hall ( ) 300 Hall ( ) 400 Hall ( ) 500 Hall ( ) Gym ( ) Cafeteria
( ) Courtyard ( ) Classroom ( ) Off Grounds ( ) Therapist’s Office ( ) Bedroom
( ) Medication Room ( ) Other: ________________________________

Narrative Description of the facts of the incident - Include who, what, when, how the incident occurred and any injuries.
Resident allegedly ran into peers room provoking them to fight.
Resident allegedly showed peers with a closed fist. Peers surrounded the resident and showed him numerous of times staff intervened by breaking up the chaos on the unit.
Resident then was escorted off the unit and taken to the nurse station.

Intervention:
What was the staff involvement/intervention or actions taken?
Staff intervened by breaking up the chaos and by removing the resident off the unit.
Physical Hold: ( ) Yes ( ) No If yes, complete physical hold packet

Notifications:
Position Name Date Time By:
Shift Leader Russell Brown 1/14/06 2:59 14B, 3:10 K Carter
Administrator on Call M. Sargeant 1/14/06 3:30 14B, 3:10 K Carter
Nurse Jessica Ashley 1/14/06 2:59 14B, 3:10 14B, 3:10 K Carter
Physician
Parent/Guardian
CEO
Other

By: ____________________________

Signature of Person Completing Report: ____________________________

Date: 14 Jan 06 Time: 4:15 PM
Shift Leader's Review:

ABC notified, progress note reviewed and on file

Signature: [Signature]
Date: 1/18/06
Time: 11:20

Medical Review (if applicable):

Signature: [Signature]
Date: [Date]
Time: [Time]

Review in Operations Meeting

Report to Licensure/Human Rights
Investigation – Risk Manager Informed
Property Damage – Maintenance Informed
EOC – Dir. of Support Services Informed
Policy/Procedure Violation – CEO Informed
Med Error – Nurse Manager Informed
Refer to PEACE Group

Recommendations and Findings:

[Redacted]

Signature of DCS: [Signature] Date: 1/16/06
Time: 09:00

Classifications By Risk Manager Only

Resident Incident Code Number: [Code]
Severity Index Number: [Index]

PSI Form 080106 will be completed for all incidents requiring investigation.
PSI 24 hour incident report completed and sent if applicable: ( ) No
( ) Yes

Date: [Date]
Time: [Time]

Notes:

[Additional notes]

[Redacted]

Risk Manager's Signature: [Signature] Date: [Date] Time: [Time]