



# INCIDENT REPORT FOR CONTAINMENT

**Confidential  
Restricted Access**



**Program:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ AM / PM

**Client Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Admit Date:** \_\_\_\_\_

Danger to Self       Danger to Others

**Primary Staff Involved in Containment:** \_\_\_\_\_

**Witnesses / Persons Involved & Roles:** \_\_\_\_\_

**Person Assigned to Monitor Breathing:** \_\_\_\_\_

**Place Where Incident Occurred:** \_\_\_\_\_

**Caregiver Responsible at Time of Incident:** \_\_\_\_\_

**Home Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**TYPE OF INCIDENT:**

<input type="checkbox"/> Verbal Aggression	<input type="checkbox"/> Significant Behavior Disruption	<input type="checkbox"/> Death
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Injury to Client	<input type="checkbox"/> Hospitalization medical
<input type="checkbox"/> Destruction of Property	<input type="checkbox"/> Injury to Staff	<input type="checkbox"/> Hospitalization psychiatric
<input type="checkbox"/> Containment	<input type="checkbox"/> Self injury non-suicidal	<input type="checkbox"/> Medical problem
<input type="checkbox"/> School related problem	<input type="checkbox"/> Suicidal ideation	<input type="checkbox"/> Medication error
<input type="checkbox"/> Sexual behavior	<input type="checkbox"/> Suicidal gesture	<input type="checkbox"/> Medication refused
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Suicide attempt	<input type="checkbox"/> Allegations: abuse/neglect
<input type="checkbox"/> Criminal behavior	<input type="checkbox"/> Short personal restraint	<input type="checkbox"/> Incarceration
<input type="checkbox"/> Other ( <i>please specify</i> ):		
<input type="checkbox"/> Runaway	Time left: _____ AM / PM	Time/Date returned: _____ AM / PM

PREPARED BY ( <i>signature</i> )	TITLE	DATE COMPLETED

**PERSONAL CONTAINMENT:**

- |                                                               |                                                                 |
|---------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Elbow to Hip Containment             | <input type="checkbox"/> Elbow to Hip Follow to Ground          |
| <input type="checkbox"/> Hug Containment                      | <input type="checkbox"/> Hug Containment Follow to Ground       |
| <input type="checkbox"/> Bear Hug Neutralization              | <input type="checkbox"/> Bear Hug Release                       |
| <input type="checkbox"/> Two Person Containment               | <input type="checkbox"/> Front Choke Release                    |
| <input type="checkbox"/> Release from Ground Containment      | <input type="checkbox"/> Forearm Choke Release                  |
| <input type="checkbox"/> Back Choke Release                   | <input type="checkbox"/> Object Retrieval/Person Facing Forward |
| <input type="checkbox"/> Second Person Choke Release          | <input type="checkbox"/> Hair Pull Neutralization               |
| <input type="checkbox"/> Object Retrieval/Person Facing Away  | <input type="checkbox"/> Hair Pull/Knuckle Release              |
| <input type="checkbox"/> Hair Pull/Finger Weave Release       | <input type="checkbox"/> Bite/Jaw Release                       |
| <input type="checkbox"/> Bite Neutralization                  | <input type="checkbox"/> Bite/Check Release                     |
| <input type="checkbox"/> Wrist Grasp Cross Release            | <input type="checkbox"/> Wrist Grasp/Straight Release           |
| <input type="checkbox"/> Wrist Grasp/One Hand on Each Release | <input type="checkbox"/> Wrist Grasp/Two Hands on One Release   |

**Duration of Containment:** \_\_\_\_\_

Detailed description of precipitating events or circumstances and specific behaviors that led to the emergency situation and if applicable, the specific behavior which continued to constitute an emergency situation:

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**ALTERNATIVE STRATEGIES ATTEMPTED BEFORE PERSONAL CONTAINMENT:**

- |                                                   |                                                |
|---------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Verbal Redirection       | <input type="checkbox"/> Unresisted Relocation |
| <input type="checkbox"/> Time Out                 | <input type="checkbox"/> Quiet Time            |
| <input type="checkbox"/> SAMA Verbal Intervention |                                                |

Description of alternative strategies attempted and the child's reaction to those strategies: \_\_\_\_\_

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**Client Name:** \_\_\_\_\_

Description of specific containment used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of specific de-escalation strategies used during containment and the child's response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of any injury the child sustained as a result of the incident or the use of containment and the care and treatment provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the Caregivers actions to facilitate the child's return to normal activities following release from containment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

**SUMMARY OF PRECAUTIONS:**

- Suicide: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM
- Runaway: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM
- Aggression Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM
- Sexual Acting Out: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM
- Other: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

**DATE/TIME OF ACTIONS TAKEN:**

- Medical Treatment Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Name of Treating Physician: \_\_\_\_\_

Doctor's Instructions for Follow Up: \_\_\_\_\_

- First Aid Administered Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

- Short Personal Restraint Date: \_\_\_\_\_ Duration: \_\_\_\_\_

- Protection from external danger (i.e. entering street, hot stove, separating children from physical altercations)
- Child <5 yo Disruptive Behavior (other efforts have failed)
- Child >5 yo Safety Risk (i.e. disrobing, provoking, fighting)

**NOTIFICATIONS:**

	DATE	TIME (circle AM or PM)	NAME OF PERSON CONTACTED
<input type="checkbox"/> On Call Staff	_____	_____ AM / PM	_____
<input type="checkbox"/> Supervisor/Case Manager	_____	_____ AM / PM	_____
<input type="checkbox"/> Police / Rpt # _____	_____	_____ AM / PM	_____
<input type="checkbox"/> TDFPS/JPD/TYC	_____	_____ AM / PM	_____
<input type="checkbox"/> Parent/Conservator	_____	_____ AM / PM	_____
<input type="checkbox"/> TDFPS Hotline / Rpt # _____	_____	_____ AM / PM	_____
<input type="checkbox"/> Other	_____	_____ AM / PM	_____

**ADMINISTRATIVE USE ONLY:**

- Operation ID:  Assessment 520244  GRO 030031  CPA 209976
- Level of Care:  Basic  Moderate  Specialized
- Service Level:  Child Care Services  Treatment Services

**REVIEW, RECOMMENDATIONS, AND COMMENTS  
ON CRITICAL INCIDENTS** *(if indicated)*

*(Note reasons for containment if Admission Assessment includes contraindications)*

**Title of Staff Person:** Case manager/ Caseworker: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title of Staff Person:** Unit/ Foster care Supervisor: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title of Staff Person:** Program Director: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title of Staff Person:** Administrator: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Title of Staff Person:** \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_