# Berrien Mental Health Authority Office of Recipient Rights REPORT OF UNUSUAL INCIDENT

### **BASIC INCIDENT INFORMATION**

Recipient Name:	Recipient Case #:		Age:	Sex:		
Reporting Facility Name:	Reporting Agency Name:		Report Date:	Time:		
Date of Incident:	Time of Incident:		Where did the Incident happen?			
Date Incident Noticed: (If different than incident date)		Time Incident Noticed: (If diff	ferent than incident time)			
Person Completing Form/Author: (PRINT)						
Employee Involved:		Other Employees involved/present:				
Recipient(s) Involved:		Other Recipient(s) involved/present:				

## DESCRIPTION/FACTS OF THE INCIDENT AND ACTION TAKEN (COMPLETED BY AUTHOR)

Described what was happening **before the incident** occurred or the possible cause of the incident (if applicable):

Describe **the incident**, injury, and or property destruction (if applicable):

Action taken or treatment given.

During the incident, were any physical management techniques used?	☐ Yes ☐ No If yes, for what amount of time, in minutes?	Please describe the physical management used. Include the type of training (MANDT, CPI), what technique was used and why you chose it:
Was there EMS (Emergency Medical Services) involvement?	☐ Yes ☐ No Name of EMS Provider:	If yes, please describe the type of EMS involvement:
Was there police involvement?	☐ Yes ☐ No Report Number (if applicable):	If yes, please describe the type of police involvement:
Treating Medical Physician/Facility:	Diagnosis/Recom	mendations/Outcome:

#### Signature Person Completing Form/Author: \_\_\_\_\_

## CORRECTIVE MEASURES TAKEN (COMPLETED BY SUPERVISOR)

Corrective measures taken to remedy and/or prevent recurrence. If action is taken with specific staff member(s), list the staff.

# INCIDENT NOTIFICATION

This report is due to the BMHA – Riverwood Center ORR within 24 hours. Please make sure to notify all other appropriate agencies as statutorily required.

NAME OF CASE MANAGER/PRIMARY CLINICIAN: <i>MUST BE NOTIFIED</i>	Date Notified:	
OFFICE OF RECIPIENT RIGHTS:	Date Notified:	
OTHER:	Date Notified:	
OTHER:	Date Notified:	
OTHER:	Date Notified:	

# SUPERVISOR SIGNATURE