

QA Office  
966-2805  
ext.1440  
cell.274-4730)

# WTCSB Incident Report Form



Please review incident report carefully prior to submission.

Today's Date:

Staff Name:

Date of Incident:

Was a client involved in the incident?

(if applicable)

Client Name:

Please check all of the following that apply to the incident:

- Client Death

- Client Injury

Location of Incident (if WTCSB property):

- Staff Injury

- Traffic Accident Involving agency vehicle

- Damage to agency property

- Equipment Damage

ADDRESS (if 'other' was selected for location):

Please identify which safety techniques were used if any

- Punch Block

- Grab 1 Hand

- Grab 2 Hands

- Escort

- Kick Block

- Full Arm, back restraint

- Sitting Restraint

- Restrain w/ hands from front

- Hair Pull

Client DOB:

Program Client was attending at the time of the incident:

If client injury is associated with this incident, please check all of the following injuries that apply: (if applicable)

Allergic Reaction

Bleeding

Burn(s)

Redness

Bruising

Swelling

Seizure(s)/Convulsion(s)

Other (If other, please describe in 20 characters or less below)

## CONTACT MADE/ATTEMPTED

Time

Nurse

Supervisor

APS

CPS

Care Coordination

LG, AR, Family

Police

Please identify the 'Level' of this Incident according to the DBHDS definition:

DBHDS 'Serious Incident Levels' definitions online reference:

<http://www.dbhds.virginia.gov/assets/doc/QMD/OL/serious-incident-reporting.pdf>

### LEVEL 1

This incident only resulted in **minor injuries** to a client that did **not** require medical attention.

(e.g., scrapes, bruises, blister, minor sprain)

Please provide a description of events:

### LEVEL 2

#### **\*Requires CHRIS REPORT w/in 24 hrs\***

Incident resulted in significant harm or threat to the health/safety of a client.

(e.g., broken arm; bone fracture; missing individual, unplanned ER/urgent care facility/ Psychiatric/Hospital visit or admission, choking incidents that required direct physical intervention, ingestion of hazardous material;

a diagnosis of: an decubitus ulcer or an increased severity level of previously diagnosed decubitus ulcer; bowel obstruction; or aspiration pneumonia.)

### LEVEL 3

#### **\*Requires CHRIS REPORT w/in 24 hrs\***

Incident involves death of, or will likely result in the permanent physical or psychological impairment of a client. (e.g., Death; Sexual assault; Suicide attempt)