

Macomb County Community Mental Health Services
USE OF PHYSICAL MANAGEMENT

THIS FORM IS COMPLETED IN ADDITION TO AN INCIDENT REPORT

Recipient: _____ Case Number: _____ Date: _____

| Data | Justification | Interventions Used |
|---|--|---|
| Date: _____ Start time: _____ Stop time: _____ | Behavior that presented the immediate risk to self or others: Any injuries: | Specific physical management technique used: |
| Total Duration of Incident _____ minutes | What caused the behavior? | |
| Duration of Physical Intervention _____ minutes | Interventions attempted prior to physical management: _____ Talking _____ Redirection _____ Other (specify): | Other emergency interventions used: |
| Staff Involved Names of staff involved in hold: | | Physical management technique terminated because: _____ Imminent risk no longer present _____ Others removed to safety _____ Other (specify): |
| Staff Observing Names of staff observing: | Protective interventions insufficient because: | Any Injuries from physical management technique: _____ No _____ Yes If Yes: Injury to: _____ consumer, _____ staff, _____ others Injury required medical attention by nurse: _____ Yes _____ No Injury required ER/Urgent Care visit: _____ Yes _____ No |
| | Is there a Behavior Treatment Plan? _____ Yes _____ No Was the Behavior Treatment Plan followed? _____ Yes _____ No | Describe injury: |

Supervisor Review:

Was the Person Centered Plan followed as written? _____ Yes _____ No
Was the Behavior Treatment Plan followed as written? _____ Yes _____ No
Were the staff involved trained to implement the techniques used? _____ Yes _____ No
Does documentation indicate that less restrictive approaches were considered and implemented? _____ Yes _____ No
Corrective Action [must be taken if there is any "no" response above]:

Supervisor Signature Date

Case Manager/Supports Coordinator Review:

The physical management or emergency intervention was appropriate to the severity to the behavior? _____ Yes _____ No
Physical Management, as an emergency intervention, is included in the consumer's Crisis/Safety Plan: _____ Yes _____ No
Recommendations:

CM/SC Signature Date