

**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