

**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: Other emergency interventions used:
Total Duration of Incident _____ minutes Duration of Physical Intervention _____ minutes	What caused the behavior?	
Staff Involved Names of staff involved in hold:	Interventions attempted prior to physical management: <input type="checkbox"/> Talking <input type="checkbox"/> Redirection <input type="checkbox"/> Other (specify):	Physical management technique terminated because: <input type="checkbox"/> Imminent risk no longer present <input type="checkbox"/> Others removed to safety <input type="checkbox"/> Other (specify):
Staff Observing Names of staff observing:	Protective interventions insufficient because:	Any Injuries from physical management technique: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: Injury to: _____ consumer, _____ staff, _____ others Injury required medical attention by nurse: <input type="checkbox"/> Yes <input type="checkbox"/> No Injury required ER/Urgent Care visit: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a Behavior Treatment Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Behavior Treatment Plan followed? <input type="checkbox"/> Yes <input type="checkbox"/> 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