

List the consumer's initials, and names of all staff/observers involved

Recommendations: (Interpretation of incident, recommendations to prevent reoccurrence, and recommendations for further study)

Reported by _____ Position/Title: _____ Date: _____

Supervisor Recommended Follow-Up:

Signature/Title: _____ Date: _____

Nurse Recommended Follow-Up:

Signature/Title: _____ Date: _____

Case Coordinator: Please mark **major**, **minor**, or **other** and if this is a **major incident** please **check** the appropriate box below which applies to the incident. **Major** _____ **Minor** _____ **Other** _____

Major Incidents are incidents that meet the following criteria, and must be received by the supervisor within the next business day, and received by the Targeted Case Manager or County Case Worker within 72 hours. Guardian must also be notified within 72 hours. An occurrence involving the individual that: a) results in a physical injury to or by the individual that requires a physician's treatment or admission to a hospital, or b) results in someone's death, or c) requires emergency mental health treatment for the individual, or d) requires the intervention of law enforcement, or e) results from any prescription medication error that leads to one of the above items, or f) is reportable to protective services, or g) consumers location unknown by staff who are assigned protective oversight.

Minor Incidents must be received by the supervisor with in 72 hours and then routed to the Case Coordinator. Examples of minor incidents are: a) results in application of first aid, or b) results in bruising, or c) results in seizure activity, or d) results in injury to self, others or to property, or e) constitutes a prescription medication error.

Case Coordinator Recommended Follow-Up:

Signature/Title: _____ Date: _____

Box for Case Coordinator Only	Date	Copies given to:
Date mailed to TXIX Case Manager	_____	Residential Supervisor _____
Date sent to PCHS CM Director	_____	Vocational Supervisor _____
Date sent to Program Director	_____	Clerical for Data entry _____
Copy filed in Centralized File on	_____	
Date faxed to IME/Waiver	_____	

Please check if Report needs to be reviewed by: Safety Committee PBS Committee
