INCIDENT REPORT FOR PROTECTIVE PHYSICAL INTERVENTIONS
LANE COUNTY DEVELOPMENTAL DISABILITIES
ADULT FOSTER HOMES

Resident’s Name: _________________________  Provider: ________________________________

Date incident occurred: _______________  Time: ___________  Location of incident: _________________

Duration of behavioral incident: ________________  Duration of PPI: ____________________________

Name(s) of provider/staff applying PPI: ________________________________  ___________________________

Name(s) of provider/staff witnessing PPI: ________________________________  ___________________________

Does this resident have a Behavior Support Plan that includes the PPI(s) applied and was the PPI applied for the purpose indicated within the Behavior Support Plan? Y / N (Circle One)

*** IF THIS PPI IS NOT WRITTEN INTO A BEHAVIOR SUPPORT PLAN SEE REVERSE***

Please list the type of PPI(s) that were applied: ____________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

What happened before the incident, were there noted antecedents (per the BSP) present, what proactive support strategies were implemented? ____________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

What occurred after the PPI was utilized?  Describe the events from the time of the PPI until the resident returned to their baseline: ____________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Were there any injuries as a result of the PPI or circumstances related to the PPI?  Y / N  (Circle One)

*If the PPI results in an injury, this IR must be submitted to Services Coordinator within 1 working day*

If injury occurred, please describe the injury and any treatment required: ____________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
Name of person conducting review of incident report: _____________________ Date reviewed: ____________

Strategy to prevent recurrence of this incident: __________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature: _______________________________ Date IR sent to Services Coordinator: ________________

*Please note that this IR must be sent to the resident’s guardian or legal representative in addition to SC*

***If this PPI is not written into a behavior support plan by a qualified behavior consultant and approved by the ISP team, it is considered an emergency PPI and the following conditions apply.***

- A PPI used in an emergency situation must be reviewed by the provider, resident manager, or designee within 1 hour.
- This incident report for an emergency PPI must be submitted to Services Coordinator within 1 working day.
- The ISP team must meet if an emergency PPI has been used more than 3 times in a 6 month period. Has an emergency PPI been used within the past 6 months? If so, please list the dates of those incidents: ____________________________________________________________

Additional Notes: ________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

***If this PPI is not written into a behavior support plan by a qualified behavior consultant and approved by the ISP team, it is considered an emergency PPI and the following conditions apply.***