stepworks

Incident Report Form

Date: ___ /___ /_____ Time: ___:___ ☐ A.M. ☐ P.M.

Location of incident: ☐ interior of premises ☐ exterior of premises

Name of Affected Person: _____

Condition prior to incident:

- ☐ alert
- ☐ uncooperative
- ☐ unconscious
- ☐ senile
- ☐ weak, faint
- ☐ agitated
- ☐ sedated
- ☐ disoriented
- ☐ other: _____

Type of incident:

- ☐ Rx documentation error
- ☐ equipment failure
- ☐ contraband
- ☐ unauthorized use and/or possession of illegal or legal drugs*
- ☐ fire
- ☐ fall
- ☐ laceration
- ☐ burn
- ☐ medical emergency*
- ☐ communicable disease or infection*
- ☐ life-threatening overdose*
- ☐ medication error (incorrect Rx or dose administered)*
- ☐ violence/threat of violence*^
- ☐ sexual assault allegations*^
- ☐ missing patient (elopement)*
- ☐ attempted suicide*
- ☐ sharps injury/biohazardous accident*+
- ☐ confidentiality (HIPAA) breach
- ☐ weapons*
- ☐ abuse/neglect allegations*^
- ☐ use of seclusion or restraint (forbidden per Stepworks policy)*
- ☐ unexplained death of patient*
- ☐ vehicle accident*
- ☐ other: _____

Injury Result: ☐ No apparent injury

- ☐ bruise*
- ☐ concussion*
- ☐ dislocation*
- ☐ internal injuries*
- ☐ aggravated previous condition*
- ☐ burn*
- ☐ fracture*
- ☐ laceration*
- ☐ stroke*
- ☐ strangulation*
- ☐ strain*
- ☐ shock*
- ☐ puncture*
- ☐ death*
- ☐ other*: _____

Brief description of incident: _____

_____

Names of team members involved: _____

Separate witness statements collected? ☐ Yes ☐ No

Action taken (complete on reverse of this sheet if necessary):

_____

_____

Was 911 called? ☐ Yes ☐ No

Team Member signature: _____ Date: ___ /___ /____

Administrator Signature: _____ Date: ___ /___ /____

Debriefing / Counseling

Team member preparing this report: Complete and upload to Stepworks University.
Facility Administrator: Review and complete a "debrief" in Podio.

*Critical incidents: Collect witness statements. Report to your administrator immediately
+Complete a Sharps Injury Log Report.
^If appropriate, report to outside authorities after investigation.

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Updated 01/06/23