

## Safety Care Reporting Form

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Location:** Classroom \_\_\_\_\_ Hallway \_\_\_\_\_ Cafeteria \_\_\_\_\_ Outside \_\_\_\_\_

**Staff Leader of Incident:** \_\_\_\_\_

**Staff Assisted in Incident:** 1. \_\_\_\_\_

2. \_\_\_\_\_ 3. \_\_\_\_\_

**Staff Visually Monitoring/Supervising:** \_\_\_\_\_

*Incident Prevention/Minimization:*

**Elbow Check Used:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Following Individual/Class-wide reinforcement system:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Does the Student have a Safety Plan/Care card?:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Clear Antecedents/Triggers or Signals Observed:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Methods used for De-Escalation:** Help \_\_\_\_\_ Prompt \_\_\_\_\_ Wait \_\_\_\_\_

**Supportive Guide used:** Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

*Physical Safety:*

Protective Shuffle \_\_\_\_\_

Bite Release \_\_\_\_\_

Shoulder Check \_\_\_\_\_

Head Lock Release \_\_\_\_\_

Wrist Release \_\_\_\_\_

Hair Pull (rear or forward) Release \_\_\_\_\_

Grab Release \_\_\_\_\_

Choke (rear or forward) Release \_\_\_\_\_

*Physical Management:*

1 Person Stability Hold \_\_\_\_\_

Floor Hold Transition \_\_\_\_\_

2 Person Stability Hold \_\_\_\_\_

Seated 2 Person Stability Hold \_\_\_\_\_

Floor Drop Transition \_\_\_\_\_

2 Person Lift \_\_\_\_\_

Floor Seated Stability Hold \_\_\_\_\_

Supine Stability Hold \_\_\_\_\_

Circle: Forward OR Reverse Transport \_\_\_\_\_

Hip Sit (in vehicle only)

Chair Stability Hold \_\_\_\_\_

1 Person Stability Hold (in vehicle only)

Leg Wrap \_\_\_\_\_

Small Person Carry \_\_\_\_\_

Small Person Stability Hold \_\_\_\_\_

(Circle: Vertical or Horizontal)

**Injuries:** Yes \_\_\_ No \_\_\_ If yes, during which Safety Care procedure did the injury occur?

\_\_\_\_\_ Was an incident report filled out? Yes \_\_\_ No \_\_\_

**Who was injured?** Staff \_\_\_\_\_ Student \_\_\_\_\_

**Did all staff involved have up to date certification in Safety Care?** Yes \_\_\_ No \_\_\_

If not, please explain: \_\_\_\_\_

\_\_\_\_\_

**Were all Safety Care procedures used correctly?** Yes \_\_\_ No \_\_\_

If incorrectly, please describe: \_\_\_\_\_

**Description of Incident (please include the antecedent, behavior and consequence):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Post-Incident Procedures*

**Was a Debriefing conducted with the student to discuss what occurred?** Yes \_\_\_ No \_\_\_

Did a Staff Debriefing occur? Yes \_\_\_ No \_\_\_ To be conducted with BCBA \_\_\_

Were modifications made at this time to the students Safety Care Plan/ Behavior Plan?

Yes \_\_\_ No \_\_\_ N/A \_\_\_ Comment: \_\_\_\_\_

**Were the parents informed via email or by phone following the use of physical management procedures?** Yes \_\_\_ No \_\_\_ If no, list why: \_\_\_\_\_

Employee's Signature:

\_\_\_\_\_  
\_\_\_\_\_

*Review Process: (To review use of techniques used, discussion with team regarding if revisions needed or additional classroom/ staff supports)*

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_