

**Appendix C - Peer to Peer with NO or MINOR INJURY Investigation/Follow-Up**  
**Attach to Incident Report**

Home/ Unit		Name on Investigation		Date of Incident	MM/DD/YY	Time of Incident		Page 1
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**INVESTIGATION/FOLLOW-UP MUST BEGIN IMMEDIATELY – WRITE CLEARLY**

**INVESTIGATION Started**      **Date:**                      MM/DD/YY                      **Time:**                      am      pm

*The following blocks MUST contain information about ALL aggressors and ALL victims.*

1. Describe the activity of the <b>individuals before</b> the incident.	
2. Describe the activity of the <b>staff before</b> the incident.	
3. Describe the activity of the <b>individuals during</b> the incident.	
4. Describe the activity of the <b>staff during</b> the incident.	
5. Describe the activity of the <b>individuals after</b> the incident.	
6. Describe the activity of the <b>staff after</b> the incident.	
7. Describe the <b>surroundings of the individuals</b> that impacted the incident. (Noisy, other individual threats, meal late, NPO, rain, Code, did not get to do something desired, complaint of pain, etc.)	
8. Describe <b>all early warning signs</b> the individuals displayed that an incident was about to occur. (Yell, hit others, self-abuse, run, sit quietly, slam doors, sweating, turn pale, shaking, coughing, eat too fast, etc.)	
9. Review the <b>treatment plans and Behavior Plan(s)</b> . Number and describe the <b>intervention strategies</b> staff <b>should have</b> used.	

**PEER TO PEER with NO or MINOR INJURY INVESTIGATION/FOLLOW-UP**

<b>Home/Unit</b>		<b>Name on Investigation</b>		<b>Date of Incident</b>	MM/DD/YY	<b>Time of Incident</b>		<b>Page 2</b>
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<b>10. Describe all intervention strategies <u>staff used</u> before, during, and after the incident. Begin with least restrictive strategy used and end with most restrictive strategy used.</b>	
<b>11. What effect did the intervention strategies have on the individuals? (calmed self, more disruptive, SIB, aggressive, hit others, attempt to exit, etc.)</b>	
<b>12. Describe the staffing pattern that may have impacted the incident. (Pulled staff, staff with individual not appropriate, loud staff, etc.)</b>	
<b>13. Describe the sequence of immediate protections implemented to eliminate <u>potential, immediate, and future harm</u>.</b>	
<b>14. Describe staff injury, if any.</b>	

<b>Investigation/Follow-up Completed</b>	<b>Date:</b>	<b>Time:</b>	<b>am pm</b>
<b>Signature of Person Completing Investigation/Follow-up</b>		<b>Date of Signature</b>	MM/DD/YY

**Team Leader Review**

<b>How does this incident affect the status of the individual?</b>	Note: If this section is filled out here, it does not have to be filled out on the Incident Report Form.		
<b>Is additional follow-up needed?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe follow-up.

<b>Signature of Team Leader</b>		<b>Date of Signature</b>	MM/DD/YY
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If there is not enough space to write all the details for any section, record the information on a separate sheet of paper. Include the Name on Incident Report, Home/Unit, Name of Section continued, and attach to Incident Report.

**Peer to Peer with NO or MINOR INJURY Investigation/Follow-Up- Recording Instructions**

<b>PEER TO PEER with NO or MINOR INJURY INVESTIGATION/FOLLOW-UP - Recording Instructions</b>		
	<b>Area</b>	<b>Instructions</b>
1.	Home/Unit	Record the home or unit where the individual resides.
2.	Name on Investigation	Record the name of the individual for whom the investigation is being conducted.
3.	Date of Incident	Record the date of the incident that is being investigated.
4.	Time of Incident	Record the time of the incident that is being investigated
<b>INVESTIGATION/FOLLOW-UP MUST BEGIN IMMEDIATELY – WRITE CLEARLY</b>		
<b>Record information in all blocks regarding the incident.</b>		
<i>If this is a peer to peer incident, the following blocks MUST contain information about ALL aggressors and ALL victims.</i>		
5.	1. Describe the actions of the <b>individuals before</b> the incident.	Describe what the individuals were doing before the incident occurred, e.g. eating dinner, taking a shower, riding bike, running on pavement, playing basketball, etc.
6.	2. Describe the actions of the <b>staff before</b> the incident.	Describe what staff assigned to the individuals were doing before the incident occurred, and for other staff as applicable.
7.	3. Describe the actions of the <b>individuals during</b> the incident.	Describe what the individuals were doing during the incident.
8.	4. Describe the actions of the <b>staff during</b> the incident.	Describe what the staff assigned to the individuals were doing during the incident, and for other staff as applicable.
9.	5. Describe the actions of the <b>individuals after</b> the incident.	Describe what the individuals were doing after the incident.
10.	6. Describe the actions of the <b>staff after</b> the incident.	Describe what the staff assigned to the individuals were doing after the incident, and for other staff as applicable.
11.	7. Describe the <b>surroundings of the individuals</b> that impacted the incident. (Noisy, other individual threats, meal late, NPO, rain, Code, did not get to do something desired, complaint of pain, etc.)	Describe the surroundings before the incident occurred.
12.	8. Describe <b>all early warning signs</b> the individuals displayed that an incident was about to occur. (Yell, hit others, self-abuse, run, sit quietly, slam doors, sweating, turn pale, shaking, coughing, eat too fast, etc.)	Describe the early warning signs being done by the individuals to indicate something was about to occur.
13.	9. Review the <b>treatment plans and Behavior Plan(s)</b> . Describe the <b>intervention strategies</b> staff <b>should have</b> used.	After reviewing the treatment plan and associated Behavior Plans (if applicable), briefly describe the intervention strategies staff should have used.
14.	10. Describe <b>all intervention strategies staff used</b> before, during, and after the incident. Begin with least restrictive strategy used and end with most restrictive strategy used.	Beginning with the least restrictive strategy used, describe all intervention strategies staff used before, during and after the incident.
15.	11. What <b>effect did the intervention strategies</b> have on the individuals? (calmed self, more disruptive, SIB, aggressive, hit others, attempt to exit, etc.)	Describe the effect the intervention strategies had on the individual.
16.	12. Describe the <b>staffing pattern</b> that may have impacted the incident. (Pulled staff, staff with individual not appropriate, loud staff, etc.)	Describe the staffing pattern that may have impacted the incident.
17.	13. Describe the <b>sequence of immediate protections</b> implemented to <b>eliminate potential, immediate, and future harm</b>	Describe the sequence of protections implemented to eliminate potential, immediate and future harm.
18.	14. Describe <b>staff injury</b> , if any.	Describe any injuries staff may have acquired from the incident. If there were

<b>PEER TO PEER with NO or MINOR INJURY INVESTIGATION/FOLLOW-UP - Recording Instructions</b>		
		not injuries, record "NA."
19.	Investigation/Follow-up Completed	Record the date and time the investigation/follow-up was completed. Circle am or pm.
20.	Signature of Person Completing Investigation/Follow-up	The supervisor completing the investigation/follow-up will legibly sign their first and last name.
21.	Date of Signature	The supervisor completing the investigation/follow-up will record the date of their signature.
<b>Team Leader Review</b>		
22.	How does this incident affect the status of the individual?	Record information about the affect this incident has on the present status of the individual. Include whether this is an isolated incident or whether this incident is part of a trend.
23.	Is additional follow-up needed?	Record the appropriate response by checking the Yes or No box. If Yes, record the follow-up needed, e.g., changes needed related to overall programming, referral to PT for assessment, referral to day program for change of class, referral to case manager for training for 1 <sup>st</sup> shift staff on Topic XYZ, discuss with treatment team, etc.
24.	Signature of Team Leader	The Team Leader completing the review will legibly sign their first and last name.
25.	Date of Signature	The Team Leader completing the assessment will record the date of their signature.