

**Macomb County Community Mental Health Services  
USE OF PHYSICAL MANAGEMENT**

**THIS FORM IS COMPLETED IN ADDITION TO AN INCIDENT REPORT**

Recipient: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

Data	Justification	Interventions Used
Date: _____ Start time: _____ Stop time: _____	<b>Behavior that presented the immediate risk to self or others:</b>  <b>Any injuries:</b>	<b>Specific physical management technique used:</b>   <b>Other emergency interventions used:</b>
<b>Total Duration of Incident</b> _____ minutes	<b>What caused the behavior?</b>	
<b>Duration of Physical Intervention</b> _____ minutes	<b>Interventions attempted prior to physical management:</b> <input type="checkbox"/> Talking <input type="checkbox"/> Redirection <input type="checkbox"/> Other (specify): _____	<b>Physical management technique terminated because:</b> <input type="checkbox"/> Imminent risk no longer present <input type="checkbox"/> Others removed to safety <input type="checkbox"/> Other (specify): _____
<b>Staff Involved</b> Names of staff involved in hold: _____		
<b>Staff Observing</b> Names of staff observing: _____	<b>Protective interventions insufficient because:</b>	<b>Any Injuries from physical management technique:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>If Yes:</b> Injury to: _____ consumer, _____ staff, _____ others  Injury required medical attention by nurse: <input type="checkbox"/> Yes <input type="checkbox"/> No  Injury required ER/Urgent Care visit: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Is there a Behavior Treatment Plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Was the Behavior Treatment Plan followed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Describe injury:</b>

**Supervisor Review:**

Was the Person Centered Plan followed as written?  Yes  No  
 Was the Behavior Treatment Plan followed as written?  Yes  No  
 Were the staff involved trained to implement the techniques used?  Yes  No  
 Does documentation indicate that less restrictive approaches were considered and implemented?  Yes  No  
 Corrective Action [must be taken if there is any "no" response above]:

\_\_\_\_\_  
Supervisor Signature Date

**Case Manager/Supports Coordinator Review:**

The physical management or emergency intervention was appropriate to the severity to the behavior?  Yes  No  
 Physical Management, as an emergency intervention, is included in the consumer's Crisis/Safety Plan:  Yes  No  
 Recommendations:

\_\_\_\_\_  
CM/SC Signature Date