

## ACCIDENT & INJURY (A&I) TRACKING DOCUMENT

**Note:** This is not an official Accident/Incident Report. To be used for tracking purposes only.

Created by: LYNNE GEROMINI/CO/OYD	Date Created: 07/13/2011 10:26:06 AM	Last Modified by: LYNNE GEROMINI 07/13/2011
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Date of Exam:	Time of Exam: <input type="radio"/> AM <input type="radio"/> PM
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<b>Institution:</b>			
Client ID:			
Last Name of Youth:	First Name of Youth:	Race: Sex: DOB: (mm/dd/yy)	Dorm:

Escorted to the infirmary by: (Last Name, First Name)	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Carried
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**Escort/Security Officer reports the incident was: (check all that apply)**

<input type="checkbox"/> 1. Sex Related Conduct	<input type="checkbox"/> 4. Use of Force - Chemical	<input type="checkbox"/> 7. Accident - Non-Sports Related
<input type="checkbox"/> 2. Allegation of Abuse	<input type="checkbox"/> 4. Use of Force - Mechanical	<input type="checkbox"/> 7. Accident - Sports Related
<input type="checkbox"/> 3. Altercation - Staff on Youth	<input type="checkbox"/> 4. Use of Force - Physical	<input type="checkbox"/> 8. Medical Restraints Related
<input type="checkbox"/> 3. Altercation - Youth on Staff	<input type="checkbox"/> 5. Intentional Self Injury	<input type="checkbox"/> 9. Other
<input type="checkbox"/> 3. Altercation - Youth on Youth	<input type="checkbox"/> 6. Horseplay	

**If "Other" is selected you must enter comments:**

Reported date of incident by youth:	Reported time of incident by youth: <input type="radio"/> AM <input type="radio"/> PM
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Reported location of incident by youth: Building Name or Grounds area:	Specific Area:
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**Youth reports the incident was: (check all that apply)**

<input type="checkbox"/> 1. Sex Related Conduct	<input type="checkbox"/> 4. Use of Force - Chemical	<input type="checkbox"/> 7. Accident - Non-Sports Related
<input type="checkbox"/> 2. Allegation of Abuse	<input type="checkbox"/> 4. Use of Force - Mechanical	<input type="checkbox"/> 7. Accident - Sports Related
<input type="checkbox"/> 3. Altercation - Staff on Youth	<input type="checkbox"/> 4. Use of Force - Physical	<input type="checkbox"/> 8. Medical Restraints Related
<input type="checkbox"/> 3. Altercation - Youth on Staff	<input type="checkbox"/> 5. Intentional Self Injury	<input type="checkbox"/> 9. Other
<input type="checkbox"/> 3. Altercation - Youth on Youth	<input type="checkbox"/> 6. Horseplay	<input type="checkbox"/> 10. N/A

**If "Other" is selected you must enter comments:**

<b>Name of other youths involved:</b>			<b>Name of staff involved:</b>	
Get Name	Enter Client ID	Youth Name (Last Name, First Name)		Staff Name (Last Name, First Name)
Other youths involved:			Other staff involved:	

## MEDICAL NOTES

**SUBJECTIVE (Youth's complaint and description of incident)**

**OBJECTIVE (Medical personnel's description of physical presentation)**  No observable injury  
**Specific Injury:**      **Objective Description:**

**ASSESSMENT (Medical examination pertinent findings)**  No pertinent findings  
**Pertinent Findings:**      **Assessment Description:**

**PLAN (Medical treatment to be rendered, if any and follow-up planned)**  Referred for Physician Assessment  
 No physician follow-up necessary

**Check all findings that apply based on the above assessment:**  
**Reportable Injury:**  
 Injury that threatens life or limb (Category A)       Severely restricts usual activities (Category B)  
 Requires urgent treatment by a doctor (Category B)       Requires follow-up by doctor (Category C)

**Waiting for Medical Determination:**     Yes     No

<b>Mental Health Counselor Notified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, time of Notification:</b> <input type="radio"/> AM <input type="radio"/> PM <b>Name:</b>
<b>Physician Notified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, time of Notification:</b> <input type="radio"/> AM <input type="radio"/> PM <b>Name:</b>
<b>Transport to Hospital:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Photographs Taken by Medical Staff:  Yes  No

<b>Does Examiner have cause to believe any of the following existed in this incident?</b>			
Neglect	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sexual activity between at least two people, one of whom is a juvenile	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excessive use of force	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of chemical restraint	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes to any of the above IS must be notified.)			

IS Hotline call offered to youth	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS Hotline used by the youth at exam	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS Hotline notified by healthcare staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date & Time of Notification	<input type="radio"/> AM <input type="radio"/> PM

<b>Does any of the above meet Mandatory Report (i.e. OCS) requirements of the Louisiana Children's Code, which states, "any mandatory reporter who has cause to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect or that abuse or neglect was a contributing factor in a child's death shall report...(LA Children's Code Art 609.)"</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, date/time of verbal report</b>	<input type="radio"/> AM <input type="radio"/> PM

Offender Examined by: First Name: Last Name: Title:

### FOLLOW-UP INFORMATION

Patient Name:	Patient #:	Time:	Date of Birth:	Today's Date:
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Date of Original A&I:	Time of Original A&I:
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Date of Follow-Up:	Time of Follow-Up: <input type="radio"/> AM <input type="radio"/> PM
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Follow-Up Exam Results/Other Report:
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Required(s) overnight hospital stay: <input type="checkbox"/> Yes <input type="checkbox"/> No
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