

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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Institution:			
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:

Name of other youths involved:			Name of staff involved:	
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

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

Photographs Taken by Medical Staff: Yes No

Does Examiner have cause to believe any of the following existed in this incident?			
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

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.)"	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date/time of verbal report	<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:

Required(s) overnight hospital stay: <input type="checkbox"/> Yes <input type="checkbox"/> No
