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

Date of Exam:	Time of Exam: AM PM

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)	Ambulatory Carried

Escort/Security Officer reports the incident was: (check all that apply)

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

If "Other" is selected you must enter comments:

Reported date of incident by youth:	Reported time of incident by youth: AM PM

Reported location of incident by youth:

Building Name or Grounds area: **Specific Area:**

Youth reports the incident was: (check all that apply)

- 1. Sex Related Conduct
- 2. Allegation of Abuse
- 3. Altercation - Staff on Youth
- 3. Altercation - Youth on Staff
- 3. Altercation - Youth on Youth
- 4. Use of Force - Chemical
- 4. Use of Force - Mechanical
- 4. Use of Force - Physical
- 5. Intentional Self Injury
- 6. Horseplay
- 7. Accident - Non-Sports Related
- 7. Accident - Sports Related
- 8. Medical Restraints Related
- 9. Other
- 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: ☐ Yes ☐ No	**If yes, time of Notification:** ☐ AM ○ PM **Name:**
Physician Notified: ☐ Yes ☐ No	**If yes, time of Notification:** ☐ AM ☐ PM **Name:**
Transport to Hospital: ☐ Yes ☐ No	

Photographs Taken by Medical Staff: ☐ Yes No

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

IS Hotline call offered to youth	Yes No
IS Hotline used by the youth at exam	Yes ☐ No
IS Hotline notified by healthcare staff	☐ Yes No
Date & Time of Notification	AM 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.)" ☐ Yes ☐ No

If yes, date/time of verbal report ○ AM ○ PM

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

FOLLOW-UP INFORMATION

Patient Name:	Patient #:	Time:	Date of Birth:	Today's Date:

Date of Original A&I:	Time of Original A&I:

Date of Follow-Up:	Time of Follow-Up: AM PM

Follow-Up Exam Results/Other Report:

Required(s) overnight hospital stay: Yes No