

# Behaviour of Concern Incident Report Form

Client Name: _____	Date of Incident: _____
Reporter Name: _____	Time of Incident: _____
Location of Incident: _____	Witness: _____

## CLASSIFICATION OF BEHAVIOUR

**BEHAVIOUR OF CONCERN (may include but is not limited to)**

<input type="checkbox"/> Temper Outburst	<input type="checkbox"/> Physical Aggression to Property	<input type="checkbox"/> Breaking Laws
<input type="checkbox"/> Verbal Aggression	<input type="checkbox"/> Self-Injury	<input type="checkbox"/> Absent Without Leave
<input type="checkbox"/> Threats / Intimidation	<input type="checkbox"/> Breaking Policies	<input type="checkbox"/> Inappropriate Sexual Behaviour
<input type="checkbox"/> Physical Aggression to Others	<input type="checkbox"/> Other: _____	

**REASON EMERGENCY HANDLING / RESTRICTIVE APPROACH WAS USED (may include but is not limited to)**

<input type="checkbox"/> Defense from Self Injury	<input type="checkbox"/> Defense of Third Person	<input type="checkbox"/> Self Defense	<input type="checkbox"/> Defense of Property
<input type="checkbox"/> Other: _____			

## RELEVANT SETTING CONDITIONS/ EVENT(S)

**What factor(s) set the stage/influenced the Behavior of Concern to possibly occur?**  
 (e.g. Weather, Temperature, Crowded, Noisy, Schedule Change, Bus Late, Routine Changed, Client was: Tired, Hungry, Sad,)

This is for writing out prior precipitating factors that may have influenced the person's behaviour. This is the stuff that happened before Horizons Centre, or before the program, or 20 minutes before the actual triggering antecedent. This may also be environmental factors that played a part – e.g. mowing in 28-degree heat for 2 hours, lots of noise for someone who is easily distracted.

## DESCRIPTION OF INCIDENT (Antecedent, Behaviour, Consequence)

Write out a chronological description of the incident. (Attach another page if more room is needed.)  
 It must include the following:

- What happened just prior to the incident (Antecedent)** *What triggered the behavior? (e.g. Were they possibly responding to, something they saw or heard? Was it something happening between them and someone else?)*
- Describe the incident (Behavior)** *What did it look like? – Operational Definition – This needs to be descriptive enough that the reader would be able to act it out after reading.*
- What happened immediately after the behaviour (Consequence)** *What was the result of the action? (e.g. Did the person leave the room? Did everybody stop and stare at them? Did anyone get hurt? Did staff address the situation with them? If so what did these things look like.)*
- Immediate Follow Up Conversations with Staff**

Use staff members' names, use Client A, Client B, etc. for other clients involved (names are to be documented on *Involved Other Incident Confidentiality Form*).

This is where we are looking for the ABC of the incident

A – Antecedent – What happened just prior to the incident? (Trigger) – What was the person possibly responding to? Was it something happening between them and someone else? Something they saw? Heard?

B – Behaviour – What did it look like? – Operational Definition – This needs to be descriptive enough that the reader would be able to act it out after reading. For example, saying "Bob threw a book" can mean a lot of things. "While making a grunting noise, Bob threw a book across the table, with the book landing on the table and making a light slapping noise on impact." Means something very different than: "Bob threw a book hard across the canteen, missing Client A by approximately 6 inches in front of their face and hitting the wall with a loud slam, bending the cover of the book in half."  
 The same applies to words such as angry, aggression, scared, sad, etc. What were they displaying that made you think they felt that way?

C – Consequence – What was the result of the action? Did the person leave the room? Did everybody stop and stare at them? Did anyone get hurt? Did staff address the situation with them? If so what did these things look like. Immediate follow up conversations with staff would go here, not on the next page, as they are a direct result of the incident.

We need enough details to determine the consequence level of the incident. Someone being pushed is a different level of concern if they were lightly shoved or pushed so hard they fell and broke their wrist.

Reporting Staff Signature	HC Behavior Supports Committee Review Date: _____
---------------------------	--

# Behaviour of Concern Incident Report Form

## COORDINATOR / DESIGNATE USE – FOLLOW UP

After the client has returned from tension reduction to their normal level write out any discussion (including any differences in the client's account of events from the staff member's account) **Do not leave blank.** If no discussion, why?

This section is for the follow up that is done AFTER the person has calmed down, emotionally and physically. This may be more than a day later even.

This is usually done by the coordinator.

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Coordinator / Designate

## BEHAVIOURAL REVIEW COMMITTEE USE ONLY

Specific Behaviour of Concern Being Rated: Write the behaviour similar to an operational definition. e.g. not "physical aggression" but client was walking down the hall and for no apparent reason pushed a peer.

This event was:  Anticipated  Unanticipated

Rate the Intensity (Consequence) of the Behaviour  
 5 ----- 4 ----- 3 ----- 2 ----- 1 Circle One

- 5: Catastrophic - Consequences extensive and irreversible; death or permanent disability; imminent lawsuit; financial and political ramifications for the agency
- 4: Major - Could result in end of service for client, charges laid and possible incarceration, loss of time injuries to others, possibility of lawsuits with financial and political ramifications for the agency, significant property or monetary loss
- 3: Moderate - Management and review of behaviour interventions, extensive repair or replacement to property, some monetary loss or damage to the agency's reputation, For Client: major soft tissue injury, social isolation, loss of job
- 2: Minor - Consequences could be dealt with at the frontline of support, nuisance injuries, inconveniences, delays, negative attention, straining of relationships, running out of funds, could be stressful to staff and other clients
- 1: Insignificant - Consequences dealt with through normal operations, are self-resolving or can be ignored without any additional programming or costs

### Scale for Anticipated Reoccurrence

- 91% - 99% Almost Certain  Event has occurred several times in the past and is expected to re-occur
- 66% - 90% Likely  Event has occurred several times in the past and will probably re-occur
- 26% - 65% Conceivable  Event has occurred in the past and may or may not re-occur
- 6% - 25% Rare  First time event has occurred and may re-occur given exceptional circumstances
- 0% - 5% Unlikely  First time event has occurred and is not likely to ever re-occur

### Results of Behaviour

This behaviour resulted in: The "what" of the behaviour

We hypothesize that the function of this behaviour was: The "why" of the behaviour

The two of these may not be related. (e.g. the client banged their head resulting in staff attention, but from experience we believe that they do not want attention from the behaviour.

**RECOMMENDATIONS FOR PREVENTION OF FURTHER INCIDENTS:** (are there any antecedents, consequences, reinforcers, etc. that we should note to monitor for future incidents)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## MANAGEMENT REVIEW

Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTACT INFORMATION

If the incident required immediate contact or follow up with any of the following, please indicate the name of the contact and the time and date that the contact was made:

	Name	Notified	Date	Copy Sent	Date
Emergency Services:	_____	_____	_____	_____	_____
Program Coordinator:	_____	_____	_____	_____	_____
Program Director:	_____	_____	_____	_____	_____
Executive Director:	_____	_____	_____	_____	_____
Case Worker:	_____	_____	_____	_____	_____
Parent/Guardian:	_____	_____	_____	_____	_____
Caregiver:	_____	_____	_____	_____	_____
Other (Please specify):	_____	_____	_____	_____	_____