

Safety-Care™ Injury Reporting Form

Instructions: Fill out this form after any incident in which an injury requiring professional medical treatment occurred during the performance of any Safety-Care physical skill. Complete the form and send it to QBS. Fax to (508) 429-9212, mail to 257 Turnpike Rd., Suite 320, Southborough MA 01772, or scan and email to info@qbscompanies.com.

Name of person making this report _____

Organization _____

Title _____ Phone _____ Email _____

Date of Incident _____ Time of Incident _____ AM/PM Date of Report _____

Who was injured? (check all that apply)

- Injury to staff in training injury to staff during implementation
 Injury to person served Age _____ Gender M F

Briefly describe the incident _____

Briefly describe the injury and treatment required _____

Safety-Care physical procedures used at time of injury (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Elbow check | <input type="checkbox"/> Safety Stance | <input type="checkbox"/> Supportive Guide |
| <input type="checkbox"/> Protective Stance | <input type="checkbox"/> Safety Shuffle | <input type="checkbox"/> Shoulder Check |
| <input type="checkbox"/> Wrist Release | <input type="checkbox"/> Stripping a Grab | <input type="checkbox"/> Hair Pull Release |
| <input type="checkbox"/> Choke Release | <input type="checkbox"/> Bite Release | <input type="checkbox"/> 1-Person Stability Hold |
| <input type="checkbox"/> 2-Person Stability Hold | <input type="checkbox"/> Forward Escort | <input type="checkbox"/> Reverse Escort |
| <input type="checkbox"/> Seated Stability Hold | <input type="checkbox"/> Chair Stability Hold | <input type="checkbox"/> Leg Wrap |
| <input type="checkbox"/> Other _____ | | |

(Check one) All involved staff (did / did not) have up to date certification in Safety-Care.
If not, please explain: _____

(Check one) All procedures used correctly/ Some procedures used incorrectly.
If incorrectly, please describe _____

Notes (attach additional sheets if necessary) _____

