

Incident Reports Treatment Integrity Checklist

Date:	Observed:	<input type="checkbox"/> Role play <input type="checkbox"/> Client Initials _____
Duration:	Observer:	

General Procedures

IRs written within 12 hours of incident	Y/ N	Feedback:
ST notified consistently when an IR is written	Y/ N	
Score /2		

Note Review

Randomly select 3 Incident Reports from Oasiis and document their score based on the following criteria.

Report 1 Date		Report 1 Date		Report 1 Date	
Approx. time and location included	Y/ N	Approx. time and location included	Y/ N	Approx. time and location included	Y/ N
Clear antecedents	Y/ N	Clear antecedents	Y/ N	Clear antecedents	Y/ N
Use of client and staff initials	Y/ N	Use of client and staff initials	Y/ N	Use of client and staff initials	Y/ N
Written in 3 rd person	Y/ N	Written in 3 rd person	Y/ N	Written in 3 rd person	Y/ N
Objective and descriptive	Y/ N	Objective and descriptive	Y/ N	Objective and descriptive	Y/ N
Include parties notified	Y/ N	Include parties notified	Y/ N	Include parties notified	Y/ N
If Applicable					
Body sketch/images	Y/ N	Body sketch/images	Y/ N	Body sketch/images	Y/ N
Identifies and describes first-aid procedures used	Y/ N	Identifies and describes first-aid procedures used	Y/ N	Identifies and describes first-aid procedures used	Y/ N
Note less intrusive interventions used	Y/ N	Note less intrusive interventions used	Y/ N	Note less intrusive interventions used	Y/ N
Type, duration and level of hold used	Y/ N	Type, duration and level of hold used	Y/ N	Type, duration and level of hold used	Y/ N
Score					/ .

Percentage Score	(Score 1+2/ Total 1+2) x 100		
Next Steps Based on Performance			
80 – 100 % Meets Expectations	70 – 79% Satisfactory	50 – 69% Requires BST Training <i>New Hires: up to 2 more BSTs</i>	< 50% Learning Plan Needed <i>New Hires: up to 3 BSTs</i>

Observer Signature _____

IT Signature _____