

Department of Education

72-HOUR SENTINEL EVENT REPORT

Sentinel Event: A sentinel event is an occurrence involving serious physical and/or psychological harm or the risk thereof.

A separate form is required for each singular event within **72 hours** of event occurrence. **Copy to building principal and fax to appropriate District Educational Specialist. Pages 1 and 2 to be completed by person witnessing event.**

District: Honolulu **Complex:** Farrington **School:** Kalihi Elementary
Phone: (808) 847-7700 **Reported by:** Kalei Aloha **Date Reported:** 04/17/09
Level of Service: (check one):

- Early Intervention (Level 3)
- Specialized Services (Level 4 - not CBI)
- Specialized Services (Level 4 - CBI)
- Intensive Services (Level 5 - with DOH)
- Intensive Services (Level 5 - Other Skills Trainer)
- Other _____

Student's Last Name: Rich **Student's First Name:** Wallace
Student ID#: 2009118402 **DOB:** 11/5/1996 **Event Date:** 04/17/09 **Time:** 12:00 P. M.
Student Services Coordinator: Fran Johnson **Behavioral Specialist:** BISS – Dr. James Chock
 Care Coordinator Notified of Event Personal Notification of Parent or Legal Guardian

DESCRIPTION OF EVENT

A.	<i>Describe the location and scene (what activity student(s) engaged in):</i> The class took a field trip to Kapiolani Park. At the park the students were asked to participate in running relays and then given free time to play w/peers. My client didn't want to participate due to (parent request) wheezing and asthma condition. Teacher told us to sit in designated area and told client he could play with Nintendo game and another male students RJ
B.	<i>Summarize what occurred (attach additional sheet if necessary):</i> Client was seated on mat, in designated area. RJ was seated next to him and playing with him. ST was asked by client and teacher to sit at opposite end of designated area – about 20 feet from client. ST could only see client but not hear him talk because of noisy area and car passing by in nearby street area.
C.	<i>Precipitating Factors/Antecedents: (What happened prior to this event?)</i> From afar children appeared to enjoy each other/fun. After 5 minutes (11:55am), student RJ approached teacher, Ms. Kim (who was next to me) crying. He said Wally hit him. Teacher asked client to come to her and began questioning him. She said "why did you hit RJ?" Client replied "he pinched me first". Teacher started to tell him that was wrong to hit RJ. Client stomped his right leg on ground and then turned his back to teacher. He began to walk away from the teacher to bus area. I, ST was going to chase after client – but teacher told me not to at 1 st . The teacher called to client 2 more times, asking him to come back – but he ignored her. At that point teacher asked ST for help - Using a loud voice I asked Wally politely to stop walking and he didn't. I ran towards him and put my body in the walking path between him and the bus. I stood in front of him and again asked him to stop walking and go back to teacher. Client stopped walking; he threw down his Nintendo. He looked at me and then spit in my face. As I turned away to protect my eyes - he began kicking both my legs (knee area). I staggered for a few second and yelled at him to STOP now. The teacher and EA came over to stop him, but before they could block him out he punched me 2 times in the chest and head butted me in the lip and poked me in my right eye. It took about 3 minutes (3 adults) to control his attack and we had him sit down. The teacher took over the situation, explained to Wally what he did in attacking me, ST, was wrong. Teacher told him she was going to phone principal and mom right now to let them know what he had done. Teacher called principal on phone to advise. Principal asked teacher to call mother and have mom come to park and pick him up immediately. ST given medical attention from EA. Principal request that I go to Emergency. to check on injuries, especially eye.
D.	<i>Names/titles of participants engaged in this event (submit separate report for other student involved):</i> Ms. Kim, teacher, Ms. Kalei Aloha, Substitute Skills Trainer, Mr. Tanuvasa, Principal and two Skills Trainers (Jeff and Josie) , EA (Joan), other male peer (RJ)
E.	<i>Any type of follow-up planned for staff or student witnesses affected by event:</i> I received a bruised lip, a little blood came out that was caused by Wally's head butt. I also received a small ½ inch cut in corner of right eye. My eye hurt very much and I had difficulty removing my contact lens (which ripped in eye) I also had a 2 inch round dark bruise on left knee area and 2 half dollar size red/bruising mark on right chest area. Had moderate headache for 3 hours after attack. Principal had to take me to Straub Emergency Hospital once parent arrived to pick up client (around 12:30pm).
F.	<i>How did event end (status of student/staff)?:</i> Principal Tanuvasa arrived to the park within 15 minutes of reporting incident. He interviewed client and 2 other students. Principal learned from witnesses that actually student (peer) R.J had reached under back of client's shirt and pinched him really hard. Client told him to stop, but R.J. pinched client again. Client hit RJ on top of head. Principal explained to client that R.J. was wrong to have pinched him. But still client wrong to hurt ST and not listen to Mrs. Kim's direction. Client stomped right foot on ground and sat down on ground for 5 minutes. He then stood up and came to ST and teacher and apologized and gave me a hand shake. Mother arrived at 12:30pm to pick up client from park. Principal advised that Wally could not return to school for remainder of day. Parent to meet with principal tomorrow at 9a.m. And client suspended for 1 day until further notice.

SAMPLE
DOE 72-HOUR SENTINEL EVENT REPORT
EVENT CODES

STUDENT ID#: 2009118402

Client W. Rich

G. Check all that apply (*indicates reporting required for out-of-home placements):

STUDENT EVENTS

<u>Person Directed --Student is the perpetrator</u>		<u>Self-Injury</u>	
1	<input type="checkbox"/> *Sexually Inappropriate Behavior -- consensual, while in out-of-house placement	18	<input type="checkbox"/> Refusal of Medical Treatment
2	<input type="checkbox"/> Sexually Inappropriate Behavior -- non-consensual	19	<input type="checkbox"/> *Medication Refusal-while in out-of-home placement
3	<input type="checkbox"/> Threat of Harm	20	<input type="checkbox"/> Suicidal Ideation
4	<input checked="" type="checkbox"/> Physical Assault I	21	<input type="checkbox"/> Suicidal Threat - verbal or gestural
5	<input type="checkbox"/> Physical Assault II - homicidal intent or potentially fatal	22	<input type="checkbox"/> Non-Lethal Injury - minor attention needed
6	<input type="checkbox"/> Homicide	23	<input type="checkbox"/> Non-Lethal Injury - medical attention needed
7	<input type="checkbox"/> Sexual Assault I	24	<input type="checkbox"/> Potentially Lethal Injury or Hospitalization
8	<input type="checkbox"/> Sexual Assault II - penetration through coercion or threat of force	25	<input type="checkbox"/> Suicide
9	<input checked="" type="checkbox"/> NOS/Other: <u>Client hit ST on head and knees because angry</u>	26	<input type="checkbox"/> NOS/Other: _____
<u>Substance Use</u>		<u>Escape or Avoidance Behavior</u>	
10	<input type="checkbox"/> *Tobacco -- while in out-of-home placement	27	<input type="checkbox"/> Runaway-while in family or out-of-home placement
11	<input type="checkbox"/> Alcohol or Other Irregular use of Chemicals	28	<input type="checkbox"/> *Elopement-while in out-of-home placement
12	<input type="checkbox"/> Accidental Overdose (intentional is coded as self-injury)	29	<input type="checkbox"/> NOS/Other: _____
13	<input type="checkbox"/> NOS/Other: _____	<u>Aberrant Behavior</u>	
<u>Property Directed</u>		30	<input type="checkbox"/> Aberrant Behavior - active psychosis
14	<input type="checkbox"/> Theft	31	<input type="checkbox"/> NOS/Other: _____
15	<input type="checkbox"/> Destruction/Assault of Property	<u>Allegations-made only by student with po witnesses</u>	
16	<input type="checkbox"/> Possession of Weapons or Hazardous Items	32	<input type="checkbox"/> Verbal Abuse of Student by Staff
17	<input type="checkbox"/> NOS/Other: _____	33	<input type="checkbox"/> Physical Abuse of Student by Staff
		34	<input type="checkbox"/> Physical Abuse of Student by Non-Agency Individual
		35	<input type="checkbox"/> Sexual Abuse of Student by Staff
		36	<input type="checkbox"/> Sexual Abuse of Student by Non-Agency Individual
		37	<input type="checkbox"/> Fighting/Bullying/Assault of Student by Peer
		38	<input type="checkbox"/> NOS/Other: _____

INSTITUTIONAL EVENTS

<u>Person Directed - Student is the victim</u>		<u>Student Injury</u>	
39	<input type="checkbox"/> Student assaulted or Injured by Peer - medical attention needed	54	<input type="checkbox"/> Non-Agency Medication Error
40	<input type="checkbox"/> Student Sexually Assaulted by Peer	55	<input type="checkbox"/> Staff Medication Error
41	<input type="checkbox"/> Student Assaulted or Injured by Non-Agency Adult - minor	56	<input type="checkbox"/> Student Injured --required medical attention
42	<input type="checkbox"/> Student Assaulted or Injured by Non-Agency Adult - medical attention needed	57	<input type="checkbox"/> Student Injured - requiring hospitalization
43	<input type="checkbox"/> Student Sexually Assaulted by Non-Agency Adult	58	<input type="checkbox"/> Death of a Student
44	<input type="checkbox"/> NOS/Other: _____	59	<input type="checkbox"/> NOS/Other: _____
<u>Interventions</u>		<u>Staff Injury</u>	
45	<input checked="" type="checkbox"/> Restraint-physical hold or escort duration: Note: I have attended a Nonviolent Crisis Intervention Training. _____	60	<input type="checkbox"/> Staff Injured -- requiring minor attention
46	<input type="checkbox"/> Restraint-mechanical duration: _____	61	<input checked="" type="checkbox"/> Staff Injured - requiring medical attention
47	<input type="checkbox"/> Restraint-medical, name of med: _____	62	<input type="checkbox"/> Staff Injured During Seclusion or Restraint - requiring minor attention
48	<input type="checkbox"/> Medication used for Control -- name of med: _____	63	<input type="checkbox"/> Staff Injured During Seclusion or Restraint - requiring medical attention
49	<input type="checkbox"/> Hospitalization	64	<input type="checkbox"/> NOS/Other: _____
50	<input type="checkbox"/> Seclusion - duration	<u>Allegations-Corroborated by a person other than a student</u>	
51	<input type="checkbox"/> Police Called	65	<input type="checkbox"/> Verbal Abuse
52	<input type="checkbox"/> Criminal Charges Filed or Arrest	66	<input type="checkbox"/> Physical Abuse of Student by Staff
53	<input type="checkbox"/> NOS/Other: _____	67	<input type="checkbox"/> Physical Abuse of Student by Non-Agency Individual
		68	<input type="checkbox"/> Sexual Abuse of Student by Staff
		69	<input type="checkbox"/> Sexual Abuse of Student by Non-Agency Individual
		70	<input type="checkbox"/> Fighting/Bullying/Assault of Student by Peer
		71	<input type="checkbox"/> NOS/Other: _____

SAMPLE

FOLLOW-UP, ANALYSIS AND ACTION PLAN

STUDENT ID#: 2009118402

Client: **W. Rich**

H.	<p><u>Additional post event comments:</u> ST went to Straub Emergency. Dr. and checked bruises and eye. Had some dirt/debris in eye and bruised socket. Dr. prescribed antibiotic and eyewash. Said ST unable to wear contacts 3 days and should stay home from work 1 day. Client suspended for at least 1 day. When client apologized to ST and teacher, it was done w/no remorse. Client in fact was laughing. ST called HBH Agency at 12:30pm to advise of situation. Left message for BISS – Dr. Chock (voicemail) on what has happened.</p>
I.	<p><u>Root causes hypothesized: (Intrinsic to youth? External-environmental, staff, etc.?):</u> Client felt no one believed he was innocent, so attacked 1st person who would not allow him to have his way. Client felt no one believed him, that RJ instigated scuffle. Client doesn't realize that all his because he lies so much, others don't believe/trust him even if he is telling the truth.</p>
J.	<p><u>Could this event have been avoided? How?</u> Yes, Staff should have briefed Substitute ST prior to services on client bad behaviors. Teacher should have had ST stay closer to client and RJ in designated area, so ST could hear and see what they were doing. ST may have picked up on conversation that RJ was pinching client 1st.</p>
K.	<p><u>Specific changes planned or implemented regarding the student's treatment plan, staff, program, physical structure, operations, etc. to reduce the probability of reoccurrence (include results of both debriefing sessions):</u></p> <ul style="list-style-type: none"> ➢ There needs to be stronger reward and consequence program in place when dealing with client behaviors. ➢ Need to update Behavioral Support Plan. <p>Check all that apply and provide additional written explanation below:</p>

- | | | | | | |
|----|-------------------------------------|--|-----|--------------------------|--|
| 01 | <input checked="" type="checkbox"/> | Repeat Occurrence -Heighten Monitoring | 010 | <input type="checkbox"/> | Appointment with Primary Care Physician |
| 02 | <input checked="" type="checkbox"/> | Multiple Repeat Occurrence - Address in Treatment Plan | 011 | <input type="checkbox"/> | Appointment with Psychiatrist |
| 03 | <input type="checkbox"/> | 1:1 Monitoring by Staff, duration: _____ | 012 | <input type="checkbox"/> | Consult with Doctor Regarding Medication |
| 04 | <input checked="" type="checkbox"/> | Therapist Notified | 013 | <input type="checkbox"/> | Consult Program RN |
| 05 | <input checked="" type="checkbox"/> | Schedule Treatment Team Meeting | 014 | <input type="checkbox"/> | Medical Attention Needed |
| 06 | <input type="checkbox"/> | Assessment Scheduled | 015 | <input type="checkbox"/> | Admin Review of Policy and Procedures |
| 07 | <input type="checkbox"/> | Room Change | 016 | <input type="checkbox"/> | Programmatic Changes Made |
| 08 | <input type="checkbox"/> | Detained at Correctional Facility | 017 | <input type="checkbox"/> | Staff Training Scheduled |
| 09 | <input type="checkbox"/> | Probation Officer Notified | 018 | <input type="checkbox"/> | Police Report Made |
| | | | 019 | <input type="checkbox"/> | CPS Report Made |

NARRATIVE:

Print Name: **Kalei Aloha**

Signature: _____

Date: **04/17/09**

Title: **Hawaii Behavioral Health – Skills Trainer**

Note: Names/places/events are not real – they are for SAMPLE purposes only.