

State of Hawai'i  
Department of Education

Log Number	Level
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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: \_\_\_\_\_ Complex \_\_\_\_\_ School: \_\_\_\_\_  
Phone: \_\_\_\_\_ Reported by: \_\_\_\_\_ Date Reported: \_\_\_\_\_  
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 \_\_\_\_\_)
- Other \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_  
Student ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ Event Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Student Services Coordinator: \_\_\_\_\_ Behavioral Specialist: \_\_\_\_\_  
 Care Coordinator Notified of Event  Personal Notification of Parent or Legal Guardian

**DESCRIPTION OF EVENT**

A. <u>Describe the location and scene (what activity student(s) engaged in):</u>
B. <u>Summarize what occurred (attach additional sheet if necessary):</u>
C. <u>Precipitating Factors/Antecedents: (What happened prior to this event?)</u>
D. <u>Names/titles of participants engaged in this event (submit separate report for other student involved):</u>
E. <u>Any type of follow-up planned for staff or student witnesses affected by event:</u>
F. <u>How did event end (status of student/staff)?:</u>

**DOE 72-HOUR SENTINEL EVENT REPORT  
EVENT CODES**

STUDENT ID#: \_\_\_\_\_

**Client:**

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

**STUDENT EVENTS**

<b><u>Person Directed --Student is the perpetrator</u></b>		<b><u>Self-Injury</u></b>	
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 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 type="checkbox"/> NOS/Other: _____	26	<input type="checkbox"/> NOS/Other: _____
<b><u>Substance Use</u></b>		<b><u>Escape or Avoidance Behavior</u></b>	
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: _____		
<b><u>Property Directed</u></b>		<b><u>Aberrant Behavior</u></b>	
14	<input type="checkbox"/> Theft	30	<input type="checkbox"/> Aberrant Behavior - active psychosis
15	<input type="checkbox"/> Destruction/Assault of Property	31	<input type="checkbox"/> NOS/Other: _____
16	<input type="checkbox"/> Possession of Weapons or Hazardous Items		
17	<input type="checkbox"/> NOS/Other: _____	<b><u>Allegations-made only by student with po witnesses</u></b>	
		32	<input type="checkbox"/> Verbal Abuse of Student by Staff
		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**

<b><u>Person Directed - Student is the victim</u></b>		<b><u>Student Injury</u></b>	
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: _____
<b><u>Interventions</u></b>		<b><u>Staff Injury</u></b>	
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 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		
51	<input type="checkbox"/> Police Called	<b><u>Allegations-Corroborated by a person other than a student</u></b>	
52	<input type="checkbox"/> Criminal Charges Filed or Arrest	65	<input type="checkbox"/> Verbal Abuse
53	<input type="checkbox"/> NOS/Other: _____	66	<input type="checkbox"/> Physical Abuse of Student by Staff
		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: _____

**DOE 72-HOUR SENTINEL EVENT REPORT  
FOLLOW-UP, ANALYSIS AND ACTION PLAN**

STUDENT ID#: \_\_\_\_\_

**Client:** \_\_\_\_\_

<b>H.</b>	<u>Additional post event comments:</u>
<b>I.</b>	<u>Root causes hypothesized: (Intrinsic to youth? External-environmental, staff, etc.):</u>
<b>J.</b>	<u>Could this event have been avoided? How?</u>
<b>K.</b>	<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>

**Check all that apply and provide additional written explanation below:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>01 <input type="checkbox"/> Repeat Occurrence -Heighten Monitoring</li> <li>02 <input type="checkbox"/> Multiple Repeat Occurrence - Address in Treatment Plan</li> <li>03 <input type="checkbox"/> 1:1 Monitoring by Staff, duration: _____</li> <li>04 <input type="checkbox"/> Therapist Notified</li> <li>05 <input type="checkbox"/> Schedule Treatment Team Meeting</li> <li>06 <input type="checkbox"/> Assessment Scheduled</li> <li>07 <input type="checkbox"/> Room Change</li> <li>08 <input type="checkbox"/> Detained at Correctional Facility</li> <li>09 <input type="checkbox"/> Probation Officer Notified</li> </ul> | <ul style="list-style-type: none"> <li>010 <input type="checkbox"/> Appointment with Primary Care Physician</li> <li>011 <input type="checkbox"/> Appointment with Psychiatrist</li> <li>012 <input type="checkbox"/> Consult with Doctor Regarding Medication</li> <li>013 <input type="checkbox"/> Consult Program RN</li> <li>014 <input type="checkbox"/> Medical Attention Needed</li> <li>015 <input type="checkbox"/> Admin Review of Policy and Procedures</li> <li>016 <input type="checkbox"/> Programmatic Changes Made</li> <li>017 <input type="checkbox"/> Staff Training Scheduled</li> <li>018 <input type="checkbox"/> Police Report Made</li> <li>019 <input type="checkbox"/> CPS Report Made</li> </ul> |
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**NARRATIVE:**

Print Name: \_\_\_\_\_ Agency & Title: Hawaii Behavioral Health \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_