

Incident Reporting Tips

The goal is that people are safe and others who need to be involved (e.g. police) are promptly notified, as required. When a person may be at risk, it is not prudent for the Administration (DDA, OHCQ, and SMA) to wait 10 days for the agency to submit the AIR. When drafting an incident report, please complete all sections of the report—especially the narrative sections, as thoroughly as possible.

Abuse and Neglect: Include in the narrative the immediate actions taken to ensure the affected individual(s) health and safety and any systemic measures taken emergently to protect all individuals supported by your agency. In addition, indicate how the safety of the affected individual(s) will be maintained during the agency internal investigation and if law enforcement or other authorities have indicated the agency should not begin or continue an internal investigation. Include answers to the following:

- Were the police notified? If yes, please include the police information (name, badge, report #.)
- If applicable, were APS/CPS notified? If yes, please provide name and office that was contacted.
- Indicate how the safety of the individual will be maintained during the investigation

Choking: Does the individual have a history of choking or on a specialized diet?

Death: In the location section, please indicate the exact location, i.e. Lorian Nursing Home, Suburban Hospital, etc. This will aid OHCQ in obtaining information related to the death without requiring further effort on the agency's part.

Diagnoses: Please include a short synopsis of the individuals' somatic and mental health diagnoses, especially if they are pertinent to the reported incident. Do not use acronyms, and if an individual has a rare diagnosis, a short description is helpful in determining the need for further investigation.

Emergency Services Information: Whenever law enforcement, fire, emergency medical personnel are called to the scene, please indicate the emergency personnel's name and provide the report number. If possible, scan and e-mail the report to OHCQ and DDA with an e-mail subject line denoting it's attachment to the submitted incident.

Hospitalizations: If the unplanned hospital admission was a **Psychiatric admission** please make this clear on your report. Also include:

- What was the admitting diagnosis or rule out diagnosis?
- Does the individual have a psychiatric history, psychiatric diagnosis or on psychiatric medications?
- Name of Hospital

Inappropriate/ Unauthorized Use of Restraints: This includes physical, mechanical and chemical restraints. Please address, as applicable:

- Does the individual have a BP?
- Will the team be convened within 5 calendar days to review the situation & action taken?
- Is development of a BP necessary?
- What restraint was utilized?
- Is the behavior targeted in the BP?
- Who provided the chemical intervention?
- What medication was administered?
- What was the setting in which the intervention occurred?
- Purpose of intervention?
- Route of medication?

Initiation of Internal Investigation: Ensure that statements are obtained from any involved staff or witnesses as soon as possible after the incident. Inclusion of space on internal incident reports for multiple witness statements is recommended.

Injuries: Please list the applicable injury. If the injury is due to ingestion of dangerous object or ingestion of toxic substance, please also note the following:

- Does the individual have a history of pica?
- Does the individual have a BP which addresses pica?

Unexpected or Risky Absence: Please remember, *the unexpected or risky absence of any duration for an individual whose absence constitutes an immediate danger to that individual or others* is a reportable incident. Therefore, the unexpected absence of a person who has **no** unsupported time (as indicated in the IP or a conditional release) is reportable. An individual in the community subject to court orders may not have any unsupervised time. Please indicate in the narrative:

- Does the individual have any team- or court-approved unsupported or unsupervised time in the community?
- Were the police notified? If yes, send the police information.

Medication Errors: Please address:

- What medication/treatment was involved?
- Indicate when the delegating nurse was informed
- How will the safety of the individual be maintained during the investigation?

Other: This can include the following:

- **Three incidents (involving the same person) within a 4-week period:**
 - What were the other 2 incidents?
 - When did the other 2 incidents occur?
- **Suicide threat:**
 - Does the individual have a history of suicidal ideation?
 - If yes, how is it addressed, i.e. suicidal protocol, BP?
- **Suicide attempt:**
 - Does the individual have a history or family history of suicidal ideation/attempts?

- If yes, how is it addressed, i.e. suicidal protocol, BP?
- **An outbreak of a communicable disease:**
 - See <http://www.edep.org> regarding further reporting requirements.
- **Family/domestic issues that overflow into the community agency/SRC**

Questions from OHCQ or DDA: Please answer any questions posed by DDA or OHCQ as quickly as possible. The information contained in your initial report provides a basis for both OHCQ and DDA to determine the need for investigation or other follow-up. Incomplete information, inadequate follow-up information, or lack of responsiveness will engender the need for closer monitoring by DDA and increased on-site investigations by OHCQ in order to ensure the health and safety of the individuals supported by your agency.