

Appendix B – Incident Report

Incident #:

Effective Date:

Reporting on: <input type="checkbox"/> Adult										
Individual Name		Home/Unit		Date of Report	MM/DD/YY	Time of Report			am pm	
Date of Incident	MM/DD/YY	Date of Discovery	MM/DD/YY	Witnessed	<input type="checkbox"/>	By whom				
Time of Incident	am pm	Time of Discovery	am pm	Discovered	<input type="checkbox"/>					
Primary Location of Incident <i>(Ex: gym, home, etc.)</i>			Secondary Location of Incident <i>(Ex: bathroom, dining area, etc.)</i>							
Verbally Reported by		To Whom		On (date)	MM/DD/YY	At (time)			am pm	
TYPE OF INCIDENT - (Check ALL applicable boxes)										
OTHER										
<input type="checkbox"/> Other (Describe)			<input type="checkbox"/> Injury of Unknown Origin (Describe) An injury should be classified as an "injury of unknown origin" when both of the following conditions are met: a. The origin of the injury was not observed by any person or the source of the injury could not be explained by the individual; and b. The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed on one individual at one particular point in time or the incidence of injuries over time. (Note: Items on this form were generally found on facility incident reports, facilities can add Codes or other incidents if they want)							
<input type="checkbox"/>	Code A (Fire)	<input type="checkbox"/>	HIPAA Security Breach	<input type="checkbox"/>	Fire Dept.					
<input type="checkbox"/>	Code B (Staff Assistance Needed)	<input type="checkbox"/>	Missing Individual/Elopement	<input type="checkbox"/>	Law Enforcement					
<input type="checkbox"/>	Code C (Medical Emergency)	<input type="checkbox"/>	PICA	<input type="checkbox"/>	Duty to Warn					
<input type="checkbox"/>	Code D (Lethal Weapon)	<input type="checkbox"/>	Fall due to Seizure	<input type="checkbox"/>	Contraband					
<input type="checkbox"/>	Code E (Bomb Threat)	<input type="checkbox"/>	Fall due to Mobility	<input type="checkbox"/>						
AGGRESSIVE ACTS										
<input type="checkbox"/>	Para-Suicidal Behavior	<input type="checkbox"/>	Aggressive Act to Self							
<input type="checkbox"/>	Property Destruction	<input type="checkbox"/>	Aggression – Individual to Staff and/or Others							
<input type="checkbox"/>	Suicidal Behavior (Attempt)	<input type="checkbox"/>	Aggression – Peer to Peer							
ACCIDENTS										
<input type="checkbox"/>	Accidental Injury (Describe)									
MEDICAL / HEALTH / MEDICAL SAFETY										
<input type="checkbox"/>	Adverse Drug Reaction	<input type="checkbox"/>	Choking	<input type="checkbox"/>	Medical Equipment / Health Products					
<input type="checkbox"/>	Med Error Category = (D,E-I)	<input type="checkbox"/>	Mortality	<input type="checkbox"/>	Standard safety/infection control precautions					
<input type="checkbox"/>	Emergency Department (ER)	<input type="checkbox"/>	Hospital Admission–Emergent	<input type="checkbox"/>	Hospital Admission due to Behavior Event					
<input type="checkbox"/>	Other Medical/Health/Medical Safety (Describe)									
INDIVIDUAL'S RIGHTS										
Abuse <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Mental/Psychological					<input type="checkbox"/> Mistreatment					
Exploitation <input type="checkbox"/> Funds <input type="checkbox"/> Assets <input type="checkbox"/> Property					<input type="checkbox"/> Lower level of supervision than required					
<input type="checkbox"/>	Nutrition and hydration			<input type="checkbox"/>	Seclusion					
<input type="checkbox"/>	Safety from fire, smoke			<input type="checkbox"/>	Safety from environmental hazards					
<input type="checkbox"/>	Behavioral Restraint			<input type="checkbox"/>	Neglect					

Signature of Reporter		Date of Signature	MM/DD/YY
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Home/Unit		Name on Incident Report		Page 3
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MEDICAL ASSESSMENT – WRITE CLEARLY

Name on Incident Report/Aggressor <small>(Cross out aggressor if no aggressor)</small>	DATE of Assessment	MM/DD/YY	TIME of Assessment		<small>am</small> <small>pm</small>
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Body Part(s) Affected		INJURY: YES <input type="checkbox"/> NO <input type="checkbox"/>
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**### FOR INJURY ONLY ###
INJURY SEVERITY CODES**

	<input type="checkbox"/> S1	No Treatment	<input type="checkbox"/> S4	Hospitalization
	<input type="checkbox"/> S2	Minor First Aid	<input type="checkbox"/> S5	Death
	<input type="checkbox"/> S3	Medical Treatment	<input type="checkbox"/> S6	Refused Treatment

(See definitions of S codes)

Signature of Medical Person	<small>(Can put in signature of MD or RN if that is the medical person who will always do the assessment)</small>	Date of Signature	MM/DD/YY
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MEDICAL ASSESSMENT – WRITE CLEARLY

Victim <small>(Cross out Victim if no Victim)</small>	DATE of Assessment	MM/DD/YY	TIME of Assessment		<small>am</small> <small>pm</small>
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Body Part(s) Affected		INJURY: YES <input type="checkbox"/> NO <input type="checkbox"/>
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**### FOR INJURY ONLY ###
INJURY SEVERITY CODES**

	<input type="checkbox"/> S1	No Treatment	<input type="checkbox"/> S4	Hospitalization
	<input type="checkbox"/> S2	Minor First Aid	<input type="checkbox"/> S5	Death
	<input type="checkbox"/> S3	Medical Treatment	<input type="checkbox"/> S6	Refused Treatment

Signature of Medical Person		Date of Signature	MM/DD/YY

Home/Unit	Name on Incident Report	Page 4
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INCIDENT INVESTIGATION/FOLLOW-UP

INCIDENT INVESTIGATION MUST BEGIN IMMEDIATELY – WRITE CLEARLY

Investigation Started	Date:	Time:	am pm
If incident is peer to peer aggression with no or minor injury, complete All steps <i>Except #2 and #3</i> <u>AND</u> complete the Peer to Peer with No or Minor Injury Follow-up Form			

<p>1. Describe the immediate steps taken to SECURE THE SCENE.</p>	
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<p>2. Describe the activity at the time of the incident, including: intervention strategies used with the individual, precipitating event, early warning signs, staffing considerations, and staff actions relating to the incident.</p>	<p><u>If Incident is Peer to Peer Aggression with No or Minor Injury, Skip this Step.</u></p>
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<p>3. Summary of findings. Include a review of individual's relevant program plan and intervention strategies in comparison to the activities described in #2.</p>	<p><u>If Incident is Peer to Peer Aggression with No or Minor Injury, Skip this Step.</u></p>
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<p>4. Conclusions</p>	
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<p>5. Recommendations</p>	
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Investigation Completed	Date:	Time:	am pm
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Signature of Person Completing Investigation	Date of Signature	MM/DD/YY
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Team Leader Review
(If Incident is Peer to Peer with No or Minor Injury, X through this section)

<p>How does this incident affect the status of the individual?</p>	<p>(See instructions) Recommend the time frame be that this section be completed the next workday.</p>
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Is additional follow-up needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe follow-up.
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Signature of Team Leader		Date of Signature	MM/DD/YY
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If there is not enough space to write all the details for any section, record the information on a separate sheet of paper. Include the Name on Incident Report, Home/Unit, Name of Section continued, and attach to Incident Report.

Home/Unit		Name on Incident Report		Page 5
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FACILITY AND EXTERNAL NOTIFICATIONS AS APPLICABLE – WRITE CLEARLY

STAFF / OTHERS TO NOTIFY First, Last Name of person notified	By First, Last Name of person who notified	RESPONSIBLE PARTY To Notify Others	DATE MM/DD/YY	TIME am / pm
MEDICAL (Facilities can put in the name of the person or the position of the person here)		TITLE OF STAFF (or name)		
SUPERVISOR (Facilities can put in the name of the person or the position of the person here)		TITLE OF STAFF		
SHIFT COORDINATOR (similar title) (Facilities can put in the name of the person or the position of the person here)		TITLE OF STAFF		
GUARDIAN AND/OR FAMILY		TITLE OF STAFF		
FACILITY DIRECTOR OR DESIGNEE		TITLE OF STAFF		
FACILITY RISK MANAGEMENT COORDINATOR		TITLE OF STAFF		
DBHDID		TITLE OF STAFF		
DCBS		TITLE OF STAFF		
OIG		TITLE OF STAFF		
P&A		TITLE OF STAFF		
OTHER		TITLE OF STAFF		

FACILITY RISK MANAGEMENT COORDINATOR / DESIGNEE REVIEW – WRITE CLEARLY

Incident Report Received	Date	MM/DD/YY	Time	am pm
Did individual refuse assessment/treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Follow-up: (All of the above with exception of team leader section to be completed before supervisor leaves the facility. This section is completed by Risk Management Coordinator the following work day)	
Were all notifications made timely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Follow-up:	
Are training needs identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	List:	

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Signature of Facility Risk Management Coordinator / Designee			Date of Signature MM/DD/YY

Injury Severity Codes

S1 No Treatment Required

S2 First Aid Required: The injury received is of minor severity and requires the administration of minor first aid. This is meant to include treatments such as the application of small adhesive bandages, cleaning of abrasion, application of ice packs for minor bruises, or use of over the counter medications such as antibiotic creams, aspirin and acetaminophen. Minor first aid may be applied by medical personnel to include a physician.

S3 Medical Treatment Required: The injury received is of serious severity, e.g., sutures, bone fractures, burns, substantial hematoma, injuries to internal organs, prescriptions beyond over the counter medication, or occurrences or events considered as serious injuries, that requires the treatment of the individual by a licensed medical physician (medical treatment beyond first aid.) The treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a physician's private office or clinic or through treatment at the emergency room of a general acute care hospital.

S4 Hospitalization Required: The injury received is so severe that it requires medical intervention and treatment, as well as care of the injured individual, at a general acute care hospital outside the facility, regardless of the length of stay. This severity level requires the injured individual to be formally admitted to the hospital and assigned to a bed on a unit outside of the emergency room.

S5 Death: The injury received was so severe that it resulted in – or complications from the injury led to – the termination of the life of the injured individual.

S6 Refused Treatment: The individual refused assessment and/or treatment for an identified or suspected injury.

Incident Report - Page 1 Recording Instructions

*See manual for recording into Electronic Medical Record

	Area	Incident Report - Page 1 Recording Instructions
1.	Incident #	Risk Management will record the incident number during the risk management review of report.
2.	Reporting on	Check either Adult or Child, based on the incident that is being reported on.
3.	Individual Name	Record the first and last name of the individual for whom the incident is being reported. If the incident is Peer to Peer, record the AGGRESSOR'S name.
4.	Home/Unit	Record the home or unit where the individual resides.
5.	Date of Report	Record the date the Incident Report is filled out.
6.	Time of Report	Record the time the Incident Report is filled out. Circle am or pm.
7.	Date of Incident	Record the date of the incident, if known. If unknown, record "unknown." If late reporting occurs, and date of the incident is provided during the late reporting, record the incident date as reported.
8.	Time of Incident	Record the time of the incident, if known. If unknown, record "unknown." If late reporting occurs, and time of the incident is provided during late reporting, record the incident time as reported.
9.	Date of Discovery	Record the date of discovery of the incident, if date of incident is unknown or if late reporting occurs.
10.	Time of Discovery	Record the time of discovery of the incident, if time of incident is unknown or if late reporting occurs. Circle am or pm.
11.	Witnessed / Discovered	Record whether the reporter witnessed the incident or discovered the incident, e.g., Staff Sue saw John fall over the chair = witnessed; Staff Sue found a scratch on John's arm = discovered.
12.	By Whom	Record the first and last name of person who witnessed or discovered the incident.
13.	Primary location of incident	Record the general location of the incident, e.g., home, gym, store, classroom, mall, etc.
14.	Secondary location of incident	Record the location, as specific as possible, where the incident occurred, e.g., individual's own bedroom by the right side of the nightstand, kitchen hallway in front of the refrigerator, peer's bathroom in the floor between the sink and shower, dining area by middle kitchen table, laundry room beside dryer, class bathroom near the left side of the sink, specific site on or off grounds, day area by the exit sign etc.
15.	Verbally reported by	Record the first and last name of person who verbally reported the incident to the supervisor.
16.	To whom	Record the first and last name of the person to whom the incident was reported.
17.	On (date)	Record the date the incident was reported to the person in #15.
18.	At (time)	Record the time the incident was reported to the person in #15.
19.	Type of Incident	Under the categories of incidents, check all applicable boxes that describe the incident. See Definitions attached to the Incident Report. If an incident falls into Injury of Unknown Origin, Other, Accidental Injury, or Other Medical/Health/Medical Safety, a description of the incident is required. Facilities may insert their relevant CODE categories.

Incident Report - Page 2 Recording Instructions

	Area	Incident Report - Page 2 Recording Instructions
1.	Home/Unit	Record the home or unit where the individual resides.
2.	Name on Incident Report	Record the name of the individual that is on Page 1.
3.	Individuals Involved in Incident	Record the names of all individuals involved in the incident. If the incident is peer-to-peer, list the AGGRESSOR, then VICTIM(S), then other individuals involved. Use extra sheets if necessary.
4.	Home/Unit	Record the home or unit where the individual resides.
5.	Alleged Involvement	<p>Check the appropriate box for each Individual's name listed in #3, of alleged involvement in the incident at the time of report.</p> <p>Aggressor: Individual aggressed against another Individual and caused the incident to occur.</p> <p>Victim: Individual was a receiver of the reportable incident from another individual, staff, or other person.</p> <p>Involved: Individual was reported to be present and engaged in the incident at the time of report, OR reported to be either present or not present and <u>connected to</u> the reportable incident at the time of report.</p> <p>Witness: Individual saw the incident happen.</p> <p>Undetermined: Reporter writes the Individual's name but cannot clearly state whether the Individual was involved in the incident or not.</p>
6.	Staff / Visitor / Other	Record the names of staff, visitors, or other persons involved in the incident.
7.	Staff / Visitor / Other Staff ID Number	Record the identification number of the staff.
8.	Staff / Visitor / Other Phone #	Staff: Record the facility phone number and extension, and record an off-site phone number. Visitor or Other: Record an off-site phone number.
9.	Staff / Visitor / Other Alleged Involvement	<p>Check the appropriate box for each person's name listed in #6, of alleged involvement in the incident at the time of report.</p> <p>Involved: Person was reported to be present and engaged in the incident at the time of report, OR reported to be either present or not present and <u>connected to</u> the reportable incident at the time of report.</p> <p>Witness: Person saw the incident happen.</p> <p>Undetermined: Reporter writes the Person's name but cannot clearly state whether the Individual was involved in the incident or not.</p>
10.	Reporter: Describe Incident in Own Words. Write clearly.	The reporter will record a description of the incident including individuals involved, staff involved, the sequence of events, and the outcome of the incident. Use additional paper as necessary, recording the Name on Incident Report, Home/Unit, and the area about which the recording is continuing.
11.	Signature of Reporter	The reporter will legibly sign their first and last name.

12.	Date of signature	The reporter will record the date of their signature.
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Incident Report - Page 3 Recording Instructions

	Area	Incident Report - Page 3 Recording Instructions
1.	Home/Unit	Record the home or unit where the individual resides.
2.	Name on Incident Report	Record the name of the individual that is on Page 1.
MEDICAL ASSESSMENT – WRITE CLEARLY (for Individual the incident is being reported on, or AGGRESSOR, if due to peer to peer)		
3.	Name on Incident report/Aggressor	Record the name of the individual that is on Page 1.
4.	Date of Assessment	Record the date the individual was assessed. If there is more than one Aggressor, each Aggressor would generate an individual medical assessment. Attach additional medical assessments to the original Incident Report.
5.	Time of assessment	Record the date of the time of assessment. Circle am or pm.
6.	Body parts affected	<p>In describing the body part of the individual, the medical person conducting the assessment must include the body part injured (if any); the location on the body part where the injury occurred; the assessed extent of the injury, whether known or suspected; and look for injuries that may be caused due to abuse or neglect.</p> <p>Examples of body parts: Abdomen, Ankle, Anus/Rectum, Back, Breast, Buttocks, Calf, Chest, Cheek, Chin, Collarbone, Ear, Elbow, Eye/Brow, Face, Finger, Fingernail, Foot, Forearm, Genitals, Groin, Hand, Head/Scalp, Heel, Hip, Instep, Knee, Mouth/Lip, Neck/Throat, Nose, Ribs, Shin, Shoulder, Teeth, Thigh, Thumb, Toe, Toenail, Tongue, Upper arm, Vaginal Area, Wrist, etc.</p> <p>Examples of additional descriptors: Front, back, left, right, inner, outer, bottom of, top of, inside of, etc.</p> <p>Examples of injuries: Abrasion, Airway obstruction/Choking, Bite/Sting, Blister, Bruise/Contusion, Burn, Chaffed/Chapped, Concussion, Cracked/Missing Tooth or Nail, Dislocation, Fracture, Hematoma, Infection, Irritation/Rash, Laceration, Laceration w/sutures/staples/derma bond, Lesion, Puncture, Redness, Scratch, Seizure, Soft tissue swelling, Sprain, Strain, Sunburn, etc.</p> <p>Examples of injuries that may be caused by abuse or neglect:</p> <ol style="list-style-type: none"> a. Abrasions or bruises on the back, spine, and elbows: Could this have been caused by dragging the individual? b. Circular or oval bruise on the shoulder or upper arm: Could this have been caused by a punch? c. Burst eardrum: Could this have been caused by a slap? d. Patch(es) of hair missing from scalp: Could this be caused by someone trying to “control” that individual by holding his or her hair? e. Bruise on the forearm: Could this have been caused by the individual trying to defend

Area		Incident Report - Page 3 Recording Instructions
		<p>themselves?</p> <p>f. Patterned bruising: Does it look like fingertips? Does it look like a shoeprint or a print from some object? Is there an object present that may have caused the pattern?</p> <p>g. Burns: Could this have been caused by a cigarette burn, stove burn, lighter burn, match burn?</p> <p>h. Bruising around the neck: Could someone choking the individual have caused this?</p> <p>i. Injury in a suspicious area: Is the injury suspicious based on the nature or circumstances of the injury, and on the functional or medical status of the individual?</p> <p>Anytime there is an injury that may be caused by abuse or neglect, the medical person assessing the injury must be extremely diligent in describing the injury.</p>
7.	Injury	If an injury is present, check YES. If an injury is not present, check NO.
8.	For Injury Only Injury Severity Codes	If YES, an injury is present, check only one box, which should be the appropriate highest severity code according to the injury severity definitions.
9.	Signature of Medical Person	The medical person completing the assessment will legibly sign their first and last name.
10.	Date of signature	The medical person completing the assessment will record the date of their signature.
MEDICAL ASSESSMENT – WRITE CLEARLY (if incident is peer to peer, this section is for Individual who is VICTIM)		
11.	Name of Victim	Record the name of the Individual identified as the Victim in the incident report. If there is more than one Victim, each Victim would generate a medical assessment. Attach additional medical assessments to the original Incident Report.
FOLLOW THE INSTRUCTIONS FOR EACH AREA AS WRITTEN ABOVE to assess the VICTIM.		

Incident Report - Page 4 Incident Investigation/Follow-Up Recording Instructions

Area	Incident Report Page 4 - INCIDENT INVESTIGATION/FOLLOW-UP Recording Instructions
Home/Unit	Record the home or unit where the individual resides.
Name on Incident Report	Record the name of the individual that is on Page 1.
Investigation Started Date	Record the date the Incident Investigation/follow-up started.
Investigation Started Time	Record the time the Incident Investigation/follow-up started. Circle am or pm.
If incident is peer to peer aggression with no or minor injury, complete All steps <i>Except #2 and #3</i> AND complete the Peer to Peer with No or Minor Injury Investigation/Follow-up Form	
1. Describe the immediate steps taken to SECURE THE SCENE.	<p>Record the immediate steps that were taken to ensure the individual is safe. Record the steps taken to secure the scene to include, as applicable:</p> <ul style="list-style-type: none"> a. Ensure first aid and/or medical care has been provided or obtained; b. Immediately remove the potential target employee(s), if known, from direct care, and if more than one target employee, keep them separated to minimize the discussion of the incident among themselves, while ensuring adequate supervision of all individuals; c. Immediately put interventions in place to ensure the safety of all individuals, staff, and other persons; d. Obtain photographs of all visible injuries or photographs to document that no injury is present; e. Prohibit any person from removing or destroying potential or actual evidence; f. Ensure that an immediate report of the incident was made to the Facility Director or designated representative and/or to other authorized officials; g. Ensure the scene is not disturbed if facility investigators or law enforcement authorities are expected, in order to keep the scene and potential or actual evidence from being contaminated; h. Keep potential witnesses at the scene, and <ul style="list-style-type: none"> i. Keep separated when possible, while ensuring adequate supervision of all individuals; ii. If separation is not possible, assign or request an additional supervisor to the scene to minimize the potential witnesses from discussing the incident among themselves; iii. Separate as soon as replacement staff coverage is assigned and present; and i. Initiate the Incident Report Form process with the reporting staff if it has not already

	been initiated.
2. Describe the activity at the time of the incident, including: intervention strategies used with the individual, precipitating event, early warning signs, staffing considerations, and staff actions relating to the incident.	<p><u>If Incident is Peer to Peer Aggression with No or Minor Injury, Skip this Step.</u> Record the activities that were going on at the time of the incident, including, as applicable:</p> <ol style="list-style-type: none"> Record the intervention strategies that were used with the individual; Record the precipitating event for the incident; Record the early warning signs the individual was displaying before the incident occurred; Describe the staffing considerations (untrained staff, staff not familiar with individual, new staff, etc.) at the time of the incident; Describe the staff actions before, during, and after the incident. <p>This section should also be used to record whether active treatment was occurring, and what the individual and the assigned staff (and other staff as applicable) were doing before, during, and after the incident.</p>
3. Summary of findings. Include a review of individual's relevant program plan and intervention strategies <u>in comparison to the activities described in #2.</u>	<p><u>If Incident is Peer to Peer Aggression with No or Minor Injury, Skip this Step.</u> Record a summary of the findings of the investigation. Include a summary of a review of the individual's relevant program plan and interventions strategies that should have been used compared to the activities described in box # 2.</p>
4. Conclusions	Record the outcome of the incident.
5. Recommendations	Record recommendations based on the information gathered during the investigation to improve the quality of care for the individual.
Investigation Completed Date	Record the date the Incident Investigation/follow-up was completed.
Investigation Completed Time	Record the time the Incident Investigation/follow-up was completed. Circle am or pm.
Signature of Person Completing Investigation	The person completing the Incident Investigation/follow-up will legibly sign their first and last name.
Date of Signature	The person completing the Incident Investigation/follow-up will record the date of their signature.
Team Leader Review	
<u>If Incident is Peer to Peer with Minor or No Injury, X through this Section</u>	
If Incident is Peer to Peer with No or Minor Injury, X through this Section	Complete this section for all incidents, EXCEPT for Peer to Peer with No or Minor injury. "X" through this section if the incident is Peer to Peer with No or Minor Injury, because these same questions will be answered on the Peer to Peer with No or Minor Injury Follow-up form.
How does this incident affect the status of the individual?	Record information about the affect this incident has on the present status of the individual. Include whether this is an isolated incident or whether this incident is part of a trend.
Is additional follow-up needed?	Record the appropriate response by checking the Yes or No box. If Yes, record the follow-up needed, e.g., changes needed related to overall programming, referral to PT for assessment, referral to day program for change of class, referral to case manager for training for 1st shift staff on Topic XYZ, discuss with treatment team, etc.
Signature of Team Leader	The Team Leader completing the review will legibly sign their first and last name.
Date of Signature	The Team Leader completing the assessment will record the date of their signature.

Incident Report - Page 5 Recording Instructions

	Area	Incident Report - Page 5 Recording Instructions
FACILITY AND EXTERNAL NOTIFICATIONS AS APPLICABLE – WRITE CLEARLY		
1.	Home/Unit	Record the home or unit where the individual resides.
2.	Name on Incident Report	Record the name of the individual that is on Page 1.
3.	Staff/Others to Notify	Persons to notify should not change. As the notification is made, the person making the notification will legibly record the first and last name of the person notified. Facilities may add to this list of notifications.
4.	By	Persons who make the notifications to Staff/Others to notify will legibly record their first and last name.
5.	Responsible Party	Facilities should insert the title of staff required to make the notification in the corresponding first column. For example: Direct Care Staff is responsible to notify Supervisor; Shift Coordinator is responsible to notify Risk Management Coordinator, etc.
6.	Date	Record the date the notification by Responsible Party was completed.
7.	Time	Record the time the notification by Responsible Party was completed – record am or pm.
FACILITY RISK MANAGEMENT COORDINATOR / DESIGNEE REVIEW – WRITE CLEARLY		
8.	Incident Report Received: Date	Record the date the Incident Report was received by the Risk Management Coordinator/designee.
9.	Incident Report Received: Time	Record the time the Incident Report was received by the Risk Management Coordinator/designee. Circle am or pm.
10.	Did individual refuse assessment /treatment?	Record the response by checking the Yes or No box. If the Yes box is checked, follow-up by Risk Management should occur to ensure the individual received medical treatment and record the response.
11.	Were all the notifications made timely?	Record the response by checking the Yes or No box. If notifications were not made timely, record the follow-up to ensure the facility is following regulatory standards and the Facility Risk Management Protocol reporting requirements.
12.	Are training needs identified?	Record the response by checking the Yes or No box. After reviewing the Incident Report, record training needs identified to share with the Risk Management Committee and Staff Training Department.

13.	Blank areas	Facility may insert follow up questions relevant to facility, as desired.
14.	Signature of Facility Risk Management Coordinator / Designee	The Facility Risk Management Coordinator/designee completing the assessment will legibly sign their first and last name.
15.	Date of Signature	The Facility Risk Management Coordinator/designee completing the assessment will record the date of their signature.

Type of Incident Definitions

Abuse - Mental/Psychological: Includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, sexual coercion, intimidation, whereby individuals suffer psychological harm or trauma.

Abuse - Physical: Any physical motion or action, by which bodily harm or trauma occurs and includes but is not limited to hitting, slapping, pinching, punching, kicking and burning. Physical abuse also includes controlling behavior through corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.

Abuse – Sexual: Sexual abuse is defined as non-consensual sexual contact between an individual and another, including but not limited to: residents; state employees; contract employees; consultants; agents; visitors to the facility; family/guardian; other persons as applicable; and includes any touching of the sexual or other intimate parts of a person done for the purpose of gratifying the sexual desire of either party. For purposes of this protocol, an individual is considered incapable of consenting to sexual contact with an employee, contract employee, consultant, or other agent of the facility.

Sexual abuse includes sexual assault which is penetration by use of force or threat of force and/or if the aggressor knew the victim was unable to understand the nature of the act or unable to give knowing consent. Sexual assault is a form of sexual violence, which includes, but is not limited to rape, groping, forced kissing or the torture of a person in a sexual manner.

Sexual abuse also includes but is not limited to staff negligently allowing intimate, non-consensual sexual contact between individuals, sexual harassment, and sexual coercion.

Any sexual contact requires an expanded investigation to determine if abuse occurred; however, if the expanded investigation shows that the individual is capable of giving knowing consent, that the sexual contact was consensual, and the sexual contact was not with an employee, contract employee, consultant, or other agent of the facility, then sexual abuse did not occur and the incident shall not be substantiated for sexual abuse.

Abuse - Verbal: Any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to individuals or their families, and/or significant others or within their hearing

Type of Incident Definitions

distance, regardless of their age, ability to comprehend, or disability. Verbal abuse also includes pejorative and derogatory terms to describe individuals with disabilities.

Accidental Injury: An unforeseen, unintended, and unexpected event that causes bodily injury, which occurs at a definite place. This incident type DOES NOT include injuries resulting from aggressive acts to self or others, adverse drug reaction, or outcomes from medical procedures or lab tests. Examples may include work area injuries; injuries from participating in sports activities; injuries from a body part scraping, hitting a solid or scratchy object, etc.

Adverse Drug Reaction: Any unexpected, unintended or undesired result from the use of a drug.

Aggression - Individual to Staff and Others: A person who resides or receives services by the facility who acts aggressively toward "Staff and Others" defined as: employees of the facility, or consultants hired by the facility or the state, or contractors hired by the facility or the state, or state or federal surveyors, or anyone else engaged in work at the facility or persons deemed "visitor status" by the facility, and who engages in hitting, pushing, kicking or other similar acts.

Aggression - Peer to Peer: An occurrence whereby an individual who resides or receives services at the facility acts aggressively toward another individual who resides or receives services at the facility and the occurrence includes but is not limited to: hitting, pushing, kicking, or other similar acts.

Aggressive Acts to Self: Engagement in self injury as manifested by head banging, body hitting, hair pulling, self-biting, skin picking, banging of limbs on hard surfaces, hitting self with objects, or similar acts that may or may not cause injury.

Behavioral Restraint: The application of body pressure to an individual for the purpose of guiding, restricting, or suppressing a person's movement or preventing a person's access to his/her body to manage an imminent danger to self or others that cannot be managed by less restrictive measures. Behavioral Restraints includes three categories: Physical Restraint, Mechanical Device Restraint, or Chemical Restraint.

Choking: An event in which an individual experienced partial or total airway obstruction requiring application of the Heimlich maneuver.

Child Abuse and Neglect: A child whose health or welfare is harmed or threatened with harm when his parent, guardian, or other person exercising custodial control or supervision of the child inflicts or allows to be inflicted upon the child physical or emotional injury by other than accidental means; creates or allows to be created a risk of physical or emotional **injury by other than** accidental means; engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005; continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child; commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child; creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child; abandons or exploits the child; does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being.

Code A (facility to insert): A code transmitted over a public address system that indicates, "Fire—assistance needed."

Code B (facility to insert): A code transmitted over a public address system that indicates, "Staff—assistance needed."

Code C (facility to insert): A code transmitted over a public address system that indicates "Medical Emergency- assistance needed."

Code D (facility to insert): A code transmitted over a public address system that indicates a person in possession of a lethal weapon presents an immediate or foreseeable threat of perpetrating serious or fatal injury towards individuals, staff, and/or visitors.

Code E (facility to insert): A code transmitted over a public address system that indicates "Bomb in facility."

Contraband: Items that are prohibited to be in possession by individuals, staff, or other persons on

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facility grounds, e.g. guns, box cutters, razor blades, illicit drugs, alcohol, lighters, etc.
<u>Duty to warn:</u> An event in which a professional evaluation of an individual indicates a threat to another person is valid, and the Duty to Warn statute (KRS 202A.400) is followed with respect to proper notifications.
<u>Emergency Department (ER):</u> A broad array of services provided in an emergency room of a hospital and includes Emergency Department Evaluations.
<u>EMTALA:</u> Individuals turned away from ER without medical screening exam; women with contractions not medically screened for status of labor; absence of ER and OB medical screening records; failure to stabilize emergency medical condition; failure to appropriately transfer an individual with an unstabilized emergency medical condition; or similar acts.
<u>Exploitation:</u> Obtaining or using an individual's resources including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the individual of those resources. Exploitation includes the misappropriation of an individuals' property, which includes the deliberate misplacement, mistreatment, or wrongful, temporary, or permanent use of an individual's belongings or money without the individual's consent.
<u>Fall due to Mobility:</u> A fall in which an individual drops to the ground from a sitting or standing position, either witnessed or self-reported, and the drop is due to an inability of body parts to move freely in the motion of walking, stepping, or climbing, etc.
<u>Fall due to Seizure:</u> A fall in which an individual drops to the ground from a sitting or standing position, either witnessed or self-reported, and the drop is due to a Seizure type activity.
<u>Fire Dept.:</u> An event in which a Fire Department responds to an alarm, but there is no fire to suppress due to false alarm.
<u>HIPAA Security Breach:</u> Unauthorized access or acquisition of protected health information (PHI) that compromises the security, confidentiality, and integrity of personal information of individuals served by the facility. Unauthorized access or acquisition of PHI may be by computer access; hacking; or by removing, photocopying, or theft of paper records. Access or acquisition may be related to carelessness, intentional access for personal reason or gain, or intentional access for financial gain or malice.
<u>Hospital Admission - Emergent:</u> An event in which medical treatment is provided to an individual at an emergency department and the individual was admitted to the hospital or the individual is a direct admission to the hospital bypassing the emergency department, for emergency treatment.
<u>Hospital Admission due to Behavior Event:</u> An event in which medical treatment is provided to an individual at an emergency department and the individual was admitted to the hospital or the individual is a direct admission to the hospital bypassing the emergency department, for emergency treatment due to an incident in which the individual was aggressive to self, or due to an incident in which the individual was the victim of a peer's aggressive behavior.
<u>Injury of Unknown Origin:</u> An injury in which both of the following conditions are met: (a.) the origin of the injury was not observed by any person or the source of the injury could not be explained by the individual; and (b.) the injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed on one individual at one particular point in time or the incidence of injuries over time.
<u>Law Enforcement:</u> An event in which law enforcement is called to the facility due to a report of alleged criminal activity.
<u>Medical Equipment/Health Products:</u> All injuries and deaths due to malfunction or user error of a medical device or product. The Facility Risk Management Coordinator shall report all injuries and deaths to the manufacturer of the device and to the Food and Drug Administration.
<u>Lower Level of Supervision than Required:</u> Individual discovered to be in a lower level of supervision than required by the current treatment plan.
<u>Medication Errors:</u> There are nine (9) categories of medication errors, as defined by the National

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Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) Error Outcome Category Index: All medication errors require a Medication Variance Report to be submitted to the Pharmacy and Therapeutics Committee.

Category A: Circumstances or events that have the capacity to cause error.

Category B: An error occurred, but the error did not reach the individual.

Category C: An error occurred that reached the individual, but did not cause harm.

Category D: An error occurred that reached the individual and required monitoring to confirm that it resulted in no harm to the individual, and/or required intervention to preclude harm.

Category E: An error occurred that may have contributed to or resulted in temporary harm to the individual and required intervention.

Category F: An error occurred that may have contributed to or resulted in temporary harm to the individual and required initial or prolonged hospitalization.

Category G: An error occurred that may have contributed to or resulted in permanent individual harm.

Category H: An error occurred that required intervention necessary to sustain life.

Category I: An error occurred that may have contributed to or resulted in the patient's death.

Missing Individual/Elopement: An event in which an individual has not been accounted for when expected to be present, or left the grounds of the facility without permission. NOTE: If an individual was on one-to-one supervision at the time of elopement, the classification for the event is Neglect and reported as Alleged Neglect.

Mistreatment: Behavior or practice that results in any type of individual exploitation such as sexual or criminal.

Mortality: Expected or unexpected death of an individual within the facility, during hospitalization, or within 30 days after discharge or transfer to another healthcare setting.

Neglect - Adult: A situation in which an adult is unable to perform or obtain for himself the goods or services that are necessary to maintain his/her health or welfare, or the deprivation of services by a caretaker, i.e. the failure to provide goods and services necessary, to maintain the health and welfare of an adult, which may result in physical harm, mental anguish, or mental illness.

Nutrition and hydration: Food supply inadequate to meet the nutritional needs of the individual; failure to provide adequate nutrition and hydration resulting in malnutrition; withholding nutrition and hydration without advance directive; lack of potable water supply; or similar acts.

Other (Describe): An incident that does not fit any of the already defined types. Other requires a description of the incident being reported.

Other Medical/Health and Safety (Describe): An incident that does not fit any of the already defined Medical/Health and Safety incident types. Other requires a description of the incident being reported.

Para-Suicidal Behavior: Behavior suggesting suicidal thoughts, with no serious attempt present.

PICA: Ingestion of a nonnutritive, nonfood substance that is inappropriate to developmental level and is not part of a culturally sanctioned practice.

Property Destruction: Intentional damage to personal, private or state property and causes disruption to the environment of the individual engaging in property damage destruction or causes disruption to the environment of another individual or staff, and requires more than minor repair or replacement.

Safety from environmental hazards: Nonfunctioning or lack of emergency equipment and/or power source; incidents such as electrical shock; ungrounded/unsafe electrical equipment; widespread infestation by insects/rodents; lack of functioning ventilation, heating or cooling system placing individuals at risk; use of non-approved space heaters, such as kerosene, electrical, in individual's areas or areas where individuals assemble; improper handling/disposal of hazardous materials, chemicals and waste; unsafe dietary practices resulting in high potential for food borne illnesses; or similar acts.

Safety from fire, smoke: Smoking in high-risk areas; lack of maintenance of fire or life safety systems; locking exit doors in a manner that does not comply with NFPA 101; obstructed hallways and exits preventing egress; or similar acts.

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Seclusion: An event in which an individual is involuntarily confined alone in a room or an area from which the individual is physically prevented from leaving.

Standard safety/infection control precautions: Improper handling of body fluids or substances from an individual with an infectious disease; high number of infections or contagious diseases without appropriate reporting, intervention and care; pattern of ineffective infection control precautions; high number of nosocomial infections caused by cross contamination from staff and/or equipment/supplies; or similar acts.