

# WHAT ARE REPORTABLE INCIDENTS?

According to the Bureau of Developmental Disabilities Services (BDDS), a reportable incident is “any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of an individual.” The following are the common examples of the incidents you must report:

## ABUSE

- Willful infliction of injury
- Unnecessary use of physical/chemical restraints or isolation
- Allegations of rape or sexual misconduct
- Disparaging remarks to consumers

## NEGLECT

- Failure to provide appropriate care, food, medical care or supervision

## EXPLOITATION

- Deliberate misuse of Individual’s money
- Any situation where the Individual is used for financial gain, labor, or humor

## DEATH

## RESIDENTIAL PROBLEMS

- Interruption of heat, electric, water, or AC if it might endanger the Individual

## ENVIRONMENTAL PROBLEMS

- Inappropriate sanitation or severe lack of cleanliness
- Structural damage to home
- Damage caused by tornadoes, flooding, etc.
- Chemical spills

## FIRE

- Any fire resulting in damage or relocation of an Individual

## MISSING PERSON

- Anytime the whereabouts of an Individual are unknown

## CRIMINAL ACTIVITY BY STAFF OR INDIVIDUAL

- Theft, illegal drug use, arson, etc regardless of whether it occurred during the shift

## MEDICAL OR PSYCHIATRIC TREATMENT

- Emergency Room visits

## ADMISSION TO A NURSING HOME

## SIGNIFICANT INJURIES

- Fractures
- Burns greater than first degree
- Choking
- Large bruises or lacerations
- Injuries from use of restraint

## INJURIES OF UNKNOWN ORIGIN

## MEDICATION ERRORS

- Wrong medication or dose
- Wrong time or missed medication

## INADEQUATE MEDICAL SUPPORT

- Failure to obtain needed routine or follow-up appointments
- Failure to obtain medication refills

## INADEQUATE STAFF SUPPORT

- Individual left alone
- Staff leaving before replacement arrives
- Staff asleep (excluding sleep staff)

## USE OF PRN FOR BEHAVIORAL ISSUES

- Sedation before a medical procedure

### IMPORTANT NOTES:

- If you are unsure whether an incident requires a report, page your Mentor immediately.
- In all cases of reportable incidents, page your Mentor as soon as it is safe to do and keep him/her informed of the situation.
- In most cases, your Mentor must file the report within 24 hours, so it is very important that you submit this form to your Mentor immediately.
- When reporting an incident, be sure to include the WHO,WHAT,WHEN,WHERE,WHY, and HOW.

# HOW DO WE FILE AN INCIDENT REPORT?

## PAGE 1

Indiana Division of Disability, Aging and Rehabilitative Services		<b>INCIDENT INITIAL REPORT - Confidential</b>		REV. 08-01-2004	
For Use in Reporting Circumstances in 460 IAC 6-9-5, 431 IAC 1.1-3-1 (b) and/or DDARS Policy and Procedures				Page _____ of _____	
<b>SECTION I - CONSUMER INFORMATION (Subject # 1)</b>					
SSN:	NAME	LAST:	FIRST:		
ADDRESS	CITY		ST	ZIP	
DOR	(mm/dd/yyyy)		COUNTY	GENDER	M F
PRIMARY FUNDING SOURCE	BDDS FUNDING AFC DD WVR SDC/SOF SUPP SRV WVR AUTISM WVR LP-ICF/MR SGL TITLE XX CFC NURSING HOME SLI RESIDENTIAL				
<b>INDICATE WHICH of the FOLLOWING AGENCIES and/or INDIVIDUALS HAVE BEEN INFORMED</b>					
RES. PROVIDER?	YES	N/A	LEGAL GUARDIAN?	YES	N/A NAME DATE
HAB/VOC PROVIDER?	YES	N/A	BDDS SC?	YES	NAME DATE
OTHER PROVIDER?	YES	N/A	CASE MANAGER?	YES	N/A NAME DATE
			QMRP?	YES	N/A NAME DATE
			APS/CPS?	YES	N/A NAME DATE
			CORONER?	YES	NO NAME DATE
			POLICE?	YES	N/A DATE
<b>SUPERVISORY PROVIDER INFORMATION</b>					
RESPONSIBLE SUPERVISORY PROVIDER:			INDIVIDUAL SUPERVISING AT TIME OF INCIDENT:		
<b>SECTION II - ASSOCIATED PERSON (Subject # 2)</b> <i>This Section is NOT to be Used For Additional Consumers</i>					
SSN (Optional):	NAME	LAST:	FIRST:		
ADDRESS	CITY		ST	ZIP	
AGE	EMPLOYER	GENDER		M	F
RELATIONSHIP TO SUBJECT	ACQUAINTANCE	EMPLOYER	SERVICE PROVIDER	STRANGER	
	CONSUMER, OTHER	FAMILY-GUARDIAN	STAFF, HAB/VOC	OTHER	
	CO-WORKER	HOUSEMATE	STAFF, RESIDENTIAL		
<b>SECTION III - REPORTING PERSON and REPORTING AGENCY</b>					
NAME	LAST:	FIRST:	POSITION:	PHONE #:	EXTENSION:
DATE REPORT SUBMITTED:	REPORTING AGENCY:	E-MAIL ADDRESS:			
<b>SECTION IV - INCIDENT INFORMATION</b>					
INCIDENT DATE:	TIME:				
WHERE OCCURRED?	COMMUNITY HAB.	COMMUNITY JOB	FAC. HAB. (ADC, ADL)	HOME, FAMILY	HOME, OWN
	HOSPITAL	LP-ICF/MR	SCHOOL	SDC/SOF	SGL WORKSHOP
	OTHER (Explain) _____				

**CONSUMER INFORMATION:** The Individual's details can be found in the Red Folder or in the front of the green QoL Book.

**FUNDING SOURCE:** This is the program through which the Individual receives services. This can be found on the current Plan of Care, which is in the "Information" section of the QoL Book.

**WHO HAS BEEN INFORMED:** Leave this blank. It will be filled out by the Mentor at the appropriate time.

The **RESPONSIBLE SUPERVISORY PROVIDER** is "Globe Star" and the **INDIVIDUAL SUPERVISING** is your name.

An **ASSOCIATED PERSON** is anyone who was directly involved in the incident besides the Individual. (e.g. If an Individual attacked another Individual or community person...) This does not include witnesses.

Leave **SECTION III** blank for your Mentor to fill out at the appropriate time.

Indicate the **DATE**, approximate **TIME**, and **PLACE** the Incident occurred.

## PAGE 2

**CONSUMER INFORMATION:** Copy the Individual's details from Page 1.

**NARRATIVE:** Describe the events before and during the incident.

- Be sure to include the **WHO, WHAT, WHEN, WHERE, WHY, and HOW** of the incident.
- Be comprehensive but concise.

**NARRATIVE:** Describe the events that followed the incident. Again, be specific.

- How was the incident resolved?
- Were medical actions taken?
- Comment on the state/condition of all involved people.

<b>INCIDENT INITIAL REPORT (GENERAL) - Confidential</b>	
Page _____ of _____	
<i>As Reported in Section I - Consumer Information (Subject #1)</i>	
Name: _____	Incident Date: _____
SSN: _____	Incident Time: _____
<b>NARRATIVE: DETAILS - GENERAL</b>	
Describe the injury, condition or circumstance of the incident and the activities taking place immediately prior to the incident. Identify all participants and their involvement in the incident. Please be comprehensive but concise in explaining who, when, where, why, how and what was heard and/or observed.	
Describe actions taken <b>AFTER</b> the incident occurred.	

**PAGE 3** is used only in the case of an Individual's death.

**PAGE 4** is used only when a PRN medication is administered for a behavioral issue or a sedation prior to a medical procedure.

**Don't forget, give the completed form to your Mentor immediately.**