

BASHOR POLICY and PROCEDURE STATEMENT

Subject: **Incident Reports**

Date: 11/2/2015

Authorized Signature: 

POLICY STATEMENT:

Children in our care deserve a stable, consistent, and safe environment. Our focus is to prevent problems through proactive awareness, active supervision, structure, and planning. Despite these efforts, situations do arise which are significant and therefore require specialized documentation.

The documentation of significant incidents involving the children is required by state licensing regulations and is a critical part of good professional practice. The Incident Report is critical to comprehensive treatment planning, program development, risk management, administrative review, communication, and staff development. Once completed, the form becomes a part of the child's record and is considered a legal document, which can be subpoenaed.

PROCEDURE STATEMENT:

Completing an Incident Report:

All sections of the Incident Report must be completed. The information in the Incident Report is to be objective and factual. Incident Reports are required for any incident that involves the following:

- Incidents involving physical intervention, seclusion or confinement room placement
- Allegations of abuse or neglect (See "Reporting Abuse and Neglect" Section 2, Page 8)
- Criminal behaviors resulting in a police report (e.g. assault and major property damage) (See "Filing Police Reports Section 2, Page 31)
- Run away involving police intervention (See "Runaway..." Section 2, Page 96)
- Inappropriate sexual behaviors
- Intentional self-harm
- Room Searches or other non-routine searches (see "Searches" Section 2, Page 59)
- Criminal behaviors (including major property damage and substance abuse)
- Any ER visit, hospitalization, or illness requiring non-routine medical attention
- Any medication errors, injury from an intervention, or injuries occurring accidentally
- Major physical plant issues (e.g. fire that disrupts services)

See useful tips for completing an incident report (Section 2- Page 22)

See Incident-form attached. (Section 2-Page 23&24)

Incident Reports (IR) forms (see attached) must be completed by staff directly involved in the incident, and submitted to the on-duty supervisor who was notified of the incident, before clocking out at end of shift. The primary staff involved should document other staff who were on duty and/or assisting in the incident, as well as if they are completing a second report. Staff who assist in a physical intervention should fill out a second report when they feel there is a situation that warrants a second perspective or they have concerns about the accuracy of the primary staff's reporting. Should staff be uncertain as to whether an Incident Report needs to be completed, they should complete a report in consultation with the on-duty supervisor. "When in doubt, fill one out".

The Supervisor on Duty must be notified as close to the time of incident as possible. Once completed, the IR is to be submitted first to the Supervisor on Duty. After hours and on weekends, that will be the Campus Supervisor, even if the Unit Manager is on duty. The Supervisor on Duty must collect all incident reports from their shift, review them, sign them, and place them into the Family Services Coordinator's (FSC) box at Arbogast. They must also document the incidents in the "Campus Supervisor Nightly Log," which is sent out to all members of the multi-disciplinary team at the end of the business day. The routing order is as follows: 1) Supervisor on Duty; 2) FSC; 3) Critical Incident Review Team.

For any IRs with any checkmarks in the "Injury" column, the youth should complete the "Resident Medical Services Request Form," and the on-duty supervisor must notify the nurse directly via voicemail at the office extension or email. For IRs related to "Injury" which occur after hours or on the weekend the Campus Supervisor will assess the need for immediate medical attention, in consultation with the Back-Up Administrator when indicated (see Medical Services and Medication Section 3, Page 1). For incidents related to emergency medical care, or which impact the child's permanency plan, the placing agency must be notified within 24 hours.

There are certain types of incidents which, due to their severity, necessitate a more prompt notification, as well as the collection of additional documentation. In these events the on-duty supervisor must notify the placing agency worker, legal guardian, and members of the child's treatment team prior to the end of the shift (for more information about these requirements see "Incident Report Routing Protocol" for Residential and Therapeutic Foster Care specific timelines and requirements). All contacts must be documented on the back of the Incident Report, and the FSC and Program Directors should be notified, via email, of the contacts made.

The FSC will provide a written summary of the incident and the disposition, and will notify the placing agency worker, legal guardian, and members of the child's treatment team (e.g. Unit Manager, therapist, Program Director) of any incidents. Incidents where disciplinary action is taken with staff as a result of the intervention should include a notation on the placing agency written summary that there will be "supervisory follow-up with staff involved".

The following incident categories require prompt written notification to the placing agency (see "Incident Report Routing Protocol" for Residential and Therapeutic Foster Care specific timelines and requirements):

- Criminal behavior requiring police intervention
- Runaways requiring police intervention
- Injuries or illness requiring emergency medical attention, including injury as a result of physical intervention
- Sexual contact between residents
- Allegations of abuse or neglect
- Removal to another facility (E.G. Acute Hospitalization or County Detention)
- Suicide attempt

INCIDENT REPORT REVIEW:

The purpose of Incident Report review is to ensure pertinent individuals are made aware of incidents, to facilitate preventive initiatives for the future and to provide a resource for direction and support. There are three levels of review.

Level 1 review:

The child's treatment team will be notified of the incident within one business day, either by the Supervisor on Duty or the FSC (as indicated above). The treatment team will discuss major incidents at their weekly clinical treatment team meetings. Additionally, the direct care team will discuss incidents at daily changeover meetings. The focus of this level of review will be how to respond to the incident in a timely, solution focused and trauma informed manner.

Level 2 review:

This involves the Critical Incident Review Team, which is comprised of the Residential Operations Director, the Residential Clinical Services Director, the Clinical Support Services Director, the Campus Nurse and the Executive Administrative Assistant. This team will meet weekly to review all incident reports generated from residential services. Feedback will be forwarded directly to each treatment team, as well as to the program management team. A quarterly review of agency wide incident reports will also take place, including Education Services and Therapeutic Foster Care.

Incident Reports are statistically analyzed and summarized annually as part of the agency's Performance Quality Improvement program. The Program Management Team initially reviews the summary report. Program summary reports are forwarded to each Program Director for review with their respective program team.

Level 3 review:

The third level of review involves the Program Committee of the Board of Directors. The Program Committee reviews a sample of the incidents and the annual summary report. The Program Committee reports their findings to the full Board of Directors.

This review will include incidents of the following types:

- Serious injury requiring emergency room treatment or hospitalization
- Injuries resulting from physical intervention
- Significant property damage
- Criminal behavior involving police intervention
- Allegations called into and accepted by the Indiana State Institutional Abuse Hotline or Child Protection Services
- Suicide attempts
- Runaway requiring police intervention
- Unusual restraints or Confinement Room placements.

Original: 2001

Reviewed:

Revised: 7/20/2009, 9/23/2013, 11/2/2015

Useful Tips to Completing Incident Reports

1. Fill in the blanks and checkboxes in each section, including Program AND Incident location.
2. Use first and last name of the resident on the "Regarding:" line, and first and last names of ALL scheduled YCW's on duty on the unit, and any other staff assisting.
3. Incident Reports are subject to subpoena, and are to be written in a professional manner. A couple of examples follow:

Do NOT write	DO write
"Mr. ___ grabbed Johnny's arms...".	"Mr. ___ secured Johnny's arms...".
"Staff took Johnny to the ground."	"Staff initiated a TCI prone restraint."
4. Information should be objective, and contain factual descriptions of observable behavior, not interpretation or personal opinion.
5. Note the DAY and FULL DATE (MM/DD/YY) of the incident (Ex: Sat 5/9/09)
6. Check ALL Incident Types that apply.
7. The narrative sections need to be concise summaries. They do not need graphic detail.
8. When describing the incident, refer to staff as "Mr/Mrs/Ms ____." Refer to primary resident by first name. Other residents are referred to by first and last initial.
9. If you need more space, use the "Incident Report Page 3," and complete the headings. (e.g. "Form 1 of 2", "Form 2 of 2").
10. All youth must be examined medically following any physical intervention/confinement /seclusion.
11. The Corrective Teaching/LSI must be completed.
12. Staff writing the Incident Report **MUST** sign AND date the back side.
13. Whenever possible, a staff observing the physical intervention must sign.
14. Always call the Supervisor on Duty as soon as possible following the incident. Additionally, always call the Supervisor on Duty when the Incident Report is completed.
15. Routing order signatures are for all incident types.

Regarding: _____ Primary Staff Involved: _____

Male ___ Female ___ Day/Date of Incident: _____ Time of Incident _____ am ___ pm ___

School in Session? ___ Yes ___ No Duration of Restraint/Confinement Room (minutes) ___/___

Program: ___ BAS ___ BASE ___ BEEP ___ Foster Care ___ ESC/Poyser ___ HOPE (SMB) ___ FAITH Lung East (PSF) ___ FAITH Lung West ___ Faith Glendening ___ Faith Martin (Drug & Alcohol) ___ Faith Geyer

Incident Location: ___ Arbogast ___ CRC-School ___ CRC Dining Rm ___ CRC Gym ___ Foster Home ___ Geyer ___ Glendening ___ Lerner ___ Stull ___ Lung West ___ Lung East ___ Martin ___ Poyser ___ CLC ___ Roosevelt Center ___ Other _____

Other staff on duty/assisting (indicate whether they completed 2nd report)

_____ Yes ___ No ___ _____ Yes ___ No ___

Supervisor Notified: _____ Date/Time Notified: _____

Please check type(s) of incident:

Incidents requiring additional documentation/notifications (On-Duty Supervisor must complete before end of shift):

___ confinement room / seclusion ___ criminal behavior resulting in a police report (e.g. runaway, assault or significant property damage)

___ CPS or IN State Hotline allegations ___ ER visit, hospitalization, or illness requiring medical attention

___ Injury as result of intervention ___ Suicide attempt ___ Discharge from care against placing agency recommendation

Additional Incidents (On-Duty Supervisor must review before end of shift):

Physical:

___ seated restraint

___ standing restraint

___ small child restraint

___ prone restraint

___ supine restraint

Criminal

___ substance abuse

___ property damage

___ anti-social/criminal behavior

___ fight with other resident

___ inappropriate sexual behavior

Allegations/Disclosures/Searches

___ allegation

___ disclosure

___ non-routine search

Injury (copy to nurse)

___ self-inflicted injury

___ injury

___ medication error

___ physical illness

Proactive Measures Taken: ___ manage environment ___ prompting ___ caring gesture ___ isolate ___ hurdle help

___ redirection ___ proximity ___ positive attention ___ ICMP (individualized crisis management plan) ___ Proactive Teaching

Describe what preceded the incident: _____

Describe what proactive measures were taken to avoid restraint and/or confinement: _____

Describe the incident (and why physical intervention was necessary, if applicable): _____

Did the child report any pain/injury following the incident? yes no (If yes, the child must fill out the "Resident Medical Services Request Form" and the on-duty supervisor must be notified immediately of the child's report)

If yes, was routine 1st aid offered/provided yes no Describe (if no, why not): _____

(Any physical intervention with a youth requires a review of the youth's need for medical treatment)

Describe how the incident was resolved (Describe observable behavior demonstrating return to baseline):

Was the Corrective Teaching/LSI Completed: Yes No

Describe what was processed (Brief description of content of discussion):

Signature of staff filing report _____ Date _____

Signature of observing staff _____ Date _____

Follow-up Notification:

	Name(s)	Contacted by Whom	Date/Time	Comments
Parents:	_____	_____	_____	_____
	_____	_____	_____	_____
Placing Agent:	_____	_____	_____	_____
	_____	_____	_____	_____
Police:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
	_____	_____	_____	_____

DCS Hotline (complete abuse/neglect report/copy to VP Program Operations and Sr. Program Director)

DCS Licensing Consultant (email to be generated by Sr. Program Director, or their designee with a cc to Sr. Program Director)
(contact must be made for any incident listed under critical incidents on pg. 1, except for confinement/seclusion)

Routing Order and Required Signatures:

Supervisor on Duty: _____ Date: _____ (Included in notes: Yes No)

Case Mgr/FSC: _____ Date: _____ (Tx Team Notified: Yes No)

Reviewed by the Critical Incident Review Team on the following date: _____

Regarding: _____
Day/Date of Incident: _____

Primary Staff Involved: _____
Time of Incident: _____ am ____ pm ____

(Complete only the sections which require additional narrative; put "N/A" for all others):

Describe what preceded the incident: _____

Describe what proactive measures were taken to avoid restraint and/or confinement: _____

Describe the incident (and why physical intervention was necessary, if applicable): _____

Describe how the incident was resolved: _____

Describe what was processed: _____

