

Serious Incident Reporting Form

Date of Report

The date this report was written

Date of Incident

The date the incident occurred

Time of Incident

The time the incident occurred; make sure to check am or pm

Provider Name

The name of the Provider (example: Region One Mental Health)

Program Name

The Name of the specific program within the Provider agency (example: Golden Rainbow Clubhouse). In some instances the Provider Name may actually be the Program; for instance with a smaller private Provider.

Service

The name of the specific Service for which the Program is certified. (example: Psychosocial Rehabilitation Services)

Reported by

The name of the person completing the incident report. If the incident was reported to the person completing the form, the names of the initial reporter(s) will be included in the **Description of Incident, Person(s) Involved In Incident** and **Witnesses** sections.

Event Codes:**SU**

Suicide attempt, or Completed Suicide

EMT

Treatment received at an Emergency Room. Do not include trips to Emergency Room that do not result in treatment

SA

Any Seclusion or Restraints

ACL

An unexpected absence from a community living program

ABN

Any abuse or neglect of an individual receiving services, either suspected or confirmed

WKV

Any workplace violence occurring on the property of a certified Provider, or on at a Provider sponsored event

ELP

Elopement of an individual receiving services

DIS

Any Disaster that effects the normal functioning of a certified Provider. Do not include reports of Disaster Drills.

MED

Any confirmed Medication Errors

INJ

Any serious injuries sustained by an individual receiving services. Minor injuries need not be reported. Injuries resulting in fractures, stitches or sutures (or preliminary x-rays to determine extent of injury) are considered serious.

EVC

Any event that requires evacuation of the premises. Do not include drills.

OTH

Any incident that is deemed serious by the Provider, but is not listed above. Details should be given in the Description of Incident section.

Description of Incident

Give as detailed an account as possible of the incident in the space provided.

Person(s) Involved In Incident

List first and last names (if known) of all individuals involved in the incident. This should include all alleged victims and alleged perpetrators (if applicable). Use the provided check boxes to indicate whether or not the individual(s) is on the ID/DD waiver.

Witnesses

List the names of any verified or potential witnesses to the incident.

Possible Contributing Factors

List any identified possible contributing factors to the incident. (example: a wet floor that resulted in a fall which caused a hip fracture)

Consequences/Follow Up Actions

List any actions that the Provider has taken since the incident occurred to lessen the chances of it happening again. Any disciplinary actions that have been taken should also be included (example: Administrative Leave)

Any and all authoritative bodies to which this incident has been reported and the dates of those reports. (example: Department of Health, 12/3/12; Attorney General's Office, 12/4/12)

Has A Report Been Made Within the Agency?

Mark “yes” here to acknowledge that a report of the incident has been made to the proper authoritative body within the agency. For example, the agency may have a Risk Management Department to which all incidents should be reported internally. Or, if the agency does not have a formal Risk Management Department, mark “yes” if a report has been made to the Executive Director.

If yes, to whom has the Report of Incident been made?

Provide the names and positions of each person to whom the incident has been reported.

At the time of this report, is the Agency conducting an Internal Investigation?

Mark “yes” if the agency is conducting its own internal investigation.

If yes, is the Agency’s Investigation Active or Closed?

If the investigation is ongoing, mark “Active.” If the investigation has been completed, mark “closed.”

Is this a high visibility Incident?

Visibility refers to the likelihood that the incident will be reported by the media. If there is a good possibility that the incident will be reported in the media, check “yes.”