

ADMINISTRATIVE POLICY

1 General Instructions

- 1.1 Incident reports will be completed for all accidents involving employees and/or supported persons, as well as other unusual occurrences/special incidents in any program. The incident report will be completed by the staff person(s) observing the incident.
- 1.2 Upon review by the Chief Executive Officer (CEO) and/or administrative designee, unusual occurrences/special incidents will be reported to the prospective regulatory body, Community Care Licensing (CCL), California Department of Public Health (CDPH), Regional Center (RC) for the service provided. The CEO and/or administrative designee will provide direction for making such reports.
- 1.3 For all instances of suspected or alleged abuse, follow instructions in "Abuse Reporting Policy" #200.5.2.
- 1.4 No reprisal will be taken against a person filing an incident report or making an allegation of abuse.
- 1.5 All incident reports must be completed by all of the witnessing staff person(s) before the end of their work shift. If there are extenuating circumstances, and only with the permission of the supervisor, manager or on-call staff, the report may be completed at a later time, not to exceed 24 hours following the time of the incident.
- 1.6 If an incident occurs while persons are being transported, the witnessing staff person(s) will complete the incident report as soon as the vehicle reaches an OPTIONS site, and the report will be submitted to the on-site supervisor at that location.
- 1.7 Upon completion, all incident reports will be faxed to a designated p-fax SIR line which is electronically sent to the CEO, Program Director, QIDP and other designated staff.
- 1.8 OPTIONS' RN will be notified as needed by the QIDP or other designated administrator within 24 hours of a serious medical incident, injury or emergency room visit.
- 1.9 All incident reports will be reviewed on a regular basis to assess trends in order to seek to prevent further occurrences.

2 The following guidelines are to be used to determine whether an incident report

ADMINISTRATIVE POLICY

is required. When in doubt, staff will complete the incident report and submit it to the on-site supervisor.

- 2.1 Reporting requirements vary between regulatory bodies. Generally, incident reports must be completed for falls, bruises of unknown origin, overt signs of injury (observed or unobserved), injuries requiring emergency room visits and/or hospitalization (e.g. fractures, deep lacerations, and ingestion of foreign objects), seizures (CCL), when a person served is unaccounted for, vehicular accidents, unauthorized use or possession of licit or illicit substances, medication errors, death, attempted suicide, aggressive or violent acts, use or possession of weapons, incidents where physical restraints are used, incidents where criminal action, including sexual assault, is alleged, allegations of suspected abuse, or any action which might become newsworthy or involves emergency personnel.
 - 2.2 Occurrences such as epidemic or communicable disease outbreaks, incidents involving infection control, poisonings, fires, major accidents, death from unnatural causes, bio-hazard accidents or other catastrophes and unusual occurrences which threaten the welfare, safety or health of persons served, personnel, or visitors will be reported by either the CEO or designated administrator, within 24 hours, either by telephone (with written confirmation) or by fax, to the local health officer and the appropriate regulatory bodies.
 - 2.3 Any fire or explosion that occurs on OPTIONS' premises will be documented and reported by either the CEO or administrative designee within 24 hours to the local fire authority.
- 3 Procedure for Completing Incident Reports
 - 3.1 Employee completing the Incident Report will:
 - 3.1.1 Enter person served's name, gender and age.
 - 3.1.2 Record the date, location and time of incident.
 - 3.1.3 Account for the incident by describing its specific location, any injuries sustained, staff observations and the supported person's overall condition of the person served.
 - 3.1.4 Indicate the time police, administrative staff, physician and/or family

ADMINISTRATIVE POLICY

were notified of the incident and of the subsequent response.

3.1.5 List the witness(es) to the incident. Include address and phone number if witness is not an OPTIONS employee or supported person.

3.1.6 If there is more than one party involved in the incident, such as in cases of verbal or physical altercation, the observing staff person will write an incident report for each party directly involved in the incident. This includes any staff person involved in the altercation, especially if there is direct physical contact.

3.1.7 If more than one staff person has direct knowledge of the incident, i.e. sees or hears it, then one incident report may be written as long as all staff members agree to the content and sign as witnesses. If there is disagreement as to the written statement, then each staff person must write a separate report.

3.1.8 Sign and date the report.

3.2 The Program Manager or their designee will be responsible for ensuring the completion of the follow-up action:

3.2.1 Physician's Reports: Indicate any instructions from the physician.

3.2.2 Provide information to the Registered Nurse or Nurse Consultant for follow-up action as needed.

3.2.3 Ensure the follow up action plan is completed and submitted to the administrative office by the next business day.

3.2.4 The Administrative Coordinator or designated administrator will ensure the incident report is submitted to the referral/funding source if applicable.

3.2.5 The CEO or designated on-call administrator will be notified immediately if there is a question of possible abuse.

4 Procedure for completing Incident Reports when there is injury to the employee.

4.1 Employee involved in the incident and/or employee completing incident report will:

ADMINISTRATIVE POLICY

- 4.1.1 Report incident to the Supervisor, Program Manager, or on-call administrator on the day of the incident, before leaving work.
- 4.1.2 Complete an Unusual Incident Report Form and Worker's Compensation Report Form with all available information regarding the incident.
- 4.1.3 The Supervisor will ensure the completed original Incident Report and (if needed) Worker's Compensation Report forms are submitted to the on-call administrator within 24 hours of the incident.
- 4.2.4 In the event of an injured employee requiring hospitalization, the CEO will be contacted immediately in order to report to OSHA.
- 4.2.5 The HR Director will be notified of the incident, immediately, during business hours and by the next business day, if the event occurs after business hours.
- 4.2 The HR Director will ensure:
 - 4.2.1 A report is filed with OPTIONS' Worker's Compensation Insurance carrier.
 - 4.2.2 The employee is provided a copy of the Worker's Compensation Report form.
 - 4.2.3 All reports are filed in the employee's Worker's Compensation file.
- 5 Accident Reports
 - 5.1 The Safety and Infection Control Committee will review all accident reports monthly. Recommendations for correcting the conditions causing the accident will be discussed and implemented.
- 6 Summary of Follow-up Action to Incident Reports
 - 6.1 Necessary action taken at the time of the incident: Staff will implement behavioral plans per the ISP, including attempting to de-escalate and separate persons served as needed to ensure a safe environment. Staff will check for injuries and seek medical assistance and guidance as

ADMINISTRATIVE POLICY

needed. Other follow-up actions may include notification of the QIDP, RN, physician, police, emergency services, TCRC Service Coordinator etc. as warranted.

- 6.2 Staff will prepare an incident report at the end of the shift or as soon as possible after the event. The Supervisor or Program Manager will review the incident report and direct follow-up action.
- 6.3 The written incident report is submitted to the Administrative Office by the next business day.
- 6.4 The CEO or designated administrator will determine whether notification of outside regulatory agencies (California Department of Public Health, Department of Social Services, Community Care Licensing, Adult Protective Services, Child Protective Services, etc.) is required.
- 6.5 Copies of SIR report are faxed or sent to outside regulatory agencies when applicable.
- 6.6 The original incident report is placed in its corresponding administrative file.

7 Incident Investigation Procedure

- 7.1 The CEO or designated administrator, upon notification of a highly unusual occurrence or allegation of abuse, will initiate an investigation. The CEO may appoint an investigator whose responsibility it will be to gather facts and develop an Investigation Report. This form will be completed within 48 hours unless an extension is required to complete the investigation, and returned to the CEO. All active investigation files will be kept in the CEO's office.

POLICY ADOPTED: February 1996
Revised: July 2001
Revised: February 2004
Revised: September 2004
Revised: March 2005
Revised: August 2007
Revised: January 2008
Revised: January 2011
Revised: May 2014

ADMINISTRATIVE POLICY

Incident Reports

Policy No. 200.5.1

Page 6

Revised: August 2014
Reviewed: September 2015
Reviewed: September 2016
Reviewed: October 2017
Reviewed: October 2018
Revised: November 2019
Revised: November 2020
Reviewed: March 2022
Revised: February 2023