

**POLICY AND PROCEDURE MANUAL
BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES**

SUBJECT: Incident Management/Reporting Policy		CHAPTER:	
		CHAPTER NUMBER: I	
APPLICATION: <u>X</u> Field Service Offices		<u>X</u> BQIS	
<u>X</u> BDDS Central Office			
INITIAL DATE OF POLICY: 6/12/2002		REVISION/REVIEW DATE: 07/30/2009	
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I. POLICY/PURPOSE STATEMENT

It is the policy of the Division of Disability and Rehabilitative Services (DDRS) to ensure the health and welfare of all individuals with developmental disabilities receiving vocational/habilitation services, community based services or other types of residential services. Incident management is the collection, classification and use of incident data to protect people from harm. Incident reports are a tool to assist with identification, assessment, reporting, and resolution of issues affecting health and welfare. All incidents meeting the reportable incident criteria are reported to DDRS through the established process noted in Exhibit 2.

The health and welfare of the individual is the first priority. Immediate protective measures must be taken to ensure the health and welfare of the individual.

Reportable incidents to the Division of Disability and Rehabilitative Services are 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.

II. STANDARDS

- A. Services and supports shall provide necessary safeguards to protect the health, safety and welfare of individuals.
- B. Anyone with knowledge of an issue or concern that affects the individual's potential health and welfare may submit an Incident Report form.

III. DEFINITION(S)

- A. Bureau of Developmental Disabilities Services - The entity established in IC 12-11-1.1-1 to plan, coordinate, and administer the provision of individualized, integrated, community based services for individuals with a developmental disability and their families, within the limits of resources.
- B. Bureau of Developmental Disabilities Services' Staff – Any individual employed by the Bureau of Developmental Disabilities Services.
- C. Bureau of Quality Improvement Services – The entity within the Division of Disability, and Rehabilitative Services (DDRS) responsible for the oversight of the quality improvement of services.
- D. Case Manager - The certified and approved individual chosen by the individual and/or family to coordinate the individual's services.
- E. Community Based Services - Services that simulate, to the extent feasible, patterns and conditions of everyday life that are as close as possible to normal as described in IC 12-11-1.1-1 (6) (e).
- F. Day services - Vocational, prevocational, employment, habilitation, school, and other services not provided in the individual's residence.
- G. Endangered adult - Set forth in IC 12-10-3-2.
- H. Incident - An 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.
- I. Individual Support Team (IST) – The interdisciplinary team that provides services and supports to an individual.
- J. Large Private ICF/MR (LP-ICF/MR) – A residential setting that is funded, certified and surveyed through Medicaid.
- K. Medicaid waiver - A specific source of funding (e.g., Autism (AUT), Developmental Disabilities (DD), Support Services (SS) that supports an individual in the community).
- L. Provider - a person or entity chosen by the individual and authorized by the funding source that is paid to support an agreed upon service or services at a specified time and place.
- M. State Line Item (SLI) – 100% state dollars as funds permit.

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- N. Supervised Group Living (SGL) – A residential setting where four to eight people live together. These settings are funded, certified and surveyed through Medicaid.

IV. REFERENCES

460 Indiana Administrative Code Article 6 – Supported Living Services and Supports
ICF/MR Regulations

V. EXHIBITS

Exhibit 1: Reportable Incidents

Exhibit 2: Instructions for Submitting an Incident Initial Report or an Incident Follow-up Report

Draft for Feedback

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VI. PROCEDURE

RESPONSIBLE PARTY	ACTIONS
<p>Anyone responsible for providing services and/or supports, including, but not limited to the following:</p> <ul style="list-style-type: none"> • Direct service providers (e.g., residential, day services, behavior support, etc.) • Case managers • BDDS staff • BQIS staff • Outreach staff • Crisis management staff 	<p>Training on Reportable Incidents (e.g., definitions, actions to be taken as a result of, submitting reports, following up, and timeframes) Providers will ensure their staff participate in training regarding state and internal incident reporting and protection of individual rights (including protection from abuse, neglect or exploitation) at least annually (460 6-16-3).</p> <p>When a Reportable Incident Occurs The health and welfare of the individual is the first priority. Immediate protective measures must be taken to ensure the health and welfare of the individual.</p> <p>Health and Welfare of the Individual Based on his/her professional judgment, the reporting person makes a decision as to whether the individual can remain in the current environment.</p> <p>In the event that the individual can remain in the current environment:</p> <ul style="list-style-type: none"> • The reporting person submits the Incident Initial Report (see the Incident Initial Report section). • The reporting person forwards copies of the Incident Initial Report (see the Incident Initial Report section). • The person responsible for follow-up must contact the provider agency, and others as needed, to discuss the identified issue and to develop and implement a plan to address the issue within two days. • The person responsible for follow-up will conduct an on-site review within 7 days to determine if the incident has been resolved. • If the incident is resolved and no further issues are identified, the person responsible for follow-up will electronically submit the Incident Follow-up Report (see the Follow-up for a Reportable Incident section) and complete any required documentation in the individual's case record. <p>In the event that the individual cannot remain in the current environment:</p> <ul style="list-style-type: none"> • The person responsible for follow-up (please refer to the Follow-up for a Reportable Incident section of this document) must contact APS/CPS. • The person responsible for follow-up must notify the individual's legal guardian/family, his/her supervisor, and the BDDS district office in order to develop a plan to relocate the individual who can no longer reside in the residence or to find an alternative provider of services. • BDDS staff will investigate situations in which the individual cannot reside in the home. • The person responsible for follow-up will submit the Incident Follow-up Report (see the Follow-up for a Reportable Incident section). <p>BDDS and BQIS (e.g., Outreach, Crisis, etc.) staff will collaborate to investigate any incident reports in which the health and welfare of the individual(s) continues to have the potential to result in significant harm or injury to the individual or death of an individual.</p>

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Incident Initial Report

Per applicable rules and policy, reporting responsibility falls on the provider:

- 1. that is providing services to an individual at the time of an incident, or**
- 2. becomes aware of an alleged incident.**

Although the reporting responsibility falls on the provider as stated above, it is important to note that anyone can submit an incident initial incident report following the instructions included in Exhibit 2 of this document.

It is the responsibility of anyone who sees or is aware of a reportable incident to report it. However, if you are aware of an incident and know that it has already been reported and you agree with the content of the report – then there is no need to report it (you should document it internally). If you disagree with an incident that has been reported, or if you are not sure that the incident has been filed then a report should be submitted.

The reporting person electronically submits an Incident Initial Report within 24 hours of the occurrence of the incident or the reporter becoming aware of or receiving information about the incident regardless of weekends and holidays.

The reporting person should describe the incident, circumstances and activities taking place immediately prior to the incident. A description of any injuries that are a result of the incident should be included. All participants along with their involvement in the incident should be included. The reporting person should be comprehensive, but concise in describing the incident (who, what, where, when, and how). Be objective.

The reporting person should include both the immediate actions that have been taken since the incident occurred and actions planned, but have not yet been implemented. For example, staff suspension (in the event of an allegation of abuse, neglect or exploitation), staff in-service, additional monitoring, review/revision of ISP/BSP, review of policies/procedures, IST meeting, medical appointment, etc.

The reporting person forwards a copy of the submitted Incident Initial Report within 24 hours, regardless of weekends and holidays, to:

- APS/CPS (any allegation of abuse, neglect, exploitation, or mistreatment, any death)
- The BDDS Service Coordinator
- The legal guardian(s) (notification)
- The residential provider
- The case manager (if applicable)
- Any service provider identified in the individual's ISP as recipients of incident reports.

It is the responsibility of all IST members to collaborate and cooperate to ensure the health and welfare of the individual.

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<p>BQIS Staff</p>	<ul style="list-style-type: none"> • Any incident resulting in significant injury • Any hospitalization due to lack of action that could have prevented the hospitalization • Any hospitalization where the threat of recurrence is still present <p>As initial and follow-up incident reports are processed, they are reviewed to determine if immediate protection from harm measures are in place.</p> <p>If immediate protective measures have been taken and are included in the Incident Initial Report, automatically generated e-mails are sent to a designated distribution list (e.g., BDDS Service Coordinator, BDDS District Manager, BDDS Field Service Director, BDDS Director of Client Services, BQIS Director, other designated BQIS staff, Indiana State Department of Health (ISDH) (if a SGL or LP-ICF/MR funding source), etc.) to alert them of the incident.</p> <p>If immediate protective measures were not included in the incident initial report, the BDDS Service Coordinator will make contact with the provider (and/or case manager if no residential provider) within 24 hours of notification of the incident to ensure the health and welfare of the individual. The BDDS Service Coordinator will collaborate with the service provider to ensure immediate protective measures are implemented. The BDDS Service Coordinator will document the immediate protective measures that are in place in the BDDS Case Notes (e.g., staff suspended pending the outcome of the investigation, etc.).</p> <p>If immediate protective measures were included in the Incident Initial Report, the BDDS Service Coordinator is not required to follow up within 24 hours. They are still notified of the incident and in most cases will contact the provider (or case manager if no residential provider) regarding the incident.</p> <p>Incident (Initial and Follow-up) Processing and Report Generation</p> <ol style="list-style-type: none"> 1. Designated BQIS staff process incident initial and follow-up reports following established guidelines and timeframes. 2. Designated BQIS staff refer incidents to APS/CPS as needed. 3. Designated BQIS staff forward any incident report relative to the death of an individual to the Mortality Review Department following established guidelines and timeframes. 4. Designated BQIS staff generate reports on both a scheduled and ad hoc basis to identify trends and patterns. 5. BQIS staff make recommendations for action and/or systemic changes based on data analysis to appropriate entities. 6. Designated BQIS staff generate and disseminate reports of outstanding incidents to appropriate entities (e.g., case managers, residential providers, BDDS) on both a scheduled and ad hoc basis.
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EXHIBIT 1 REPORTABLE INCIDENTS

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. If in doubt on whether to report an incident, err on the side of the consumer and report it.

Incidents may include the following:

- 1) Alleged, suspected or actual abuse, neglect or exploitation of an individual. **An incident in this category must also be reported to Adult Protective Services or Child Protective Services.** In cases where staff is involved, the provider shall suspend staff involved in an incident from duty pending investigation by the provider.
 - a) Physical abuse includes but is not limited to:
 - i) intentionally touching another person in a rude, insolent or angry manner;
 - ii) willful infliction of injury;
 - iii) unauthorized restraint or confinement resulting from physical or chemical interventions;
 - iv) rape.
 - b) Verbal and Psychological abuse includes but is not limited to:
 - i) communicating with words or actions directed to or made about an individual in that person's presence with the intent to:
 - a) cause the person to act against their will;
 - b) cause the person to be placed in fear of retaliation;
 - c) cause injury to the person or cause damage to the person's property;
 - d) cause the person to be subject to confinement or restraint;
 - e) cause the person to react in a negative manner; or
 - f) cause emotional distress, humiliation, hatred, contempt, disgrace, or ridicule to the person.
 - c) Sexual abuse includes but is not limited to nonconsensual sexual activity, sexual molestation, sexual misconduct, sexual coercion and sexual exploitation.
 - d) Domestic abuse occurs when a spouse, cohabitant/non-married intimate partner attempts to physically or psychologically dominate another. Domestic violence includes physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation, and threats of violence.
 - e) Neglect includes but is not limited to failure to provide appropriate supervision, training, clean and sanitary environment, appropriate personal care, food, medical services including routine medical and specialty consultations, or medical supplies or safety devices to an individual as indicated in the Individual's Plan.
 - f) Exploitation includes but is not limited to unauthorized use of the personal services, the property or the identity of an individual; any other type of criminal exploitation for one's own profit or advantage or for the profit or advantage of another.
 - g) Peer to peer aggression includes willful intent to inflict physical harm by one consumer to another consumer.
- 2) Death of an individual. **All deaths must be reported to Adult Protective Services or Child Protective Services. If the death is a result of alleged criminal activity, the death must be reported to law enforcement.**
- 3) A service delivery site that jeopardizes the health or welfare of an individual while the individual is receiving services from the following causes:
 - a) A significant interruption of a major utility, such as electricity, heat, water, air conditioning, plumbing, fire alarm, carbon monoxide alarm or sprinkler system;
 - b) Environmental or structural problems associated with a service site that compromises the health or welfare of an individual, including but not limited to inadequate sanitation, serious lack of cleanliness, rodent or insect infestation, structural damage or failure, damage caused by flooding, tornado or other acts of nature, or environmental hazards such as toxic or noxious chemicals.

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- 4) Fire, residential or service delivery site (e.g., day services), resulting in health or welfare concerns for an individual receiving services. This includes but is not limited to relocation, personal injury, or property loss.
- 5) Elopement of an individual that results in evasion of required supervision as described in the Individual's Plan as necessary for the individual's health and welfare.
- 6) Alleged or actual criminal activity by an individual receiving services and/or a direct support professional staff, employee, contractor or agent of a provider when the individual's services or care are affected or potentially affected; the activity occurred at a service site or during service activities; or the individual was present at the time of the activity regardless of location.
- 7) Any physical symptom, medical or psychiatric condition or event requiring emergency intervention.
- 8) A new diagnosis of any chronic condition impacting the individual or requiring medical follow-up.
- 9) Injury to an individual when
 - a) The origin or cause of the injury is unknown;
 - b) The injury could be indicative of abuse, neglect or exploitation; or
 - c) The injury requires medical evaluation or treatment.
- 10) A significant injury to an individual includes but is not limited to:
 - a) Fracture;
 - b) Burn (including sunburn) requiring more than first aid;
 - c) Choking that requires intervention (including but not limited to Heimlich maneuver, finger sweep);
 - d) Contusions larger than a quarter or a pattern of contusions;
 - e) Lacerations which require more than basic first aid;
 - e) Any occurrence of skin breakdown related to any decubitus ulcer;
 - f) Any injury that occurs while an individual is restrained;
 - g) Any injury which requires more than basic first aid;
 - h) Any puncture wound penetrating the skin, including human or animal bites;
 - i) Any injury that requires dermabond, sutures, butterfly closures.
- 11) A medication error or medical treatment error, except for refusal to take medications, that jeopardizes an individual's health and welfare, as determined by the individual's personal physician including but not limited to the following:
 - a) Medication given or treatment provided that was not prescribed or ordered for the individual;
 - b) Failure to administer medication or medical treatment as prescribed.
- 12) Use of any PRN medication related to an individual's behavior.
- 13) Seclusion by placing an individual alone in a room or other area from which exit is prevented.
- 14) Prone restraint.
- 15) Use of an aversive technique such as a strategy, program or other procedure used to modify a consumer's behavior that incorporates one or more of the following:
 - a) the use of painful or noxious stimuli; or
 - b) the denial of any health related necessity.
- 16) Fall with injury

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EXHIBIT 2 INSTRUCTIONS FOR SUBMITTING A BDDS INCIDENT INITIAL REPORT OR AN INCIDENT FOLLOW-UP REPORT

TRANSMITTAL

All Incident Initial Reports and Incident Follow-up Reports are to be submitted via the Internet at <https://ddrsprovider.fssa.in.gov/IFUR/>. In the event of a network malfunction, Incident Initial Reports and Incident Follow-up Reports may be e-mailed to BDDSIincidentReports@fssa.in.gov.

ELECTRONIC FORMS

INCIDENT INITIAL REPORT

This form is used to report any reportable incident. The narrative section of this form should include a comprehensive description of the incident, circumstances and activities taking place immediately prior to the incident. Include a description of any injuries that are a result of the incident. Identify all participants along with their involvement in the incident. Be comprehensive, but concise in describing the incident (who, what, where, when, and how). Be objective.

The Plan to Resolve (Immediate and Long Term) section of this form should include a description of both the immediate actions that have been taken since the incident occurred and the actions that have not yet been implemented. For example, staff suspension (in the event of an allegation of abuse, neglect or exploitation), staff in-service, additional monitoring, review of ISP/BSP, review of policies/procedures, etc.

INCIDENT FOLLOW-UP REPORT

This form is used by the person responsible for follow-up to describe the ongoing and/or completed investigation into the incident. This form is also used to describe any additional follow-up or systemic actions being taken to address health and welfare issues.

TIMELINES

Incident Initial Report forms are to be submitted within 24 hours of the occurrence of the incident or the reporter becoming aware of or receiving information about the incident regardless of weekends or holidays.

Incident Follow-up Reports are to be submitted within 7 days of the date of the Incident Initial Report and every 7 days thereafter until the incident is resolved regardless of weekends or holidays.

USER GUIDE

The User Guide for Electronic forms is available at:

<https://myshare.in.gov/FSSA/ddrs/IFUR%20Tool%20Resources/Forms/AllItems.aspx>

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INCIDENT INITIAL REPORT

Note – Sections 1-5 are to be completed by the reporting person

Section I - Consumer Information Section (all fields are required in this section)

SSN	Enter the Social Security number of the individual
NAME (FIRST AND LAST)	Enter the first and last name of the individual
ADDRESS	Enter the home address, city, state and zip code where the individual resides
DOB	Enter the date of birth of the individual
COUNTY	Enter the name of the county in which the individual resides
GENDER	Select the appropriate box (male or female)
PRIMARY FUNDING SOURCE	Select the primary funding source for the individual: <ul style="list-style-type: none"> •AFC •AUTISM WAIVER •CFC •DD WAIVER •LP-ICF/MR •NURSING HOME •SDC/SOF •SGL •SLI RESIDENTIAL •SUPP SRV WAIVER •TITLE XX

Section 2 - Informed Section (all fields are required in this section)

APS/CPS	Name, Date, County, Phone, Method of Notification
RESIDENTIAL PROVIDER (BDDS)	Select N/A or Yes as appropriate
HAB/VOC PROVIDER (BDDS)	Select N/A or Yes as appropriate
OTHER PROVIDER	Select N/A or Yes as appropriate
LEGAL GUARDIAN	Name, date notified
BDDS SC (BDDS)	Select appropriate service coordinator name from the drop down box, date notified
CASE MANAGER (if appropriate)	Select appropriate case manager name from the drop down box, date notified
QMRP (if appropriate)	Name, date notified
POLICE (if appropriate)	Date notified
CORONER (if appropriate)	Name, date notified

Section 3 – Supervision Provided by Section

INDIVIDUAL SUPERVISING AT TIME OF INCIDENT (BDDS)	Enter the name of the individual who was responsible for supervision at the time of the incident.
RESPONSIBLE SUPERVISORY PROVIDER (BDDS)	Select the responsible supervisory provider from the drop down box

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Section 4 – Reporting Person and Agency Section

NAME (FIRST AND LAST)	Enter the first and last name of the person submitting the report
POSITION	Indicate the position (e.g., case manager, service coordinator, direct care staff, team leader, etc.) of the person submitting the report
PHONE NUMBER AND EXTENSION	Enter the phone number and extension of the person submitting the report
DATE REPORT SUBMITTED	Enter the date the report is submitted
REPORTING AGENCY	Select the agency employing the person submitting the report, as applicable from the drop down box. If the person is self-employed, enter “self.”
E-MAIL ADDRESS	Enter the e-mail address of the person submitting the report.

Section 5 – Incident Information

INCIDENT DATE AND TIME	Include the date and time of the reported incident.
DATE OF KNOWLEDGE	Include the date of knowledge of the reported incident
WHERE OCCURRED	Select the location from the drop down box <ul style="list-style-type: none"> •AFC (adult foster care) •Community Hab •Community Job •Fac. Hab (ADC, ADL) •Home, AL •Home, family •Home, own •Hospital •LP-ICF/MR •NF (nursing facility) •School •SDC/SOF •SGL (supported group living – ICF-MR setting) •Workshop •Other (explain)
IS THIS INCIDENT REGARDING THE DEATH OF THIS CONSUMER?	Select appropriate answer (yes or no) If Yes, additional questions must be answered
IS THIS INCIDENT REGARDING A PRN THAT WAS ADMINISTERED TO THIS CONSUMER?	Select appropriate answer (yes or no) If Yes, additional questions must be answered
WERE POLICE INVOLVED?	Select appropriate answer (yes or no)
WAS CONSUMER HANDCUFFED?	Select appropriate answer (yes or no)
WAS CONSUMER TASERED?	Select appropriate answer (yes or no)
DESCRIBE THE INCIDENT	Describe the incident, circumstances and activities taking place immediately prior to the incident. Include a description of any injuries that are a result of the incident. Identify all participants along with their involvement in the incident. Be comprehensive, but concise in describing the incident (who, what, where, when, and how). Be objective.

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PLAN TO RESOLVE (IMMEDIATE AND LONG TERM)	Include both the immediate actions that have been taken since the incident occurred and actions that have not yet been implemented. For example, staff suspension (in the event of an allegation of abuse, neglect or exploitation), staff in-service, additional monitoring, review/revision of ISP/BSP, review of policies/procedures, etc.
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INCIDENT FOLLOW-UP REPORT

Note – To be completed by the person responsible for follow-up

NAME (FIRST AND LAST)	Enter the first and last name of the individual
SSN	Enter the Social Security Number of the individual
AGENCY	Select BDDS from the drop down box
INCIDENT NUMBER	Enter the Incident Number (provided in the e-mail received regarding the Incident Initial Report)
INCIDENT DATE	Enter the date of the incident
DESCRIBE INVESTIGATION INTO THE INCIDENT AND/OR ALL OTHER FOLLOW-UP ACTIONS TAKEN	Be thorough and complete.
DESCRIBE SYSTEMIC ACTIONS BEING TAKEN TO ENSURE HEALTH AND SAFETY ISSUES	Be thorough and complete. Include person(s) responsible. Include the actions being taken to prevent future occurrences of a similar nature.
IF ABUSE, NEGLECT OR EXPLOITATION WAS REPORTED, WAS IT SUBSTANTIATED?	Select appropriate answer from the drop down box
NAME OF PERSON SUBMITTING REPORT	Enter the first and last name of the person submitting the follow-up report
TITLE OF PERSON SUBMITTING REPORT	Enter the title of the person submitting the follow-up report
AGENCY SUBMITTED REPORT	Select agency from the drop down box
DATE REPORT SUBMITTED	The date is automatically filled in by the software program
TELEPHONE NUMBER OF PERSON SUBMITTING REPORT	Enter the telephone number of the person submitting the follow-up report
E-MAIL ADDRESS OF PERSON SUBMITTING REPORT	Enter the e-mail address of the person submitting the follow-up report

YEAR	2002	2009	2010	2011	2012
DATE					
REVIEWED BY:					