



# Restoration Counseling & Community Services, LLC

## Incident Reporting Policy

### **PURPOSE:**

The purpose of this policy is to provide guidelines for incident reporting. Incident reports are utilized to guide improvements in safety and care of clients.

### **RESPONSIBILITY:**

It is the responsibility of the Chief Compliance Officer and designee to implement this policy and procedure.

### **POLICY:**

It is the policy of RCCS to provide guidelines to staff regarding completion of incident reports and effective methods of handling specific types of incidents. Accurate and timely incident reporting:

- a. Improves client, visitor, and staff safety
- b. Facilitates investigation while information is readily available
- c. Provides data for identifying patterns, and allows for changes within the facility

### **PROCEDURE:**

1. An incident report shall be completed immediately after an incident.
2. If an incident is of a severe nature, the staff should contact their supervisor immediately.
3. Some common reasons for incident reports are but are not limited to:
  - a. Abuse
  - b. Neglect
  - c. Exploitation
  - d. Rights Violations
  - e. Client or Employee Injury
  - f. Employee Misconduct
  - g. Missing Person
  - h. Death
  - i. Suicide Attempt
  - j. Medical and Psychiatric Emergency
  - k. Restraints
  - l. Law Enforcement Contact, police involvement, arrest



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- m. Any other variance from normal day to day program activities
- n. Accidents with or damage to company vehicles.
- 4. The completed incident report shall be filed in the designated file.
- 5. The CCO shall review all incident reports
  - a. Further action is taken if deemed necessary.

## External Reporting

1. Critical incidents need to be reported to appropriate state agency as required by state law and within 24 hours of learning about the incident.

2. The Chief Compliance Officer will be responsible for the external reporting system. It will be the responsibility of this individual, in conjunction with human resources and the Clinical Treatment Director, to ensure that all state requirements, including training, are kept current.

a. Critical incidents to be reported:

- i. Death
  - 1. Accident
  - 2. Homicide
  - 3. Natural expected
  - 4. Natural unexpected
  - 5. Suicide
  - 6. Undetermined
  - 7. Unknown
- ii. Employee arrest
- iii. Employee misconduct
- iv. Security incident-unintentional
- v. Significant injury to clients
- vi. Significant injury to staff
- vii. Suicide attempt
- viii. Sexual abuse/Sexual battery
- ix. Other (acts that jeopardize safety, threat of harm involving explosive device)



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- b. CARF requires reporting of:
  - i. Sentinel events
    - 1. Sentinel Event: death, permanent harm, severe temporary harm and intervention to sustain life.
  - ii. Near misses
  - iii. Physical impairment (loss of body part)
- c. The Compliance Committee designated staff will be responsible for completing the appropriate forms and submitting to DHS Common Entry Point and CARF.

## Adverse Visitor Incidents

### Guidelines for staff:

1. Contact a supervisor or member of the management team immediately if an incident is witnessed or if you are informed of a visitor incident.
2. Complete an incident report including the visitor's statement.
3. The Clinical Treatment Director will arrange for transport to the emergency room if the injured visitor desires to receive medical treatment.