



HURON BEHAVIORAL HEALTH
PROCEDURE

Procedure #: **RR.2.37**
Issue Date: **01/26/04**
Rev. Date: **01/09/19**
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Title: Unusual Incident Reporting Procedure
Prepared By: Recipient Rights Officer

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Purpose:

To define the guidelines for Unusual Incident Reporting.

Scope:

This procedure applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns) of Huron Behavioral Health (HBH) hereafter referred to in this procedure as “employees”.

Information:

1. To establish procedures for reporting physical injuries, abuse, neglect, and/or any other unusual incidents.
2. To ensure timely review by responsible HBH staff to aggregate and review critical aspects of care as they relate to performance improvement and risk management.
3. To assure issues are tracked, and trends are identified and reviewed as necessary at least quarterly.
4. An incident report or peer review report generated pursuant to MCL 330.1143a does not constitute a summary report as intended by this section and shall not be maintained in the clinical record of a recipient.

Procedure:

A. All Employees:

1. All employees who witness, discover, or are informed of an unusual incident as defined in the “Definitions” section of this procedure shall:
 - a. Immediately take action to protect, comfort, and assure treatment of the consumer as necessary;
 - b. Immediately verbally notify the supervisor of an apparent serious injury;
 - c. Immediately verbally notify the Recipient Rights Office if apparent serious injury, unplanned hospitalization, abuse, or neglect is suspected.
 - d. Report the occurrence on the Incident Report Form (DCH-0044) and give it to the supervisor as soon as possible, but in no case later than the end of the shift in which the incident occurred. When there is an injury involved, staff will record any consultation with the nurse or other medical staff on the Incident Report Form.
 - e. When an emergency physical intervention has been employed, staff must complete an [“Emergency Physical Intervention Report Form” \(90-452\)](#) and attach it to the Incident Report Form. In explaining the incident and the need for the physical intervention, staff must record the A-B-C (Antecedent, Behavior, & Consequence) relative to the intervention and will include:
 - Antecedent – description of what was happening just prior to the incident
 - Behavior(s) – description of the behavior that caused the use of the physical intervention
 - Consequence – what intervention technique(s) was employed
 - Date and how many times the physical intervention was used
 - The length of time each intervention was used
 - Description of what things were attempted before employing the physical intervention
 - f. When two (2) or more employees witness an incident requiring an Incident Report, one (1) report shall be completed with all witnesses indicated on the form. Initials or case numbers shall be used for consumers witnessing the incident.

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- g. If an employee intentionally omits pertinent information from the report or during the explanation, the employee will be subject to disciplinary action in accordance with HBH Personnel Policies.
2. All Huron Behavioral Health employees shall also adhere to reporting requirements of 1982 Public Act 519, Adult Protective Service Act, 1975 Public Act 238, as amended, Child Protection Act, and 1988 Public Act 32, Mandatory Report Abuse Act.
3. All employees should familiarize themselves with applicable procedures for reporting certain types of incidents to the appropriate licensing or regulatory bodies (Department of Health and Human Services, Responsible Mental Health Agency, etc.). In order to avoid duplicate documentation, staff shall complete the required licensing or regulatory body report and submit it to the appropriate agency. A copy of the report shall be submitted to the Recipient Rights Officer for internal processing in accordance with this procedure.

B. Supervisors:

1. Supervisors shall take any further action necessary to assure treatment, comfort, and protection of consumer(s), including notifying a physician or nurse or obtaining emergency care if needed.
2. The Supervisor shall review the Incident Report, comment as necessary, and forward it immediately to the nurse if a medical issue or physical injury is involved or to the Recipient Rights Officer if the incident is not of a medical nature. If an injury is involved, the Recipient Rights Officer, Clinical Director, and Primary Worker must be notified within twenty-four (24) hours. **All Incident Reports must be forwarded to the Recipient Rights Officer within twenty-four (24) hours.**
 - a. If there is an injury to a consumer, the Supervisor shall immediately involve the appropriate medical personnel, the Recipient Rights Officer, Clinical Director, and the Primary Worker. This determination will be based on consultation with appropriate medical personnel.
 - b. Anyone suspecting abuse or neglect by an employee, a criminal offense, sexual abuse or inappropriate sexual activity must immediately inform the Recipient Rights Officer, Clinical Director, the Primary Worker and appropriate medical personnel.
 - c. Incident reports should be forwarded to the Recipient Rights Officer for review, follow-up, and distribution.

C. The Recipient Rights Officer & Primary Worker:

1. The Recipient Rights Officer will review each incident report to determine if it requires any further investigation and review by the Sentinel Events Committee. If it fits the criteria for a sentinel event, the Recipient Rights Officer notifies the Sentinel Events Committee (see also "[Critical Incidents, Risk Events, and Sentinel Events Policy](#)" RR.1.14). The Sentinel Events Committee will determine the appropriate action(s) to be taken.
2. The Recipient Rights Officer will maintain a copy and forward the original incident report to the primary worker for input/review.
3. The primary worker will review and sign the incident report and return it to the Recipient Rights Officer to enter into the database, aggregate, and disseminate the information.
4. If any emergency physical interventions have been used, the Recipient Rights Officer will take the incident report and the attached Emergency Physical Intervention Report Form to the next scheduled Behavior Treatment Plan Review Committee (BTPRC) for review.
5. Findings from the BTPRC will be entered into the Incident/Sentinel Events database by the Recipient Rights Officer.
6. The Recipient Rights Officer will generate quarterly reports for the BTPRC, Quality Council, and Recipient Rights Advisory Committee.

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D. Confidentiality:

1. Failure to treat an Incident Report in a confidential manner, such as circulation to persons without a need to know, will result in appropriate disciplinary action toward any staff that breaches the confidentiality of the document (see also "[Minimum Necessary for Internal Disclosures Policy](#)" ORI.1.14 and "[Minimum Necessary for Routine and External Disclosures Policy](#)" ORI.1.13).
2. All records, data, and knowledge including the Incident Report Form, Emergency Physical Intervention Report Form, and any minutes collected for or by individuals or committees assigned a quality assurance function are confidential, are not public record, and therefore:
 - Do not appear in the consumer record
 - Are not subject to court subpoena pursuant to MCL 333.21515, MCL 331.521, and MCL 331.533
 - Cannot be disclosed or duplicated outside of indicated procedures and as required by law
3. A copy of this procedure shall be available to each program and residential site directly operated by, or under contract with Huron Behavioral Health through HBH's website (@ huroncmh.org and also on the internal Controlled Documentation system ([I:\Controlled Documentation folder](#)).

Definitions/Acronyms:

Definitions:

Unusual Incident: An occurrence that disrupts or adversely affects the course of treatment or care of an individual, or the living unit/site management or the facility administration; and shall include but is not limited to:

- a. Suicide or homicide attempt made by a consumer
- b. Any injury of a consumer(s), explained or unexplained
- c. Emergency medical care
- d. Suspected abuse or neglect of a consumer
- e. Incidents involving inappropriate sexual activity, (excessive masturbation, inappropriate touching of other)
- f. The use of emergency physical intervention that is not identified or anticipated in the plan of service
- g. Suspected criminal offenses involving consumer (e.g. arrests and/or convictions)
- h. Staff medication errors, which include administering the wrong medications, wrong doses of medications, wrong route of medication administration, wrong times of administration, administration of medication that is not documented, or failure to administer a medication
- i. Other events which seriously disrupt or adversely effect the course of treatment or care of a consumer, and require further clinical or administrative attention
- j. The death of a consumer
- k. Environmental emergencies or incidents that caused, or could have caused an injury
- l. Problem behaviors not addressed in a plan of service, such as breaking things, attacking people, or setting fires
- m. Suspected sexual abuse
- n. Medication refusals, unless addressed in the plan of service
- o. A traffic accident involving consumers
- p. A consumer leaving the home without permission or notice
- q. serious illness requiring hospital admissions

Abuse: means non-accidental physical or emotional harm to a consumer, or sexual contact with or sexual penetration of a consumer as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital or by an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital.

Abuse, Class I:

A non-accidental act, or provocation of another to act, by an employee, volunteer, or an agent of a provider, which caused or contributed to death, or sexual abuse of, or serious physical harm to a consumer.

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Abuse, Class II:

- A. A non-accidental act, or provocation of another to act, by an employee, volunteer, or an agent of a provider, that caused, or contributed to, non-serious physical harm to a consumer; or
- B. The use of unreasonable force on a consumer by an employee, volunteer, or an agent of a provider with or without apparent harm; or
- C. Any action or provocation of another to act, by an employee, volunteer, or an agent of a provider that causes or contributes to emotional harm to a consumer; or
- D. An action taken on behalf of a consumer, by a provider who assumes the consumer is incompetent, despite the fact a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the consumer.

Abuse, Class III:

The use of language, or other means of communication by an employee, volunteer, or an agent of a provider to degrade, threaten, or sexually harass a consumer.

Neglect: means an act or failure to act committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital; a services provider under contract with the department, community mental health services program, or a licensed hospital; or an employee or volunteer of a service provider under contract with the department, community mental health services program, or a licensed hospital, that denies a consumer the standard of care or treatment to which he or she is entitled under this act.

Neglect, Class I:

- A. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to serious physical harm to a consumer.
- B. Failure to report abuse or neglect of a consumer when the abuse or neglect results in death of, or serious physical harm, to the consumer.

Neglect, Class II:

- A. Acts of commission or omission by an employee, volunteer, or an agent of a provider which results from noncompliance with a standard of care or treatment required by law, rules, policies, procedures, guidelines, written directives, or individual plan of service and that cause, or contribute to, non-serious physical harm or emotional harm to a consumer; or
- B. Failure to report abuse or neglect of a consumer when the abuse or neglect results in non-serious harm to the consumer.

Neglect, Class III:

- A. Acts of commission or omission by an employee, volunteer, or an agent of a provider that result from noncompliance with a standard of care or treatment, required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a consumer at risk of physical harm; or
- B. The failure to report abuse or neglect of a consumer when the abuse or neglect places a consumer at risk of serious or non-serious physical harm.

Non-Serious Physical Harm: Physical damage suffered by a consumer and which, at the time of examination by staff, registered nurse, or physician, could not have caused death, or is determined not to be impairment of bodily function, or determined to be a temporary disfigurement.

Reporting Person/Complainant: Any person who reports a physical injury, sexual abuse, or unusual incident, regardless of whether they believe that abuse or neglect was involved.

Sexual Abuse: Means sexual contact between consumer and:

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- a. Any employee, or
- b. Any other person if the consumer is a minor or does not consent.

Sexual Contact: Means the intentional touching or sexual penetration of another's intimate parts, or the intentional touching of the clothing covering the immediate area of the intimate parts, if that intentional touching can be reasonably construed as being for the purpose of sexual arousal or gratification.

Serious Physical Injury: Means physical damage suffered by a consumer who, at the time of examination by a physician, is determined to have caused or could have caused an impairment of bodily function or a permanent disfigurement.

Unreasonable Force: Means physical management or force that is applied by an employee, volunteer, or agent of a provider to a consumer where there is no immediate risk of physical harm to staff or other consumers and no immediate risk of significant property damage and that is any of the following:

- a. Not in compliance with approved behavior management techniques.
- b. Not in compliance with the consumer's individual treatment plan.
- c. Used when other less restrictive measures were not attempted immediately before the use of physical management force.

Acronyms:

BTPRC – Behavior Treatment Plan Review Committee
 HBH – Huron Behavioral Health
 IR – Incident Report
 MCL – Michigan Compiled Law
 MDHHS – Michigan Department of Health and Human Services
 OSHA – Occupational Safety and Health Act
 RMHA – Responsible Mental Health Agency

Forms:

[90-452 Emergency Physical Intervention Report Form](#)
 DCH-0044 Unusual Incident Report Form

Records:

Copies of Incident reports are retained for a minimum of two (2) years by the Recipient Rights Officer. Incident information is retained in the database for a minimum of seven (7) years.

Reference(s) and/or Legal Authority

MCL333.21515, MCL 331.521, and MCL 331.533.
 1982 Public Act 519, Adult Protective Service Act, 1975 Public Act 238, as amended, Child Protection Act, and 1988 Public Act 32, Mandatory Report Abuse Act.
 R 330.7046 Summary reports of extraordinary incidents
[ORI.1.13 Minimum Necessary for Routine and External Disclosures Policy](#)
[ORI.1.14 Minimum Necessary for Internal Disclosures Policy](#)
[RR.1.14 Adverse Events Policy](#)

Change History:

Change Letter	Date of Change(s)	Changes
None		Old documentation brought into Controlled Documentation system with minimal content changes.
A	03/23/09	Added #4 to information section
B	04/06/09	Changed record retention periods, eliminated three-part/3-color DCH incident form and replaced it with DCH-0044 throughout document, added 90-452 form, added reference to RR.1.14 (Sentinel Events Policy), added last sentence in A.1.d, added A.1.e., added database entry to C.3, added C.1, C.4, C.5, C.6, and removed statement in C about 3-part state form (form is no longer triplicate – copies must be made), add "q" in "Unusual Incident" definition.
C	04/23/12	Per request by Recipient Rights officer- Section A (f) added last sentence, "if staff have.."

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D	08/30/12	Changed "Sentinel Events Policy" to "Adverse Events Policy (2 places), added hyperlinks
E	09/16/14	Removed "q" from "Unusual Incident" definition section which read "the use of emergency physical intervention technique" as this was a duplication with item f in this same list and added new item q ("serious illness requiring hospital admission"), in item "g" in this same list added "(arrests and/or convictions)".
F	04/28/15	Reviewed by HBH Recipient Rights Advisory Council – no content changes made
G	03/21/17	Made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
H	01/09/19	In "Procedure" section D.1 added references to ORI.1.13 and ORI.1.14, in D.2 last bullet added "and as required by law", in D.3 changed "maintained at" to "available to" and added references to I:\Controlled Documentation folder and HBH website, in "References" section added R 330.7046, ORI.1.13 & ORI.1.14, made several additional minor wording/grammatical changes/corrections throughout document without changing sentence content.