



HURON BEHAVIORAL HEALTH
PROCEDURE

Procedure #: **RR.2.37**
Issue Date: 01/26/04
Rev. Date: 01/30/26
Page: 1 of 6

Title: Incident Reporting Procedure
Prepared By: Recipient Rights Officer

NOTE: This Document Copy is Uncontrolled and Valid on this date only: March 3, 2026. For Controlled copy, view shared directory I:\ drive

Purpose:

To define the guidelines for generating and following up on Incident Reports (IR) for consumers.

Scope:

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

Information:

1. This procedure is intended to:
 - establish the process for reporting physical injuries, abuse, neglect, and/or any other incidents related to consumers
 - ensure timely review by responsible HBH staff to aggregate and review critical aspects of care as they relate to performance improvement and risk management
 - ensure issues are tracked, and trends are identified and reviewed as necessary (at least quarterly)
 - ensure 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
2. All Huron Behavioral Health employees shall also adhere to the reporting requirements of the 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. For the purposes of this procedure, the term "incident" refers to 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. 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 affect the course of treatment or care of a consumer, and require further clinical or administrative attention
 - j. 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. traffic accident involving consumers
 - p. consumer leaving the home without permission or notice
 - q. serious illness requiring hospital admission

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Procedure:

A. Employee Responsibilities:

1. Any employee who witnesses, discovers, or is informed of an incident involving a consumer (as defined in the "Information" section (#3 above)) 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 Officer if apparent serious injury, unplanned hospitalization, abuse, or neglect is suspected;
 - d. report the incident within the Incident Report (IR) module of the Electronic Medical Record (EMR) system by the end of the shift in which the incident occurred, but in no case later than twenty-four (24) hours of the incident.
 - e. The employee will electronically sign the incident report which will immediately send an EMR notification to the Recipient Rights Officer (RRO). The RRO will complete their portion of the incident report in the IR module and electronically sign the report. This will send notification through EMR to the following employees for their additional review and electronic signatures:
 - Supervisor
 - Recipient Rights Officer
 - Primary Worker
 - Clinical Psychologist
 - Quality Improvement/Performance Improvement (QI/PI) Manager
 - Clinical Director
 - Executive Director
 - f. When there is an injury involved, the employee will document any consultation with medical staff within the Incident Report Form.
 - g. When an emergency physical intervention has been employed, employees must also complete an "[Emergency Physical Intervention Report Form](#)" (90-452) and attach it to the Incident Report Form (see also "[Emergency Physical Interventions Non-Violent Crisis Interventions Policy](#)" BM.1.03). In explaining the incident and the need for the physical intervention, employees must record the A-B-C (Antecedent, Behavior, and 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(s) that caused the use of the physical intervention
 - Consequence – what intervention technique(s) were 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
 - h. When two (2) or more employees witness an incident requiring an Incident Report, one (1) incident report shall be completed with all witnesses indicated on the form. Consumer initials or case numbers shall be used for consumers witnessing the incident.
 - i. 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 the personnel policies in the [HBH Employee Handbook \(PPM.00\)](#).
2. 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, employees shall complete the required licensing or regulatory body report and submit it to the appropriate agency.

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3. External providers shall submit incident reports using the Michigan Department of Community Health "Incident Report" paper form (DCH-0044) and submit this to the HBH RRO no later than the end of the shift in which the incident occurred. The RRO will scan the report form into the IR module of the EMR system which will send notification to the additional HBH employees (see # A.1.e above).

B. Supervisor Responsibilities:

1. Supervisors shall take any further action necessary to assure treatment, comfort, and protection of the consumer(s), including notifying a physician or nurse or obtaining emergency medical care if needed.
2. The Supervisor shall review the Incident Report in the IR module of the EMR system, comment as necessary, and consult the medical personnel if a medical issue or physical injury is involved. If an injury is involved, the Recipient Rights Officer, Clinical Director, and Primary Worker must be notified immediately. All Incident Reports are to be completed in the EMR system before the end of the shift in which the incident occurred, but in no case later than twenty-four (24) hours of the incident.
 - a. Anyone suspecting abuse or neglect of a consumer, or a criminal offense, sexual abuse, or inappropriate sexual activity must immediately inform the Recipient Rights Officer, Clinical Director, Primary Worker and the appropriate medical personnel.
 - b. Incident reports will be investigated by the Recipient Rights Officer to ensure the appropriate action(s) have been taken.

C. Recipient Rights Officer & Primary Worker Responsibilities:

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 Recipients 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 meet and determine the appropriate action(s) to be taken.
2. If any emergency physical interventions have been used, the Recipient Rights Officer will present the incident report and the Emergency Physical Intervention Report Form at the next scheduled Behavior Treatment Plan Review Committee (BTPRC) for review (see also "[Behavior Treatment Plan Review Committee \(BTPRC\) Procedure](#)" BM.2.01).
3. Findings from the BTPRC will be entered into the IR module of the EMR system by the Recipient Rights Officer.
4. The Recipient Rights Officer will generate the required quarterly and annual reports for the BTPRC, Quality Council, Recipient Rights Advisory Committee, and MDHHS.

D. Confidentiality:

1. Failure to treat an Incident Report in a confidential manner, (for example sharing the information with persons who do not have a need to know), will result in appropriate disciplinary action toward any staff that breaches the consumer's privacy and confidentiality. See also "[Minimum Necessary for Internal Disclosures Policy](#)" (ORI.1.14), "[Minimum Necessary for Routine and External Disclosures Policy](#)" (ORI.1.13), and "[Confidentiality and Disclosure of Information Procedure](#)" (RR.2.07).
2. All records, data, and information (including the Incident Report Form, Emergency Physical Intervention Report Form, and any minutes collected for or by individuals or committees are confidential, are not public record, and therefore:
 - appear only in a separate module (IR module) within the EMR system of the consumer's case 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

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3. A copy of this procedure shall be available to each program and residential site under contract with Huron Behavioral Health, through HBH's website (@ huroncmh.org, and also on the internal Controlled Documentation system ([RR.2.37](#)).

Definitions/Acronyms:

Definitions:

Incident: means 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.

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:

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- 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 incident, regardless of whether they believe that abuse or neglect was involved.

Sexual Abuse: Means sexual contact between consumer and:

- 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

RRO – Recipient Rights Officer

Forms:

[90-452 Emergency Physical Intervention Report Form](#)

DCH-0044 Incident Report Form

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Incident Report Form (in EMR)

Records:

Incident reports are retained for a minimum in the EMR system for a minimum of seven (7) years.

Reference(s) and/or Legal Authority

MCL333.21515

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

[BM.1.03 Emergency Physical Interventions/Non-Violent Crisis Interventions Policy](#)[BM.2.01 Behavior Treatment Plan Review Committee \(BPTRC\) Procedure](#)[ORI.1.13 Minimum Necessary for Routine and External Disclosures Policy](#)[ORI.1.14 Minimum Necessary for Internal Disclosures Policy](#)[PPM.00 HBH Employee Handbook](#)[RR.1.14 Critical Incidents, Risk Events, and Adverse Events Policy](#)[RR.2.07 Confidentiality and Disclosure of Information Procedure](#)**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 has...."
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.
I	11/17/20	Added references to PPM.00, RR.2.07, and BM.2.01 (2 places each), made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
J	10/13/22	Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
K	08/05/24	Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
L	01/30/26	Changed title from "Unusual Incident Reporting Procedure" to "Incident Reporting Procedure", changed "unusual incidents" to "incidents" throughout procedure (12 places), removed all references to database and replaced with IR Module in the EMR system, major rewrite of process steps, see Controlled Documentation Manager for complete list of changes and/or [previous versions of this procedure.