



ECI & BH CONFIDENTIAL REPORT OF AN INCIDENT

(Not a part of the Medical Record)

Staff Reporting: _____ Position: _____ Unit: _____

Did staff witness the incident? ___Yes ___No If yes, witnessed by: _____

Involved Individual's relationship to Lifepath Systems: Client Other: _____

Individual Involved: _____ Case Number: _____

Date of Birth: _____

Notification Timeline	Date	Time	Reported By:
Incident Occurred			
Incident Reported to LPS staff			
Verbal Report made to CEO (if applicable)			
Notification to HHSC (if applicable)			
Family Notified (if appropriate)			

Location of Incident		Action Taken		Outcome	
Center Property	<input type="checkbox"/>	MD Notified	<input type="checkbox"/>	No Apparent Injury	<input type="checkbox"/>
Client's Residence	<input type="checkbox"/>	RN Notified	<input type="checkbox"/>	Temporary Injury	<input type="checkbox"/>
Child Care Center	<input type="checkbox"/>	Taken to ER	<input type="checkbox"/>	Permanent Injury	<input type="checkbox"/>
Agency Sponsored Event	<input type="checkbox"/>	Police Called	<input type="checkbox"/>	Property Damage	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	Supervisor Notified	<input type="checkbox"/>	Incident Resolved	<input type="checkbox"/>
		Client Monitored	<input type="checkbox"/>	Death <i>(Complete Death of Clt Form)</i>	<input type="checkbox"/>
		Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

INCIDENT INVOLVING:

Persons		Agency Property		Client Medication	
Major Injury to Self	<input type="checkbox"/>	Suicide Attempt	<input type="checkbox"/>	Physical Property	<input type="checkbox"/>
Minor Injury to Self	<input type="checkbox"/>	Homicide Attempt	<input type="checkbox"/>	Vehicle Property	<input type="checkbox"/>
Major Injury to Other	<input type="checkbox"/>	Sexual Contact	<input type="checkbox"/>	Theft	<input type="checkbox"/>
Minor Injury to Other	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
No Apparent Injury	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Suicide Completion	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Death <i>(Complete Death of Clt Form)</i>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
				Missing/Stolen	<input type="checkbox"/>
				Improper Storage	<input type="checkbox"/>
				Other: _____	<input type="checkbox"/>

Describe What Happened (Attach additional sheets if necessary):

Staff Reporting Signature

Date

**ECI & BH CONFIDENTIAL REPORT OF AN INCIDENT
(CONTINUED FOR SUPERVISORS)
(Not a part of the Medical Record)**

Supervisory Assessment, Intervention, and Follow-up Plan (Add additional pages if necessary):

Supervisor Name (Print)

Supervisor Signature

Date

OTHER SIGNATURES:

Staff Title	Signature	Date
Program Administrator		
COO / Director		
Client Rights Officer		
Quality Improvement Coordinator		
C.E.O. (If Type I Incident)		
Medical Director		

LifePath Systems: Incident Reporting Instructions

*all lines left blank are to be assumed "non-applicable"

Step 1: Staff Reporting – This should be the first staff member to witness or be involved in the incident. Indicate your position and the unit you work in.

Step 2: Involved Individual's Relationship to LifePath Systems – this should be the person/client who was involved in the incident. Include the name, date of birth, case number, and NorthSTAR ID, if appropriate.

Step 3: In "Notification Timeline" indicate the date and time of each of the following:

- Incident Occurred
- Incident was reported to initial LifePath Systems staff
- Verbal Report was made to CEO or designee
- If required, report filed with appropriate agency (VO, DSHS, etc.)
- Relative Notified, if appropriate

Type 1 Incident: Must be reported through the supervisory line immediately. Notification of the family for Death of a Client is to be handled by the CEO or designee. Notification for a Type I incident, other than death of a client is to be handled by the COO/Director, or if unavailable the Administrator-on-Call. **Remember, no reference to this report is to be included in the client record.**

- **Medication Error:** - Any error in prescribing, dispensing, or administration of Medication by center staff. This includes supervising a client who is self-administering medication. Failure to document or incorrect documentation of medications is a medication error.
- **Major Injury:** - Injury which results in hospitalization or major medical care (broken bones, internal bleeding, severe cuts, etc.)
- **Elopement:** - Clients whereabouts are unknown and client lacks capacity to protect themselves.
- **Serious Attempt:** - The purposeful attempt by a client to take his or her life, on or off the premises.
- **Serious Threat:** - Threat with plan of serious harm by a client with the capacity and likelihood of acting.
- **Other:** - Any incident in which there is a potential for adverse publicity, lawsuits, or serious injury to clients, staff, or others. Additionally, any incident involving the police, fire or EMS.

Type 2 Incident: Must be reported through the supervisor line by end of the next business day.

- **Minor Injury to Others:** - When a client accidentally or purposefully injures another person while under the immediate supervision or care of a Center staff or while on Center premises.
- **Minor Injury to Self:** - When a client accidentally or purposefully injures themselves while under the immediate supervision or care of a Center staff or while on Center premises.
- **Physical Restraint:** - To protect either the client and/or others from physical injury, utilizing authorized and trained PMAB techniques; as a last resort intervention, after non-physical interventions have been exhausted. Also complete the **Emergency Restraint Form.**

Step 4: In "Location of Incident" indicate the location, the action(s) taken, and the outcome.

Step 5: In "Incident Involving" check all applicable persons, agency property, or clients' medications.

Step 6: Under the "Describe What Happened" section, indicate only what you **observed** (if you were present at the incident) or what you were told by the person reporting the incident to you (include the name of the person who reported the incident to you). Objectively report observations/information. Do not speculate or assume. Name others who observed the occurrence. If a client was directly involved, provide them the opportunity to contribute comments, and attach the comments to the report. Sign and date incident report. **Forward report to your direct supervisor.**

Step 7: Supervisory Assessment, Intervention, and Follow-Up Plan – All supervisors must:

- Review the incident report thoroughly.
- Describe your assessment of the situation. Could something have been done to prevent the incident?
- Describe your interventions or that of other supervisors involved. Did you give any additional directions to the reporting staff member during the incident?
- Describe the plan for follow-up. Who will follow-up next with the client? Is additional training needed in any areas?