

RCEB VENDOR SPECIAL INCIDENT REPORT

Consumer's Name	Date of Birth	<input type="checkbox"/> M	<input type="checkbox"/> F	UCI Number	Date of Report
Diagnosis Primary and secondary diagnoses (e.g. autism, mild mental retardation, seizure disorder, borderline personality disorder)	Consumer's Address			Case Manager	

TYPE OF INCIDENT (check all that apply)

<p><u>Suspected Abuse/Exploitation</u> Check type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Fiduciary <input type="checkbox"/> Emotional/Mental <input type="checkbox"/> Physical and/or Chemical Restraint <p><u>Serious Injury/Accident</u> Check type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacerations requiring sutures or staples <input type="checkbox"/> Puncture wounds requiring medical treatment beyond first aid <input type="checkbox"/> Fractures <input type="checkbox"/> Dislocations <input type="checkbox"/> Bites that break the skin and require medical treatment beyond first aid <input type="checkbox"/> Internal bleeding <input type="checkbox"/> Any medication errors <input type="checkbox"/> Medication reactions that require medical treatment beyond first aid. <input type="checkbox"/> Burns that require medical treatment beyond first aid <input type="checkbox"/> Other (specify) <p><u>Victim of Crime</u> Check type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal Robbery <input type="checkbox"/> Aggravated assault <input type="checkbox"/> Burglary <input type="checkbox"/> Forcible rape <input type="checkbox"/> Larceny <input type="checkbox"/> Other (specify) <p><u>Injury/Accident:</u> Check type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Injury-Unknown origin <input type="checkbox"/> Injury from seizure <input type="checkbox"/> Injury from another consumer <input type="checkbox"/> Injury from behavior episode <p><u>Aggression Displayed by Consumer.</u> (Limited to incidents where injury was incurred (notable bruising, scratching, etc.) Check type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aggressive act to self <input type="checkbox"/> Aggressive act to another consumer <input type="checkbox"/> Aggressive act to staff 	<p><u>Suspected Neglect</u> Check type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Failure to Assist in Personal Hygiene, Provision of Food, Clothing, Shelter <input type="checkbox"/> Failure to Prevent Malnutrition or Dehydration <input type="checkbox"/> Failure to Provide Medical Care <input type="checkbox"/> Failure to Protect from Health & Safety Hazards <input type="checkbox"/> Exercise a degree of care that a reasonable person would exercise in a position of having the care and custody of an elder or a dependent adult. <p><u>Any Unplanned or Unscheduled Hospitalization:</u> Check type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Respiratory illness <input type="checkbox"/> Seizure-related <input type="checkbox"/> Cardiac related <input type="checkbox"/> Internal infections <input type="checkbox"/> Diabetes/Diabetes related complications <input type="checkbox"/> Wound/skin care <input type="checkbox"/> Nutritional deficiencies <input type="checkbox"/> Medical emergency (ER) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Involuntary psychiatric admission <p><input type="checkbox"/> <u>Missing Person</u></p> <p><input type="checkbox"/> <u>Death</u> (Regardless of living arrangement, cause or perpetrator)</p> <p><u>Other:</u> Check type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Violation of Rights <input type="checkbox"/> Disease outbreak <input type="checkbox"/> Fire <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Property damage <input type="checkbox"/> Other sexual incident—Not rape <input type="checkbox"/> Unplanned Absence—law enforcement not notified <input type="checkbox"/> Restraint <input type="checkbox"/> Other
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<p>Incident date</p> <p><input type="checkbox"/> Definitive</p> <p><input type="checkbox"/> Approximate</p> <p>Date incident reported to Regional Center:</p> <p>To whom:</p>	<p>Time of incident</p> <p><input type="checkbox"/> Definitive</p> <p><input type="checkbox"/> Approximate</p> <hr/> <p>Medical Care/Treatment Required?</p> <p>If YES Describe:</p> <p>Name of treating physician:</p> <p>Name of hospital/clinic:</p>
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Relationship of alleged perpetrator to consumer (used for neglect or abuse, and victim of crime only)	
<p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Vendor or Employee of Vendor</p> <p><input type="checkbox"/> Non-Vendor or Employee of Non-Vendor</p>	<p><input type="checkbox"/> Another Consumer</p> <p><input type="checkbox"/> Relative/Family Member</p> <p><input type="checkbox"/> Individual known to consumer (Not a provider or another consumer)</p> <p><input type="checkbox"/> Not applicable</p>

Incident location	
<p><input type="checkbox"/> Psychiatric treatment center</p> <p><input type="checkbox"/> SNF</p> <p><input type="checkbox"/> Consumer's residence</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Job site</p> <p><input type="checkbox"/> Community setting</p> <p><input type="checkbox"/> Day program</p> <p><input type="checkbox"/> In transit</p>

Agency or person making the report (Vendors have to complete this section to its entirety)

<p>Vendor Name:</p> <p>Vendor Type:</p> <p>Vendor Phone #:</p> <p>Vendor Number: (only when known)</p> <p><input type="checkbox"/> Self/Spouse <input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Parent/Family <input type="checkbox"/> Day Program</p> <p><input type="checkbox"/> Other:</p>	<p>(When responsible party is not a vendor)</p> <p>Name:</p> <p>Address:</p> <p>City/Zip:</p> <p>Telephone:</p>
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Other agencies notified

Community Care Licensing Contact Date

Name of CCL Contact

Child Protective Services Contact Date

Name of CPS Contact

Parent/Guardian/Conservator Contact Date

Name of Contact

Police/Law Enforcement Contact Date

Name of Police/Law Enforcement

DHS Licensing & Certification Contact Date

Name of DHL Contact

Adult Protective Services Contact Date

Name of APS Contact

Long-Term Care Ombudsman Contact Date

Name of LTCO Contact

Other: Contact Date

Name Contact

NARRATIVE

ANSWER ALL Questions for sections not specified as Optional

Description of incident Include Significant Events *Before Incident Occurred* (Statement of Facts of the incident (who, what, when, where))

Immediate Action Taken (What immediate and short-term things were done to **keep the individual safe**, or what immediate **medical care** was provided, or any other actions that were taken including what was done or is being to determine the cause of the incident so that an appropriate prevention plan can be implemented. Who did what? What are the expected outcomes?)

Specific preventative action taken or planned by the vendor (What is being done to make sure this does not happen again?)

Include future appointments, consultations, training, policy changes, individual service plan changes; who will be responsible for implementation, the dates by when they will occur, how and where the outcomes will be documented):

Witnesses to the Incident Name and Contact Telephone Numbers:

Optional Comments (Is there anything else significant about the incident or the mitigation/prevention plan that needs to be reported for the record?)

Reporting Person's Name and Contact Number:

Signature: _____

Date: _____

(SIR template – 07/01/08) mk/ar

Regional Center of the East Bay

Procedure #: 7901

Date Approved: 6/1/00
Prepared by: SSA/Kane

TITLE: Vendor Special Incident Reporting Procedures

Purpose:

Title 17, Section 54327 of state regulations **require** special incident reporting to regional centers by all vendorized service providers and Long Term Health Care Facilities. Regional Center of the East Bay (RCEB) Vendor Special Incident Report (SIR) procedure includes the definition of a special incident, reporting procedures and required reporting information. In addition any individual staff member providing care or supervision for a child or a dependent adult is a **mandated reporter** and must, by law, report any situation of alleged or suspected abuse and neglect to the proper authorities (Welfare and Institutions Code, Section 15610.63 and 15610.57, California Penal Code, Section 11166).

Intent

It is the intent of this procedure to require the reporting, investigation, and correction of certain events or situations in order to enhance the quality of life of persons with developmental disabilities and protect them from harm, including mental and physical abuse.

Method

Special Incidents must be reported to the Regional Center of the East Bay in a timely manner, or at least within **twenty-four (24) hours** of their identification. Within **forty-eight hours (48) a written** report on the RCEB Special Incident Report form (SPEC-INC/5/99) must be faxed or mailed in to the Regional Center. A Special Incident is defined as any occurrence or event that has the potential for causing or has caused harm to a consumer. The following is a list of incidents that must be reported. The list is not all-inclusive. Vendors are expected to use sound judgment and report all "extraordinary" events that might affect the health, safety and welfare of a consumer.

I. **Special Incident Definitions:**

For purposes of this procedure, Special Incidents involving an individual with a developmental disability include, but are not limited to, the following:

- A. **Death** of a consumer, regardless of cause or location. All deaths must be reported on a Regional Center Special Incident Report form. Special attention should be given to the death of a consumer from unrelated cause or under suspicious circumstances requiring a report to the law enforcement or the coroner's office.
- B. **Suicide Attempt** of a consumer, regardless of location. Include only attempts that require medical attention or hospitalization for treatment of a medical or psychiatric condition.
- C. **Serious injury** of a consumer. Serious injuries require medical or surgical attention/follow-up by a physician, dentist or nurse practitioner. Examples may include poisoning, medication reactions, injury to internal organs, broken bones, dislocations, concussions, or other visible injury such as severe scratches, burns or abrasions. Any medical emergency must be included in this category.
- D. **Unexplained injury** of a consumer. Unexplained injuries include any visible injury such as cuts, scratches, burns, abrasions or notable bruising that may or may not need medical or surgical attention.

- E. Illness** of a consumer, which requires hospitalization, long-term treatment, or is unusual or unexplained. Examples include pneumonia, tuberculosis, spinal meningitis, and hepatitis.
- F. Aggressive acts** by consumers. These include aggression, which results in injury (requiring either first aid, medical attention, or results in notable bruising). Examples include self-injurious behavior, consumer aggression against another consumer, staff or others. Aggressive acts against consumers by staff or anyone else must be reported as abuse.
- G. Crimes against consumers.** Include all crimes, which result in treatment by a physician and/or require reporting to law enforcement officials.
- H. Abuse of a consumer.** This reporting category includes verbal, physical, psychological, sexual abuse and allegations of such abuse.
- **Verbal** abuse includes, but is not limited to, word, tone of voice and language that threaten, intimidate, degrade, or shows disrespect for a consumer.
 - **Psychological** abuse includes, but is not limited to seclusion, the exclusion of visitors, friends and family.
 - **Physical** abuse includes, but is not limited to, slapping, shoving, dragging, kicking, and hitting any part of the body with the hand, foot, or with an implement. Physical abuse also includes the use of ropes, cords, string, belts, soft ties, or any other such material for the purpose of restraint. The use of any physical intervention that is not in the consumer's active Behavior Intervention Plan and/or has been approved by the regional Human Rights Committee of the Regional Center of the East Bay is considered physical or psychological abuse. An emergency (unplanned) physical intervention, in the case of immediate danger to self or others, is not considered abuse, but should still be reported. Physical abuse includes the use of psychotropic medications as punishment, to induce excessive sedation, or for the convenience of staff.
 - **Sexual** abuse includes all non-consensual sexual contact between individuals, including individuals with developmental disabilities. It includes, but is not limited to, rape and sexual assault. All sexual contact between consumers and provider or member of the provider's family, even when purported to be consensual is sexual abuse and shall be reported.
- I. Neglect** of a consumer includes, but is not limited to, failure to provide adequate food, clothing, shelter, personal hygiene assistance and supplies. Failure to secure timely medical, dental and mental health care and follow-up, and failure to protect consumers from foreseeable health and safety hazards are forms of neglect
- J. Medication Error-RCEB reportable medication errors include the following:**
- **Wrong Medication** – When an individual receives and takes medication that is not their medication. This includes medication intended for another person, discontinued medication, and inappropriately labeled medication.
 - **Wrong Dose** – When an individual receives the wrong dosage of medication.
 - **Omission** – When an individual does not receive a prescribed dose of medication. This includes medication that is not available because a prescription has not been filled or if the medication is not available for any other reason. This does not include an individual refusing to take the medication.
- K. Restraints**-Any physical, chemical intervention used to control acute, episodic behavior that restricts the movement or function of the individual or portion of the individual's body, including those that are approved as part of an individuals crisis support plan or those used on an emergency basis. Note: improper or unauthorized use of restraint is considered abuse and is be reported under the abuse category.

- **Physical** – A physical, or manual restraint is a physical hands-on technique that last more than thirty- (30) seconds, used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual's body such as prone or supine containment.
 - **Mechanical** – Mechanical restraints are prohibited and any use device to control acute, episodic behavior that restricts movement or function of an individual or portion of an individual's body should be considered abuse and is to be reported under the abuse category. A device used to provide support for functional body position or proper balance and a device used for medical treatment, such as a wheelchair belt or helmet for prevention of injury during seizure activity are not considered mechanical restraints.
 - **Chemical** – A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual. A drug ordered by a licensed physician as part of an on-going treatment program is not a chemical restraint. A drug ordered by a licensed physician for specific, time-limited stressful event or situation to assist the individual to control the individual's own behavior, is not a chemical restraint. A drug ordered by a licensed physician as pre-treatment prior to medical or dental examination or treatment is not a chemical restraint
- L. Rights Violation**-Any act, which is intended to improperly restrict or deny the human or civil rights of an individual, including those rights, which are specifically mandated under applicable regulations. Examples would include the unauthorized removal of personal property, refusal of access to the telephone, privacy violations, breach of confidentiality, etc. This does not include restrictions that are imposed by court order or consistent with an approved "denial of rights" document and a waiver of licensing regulations.
- M. Property damage by a consumer**, which has the potential to cause harm.
- N. Misuse** of consumer property or funds by anyone other than the consumer, regardless of whether done intentionally or unintentionally. Examples include loss of funds, unauthorized withdrawal of funds, use of consumer funds for activities not related to or of benefit to the consumer, coercion of consumer to spend funds.
- O. Unexplained absence** of a consumer from his/her residence, day program or transportation service when the individual is endangered (not street safe) or represents a danger to others, or if the absence exceeds 3 hours.
- P. Complaints made by consumer's family, conservator, guardian or other interested person** regarding the care, treatment or supervision of a consumer. Examples include allegations of abuse, neglect, and insufficient staff or services (including medical services), failure to follow individual program plans, provider inaccessibility.
- Q. Any action that might become newsworthy or initiate a lawsuit or adverse community reaction.** This could include allegations of seriously deficient consumer care and incidents in which a consumer is either the victim or perpetrator of a crime.
- R. Any outbreak of infectious, parasitic or unusual disease.**

II. All Vendors and Long Term Health Care Facilities shall:

- A.** Report all incidents, by telephone or facsimile, immediately but not later than twenty-four (24) hours after the occurrence or discovery of the incident, to the Regional Center, and when appropriate, to the licensing agency.
1. When the incident involves known or suspected abuse, and no licensing agency has jurisdiction, a report must be made to Adult Protective Services, or Child Protective Services and the police department.
 2. Family members, parents, conservators, guardians and authorized representatives, if any, must also be notified.

- B. **All telephone reports shall be followed by a written report**, mailed or faxed to the Regional Center, licensing agency, and other agencies as within forty-eight (48) hours. This must be on the Regional Center's Special Incident Report form (see attached copy).
- C. All Vendors and Long Term Health Care Facilities are responsible for providing quality care and support for the persons in their programs. This includes taking measures to protect consumers from harm. As part of this responsibility, programs assume responsibility for the identification, reporting, and investigation of Special Incidents and for the implementation of corrective/preventive actions. Documentation of these efforts shall be maintained in the vendor's consumer file. Target dates for any corrective actions, or preventative plans must be identified on the Special Incident Report form. Verification of completion of corrective actions should be faxed or mailed to the Regional Center within one week of completion.
- D. Regional Center of the East Bay reserves the right, in accordance with the Welfare and Institutions Code, Section 4648, to perform its own investigation of any incident involving a Regional Center consumer. This investigation may include the review of documentation, interview of relevant parties and inspection of the scene and any physical evidence.

III. Information provided to the Regional Center shall include the following:

- A. Consumer's name, age, birth date, sex and date of admission to the home or program.
- B. The home or program names address and phone number.
- C. The date, time and location of the incident.
- D. A description of the incident.
 - Name and title of persons involved in the incident. Because of confidentiality law, do not use the names of other consumers when they have been involved in an incident. Instead make a separate report for each involved consumer, and use just the initials of other consumers who may have just been present, but not involved.
 - Facts of the incident.
 - Detailed description of any injury.
 - If conflicting accounts are submitted within the context of the report, all information should be included (who said what, etc.)
- E. Action Taken-Planned and Anticipated Results (Investigation process and Outcome).
 - Describe specific actions that were taken.
 - Identify person(s) responsible for handling actions taken or being taken.
 - Set Target Dates for any pending actions.
- F. Preventive Action Taken or Planned.
 - Specify what will be done and by whom to prevent this or similar incidents from happening again.
 - Specify Target Date for the completion of any planned preventive action.
- G. Name(s) of the alleged perpetrator(s) for any incident related to abuse or negligent acts against consumers.
- H. Name(s) address (es) of any witness (es) to the incident.