



The Division of Prevention and  
Behavioral Health Services  
(DPBHS) Incident Report Training



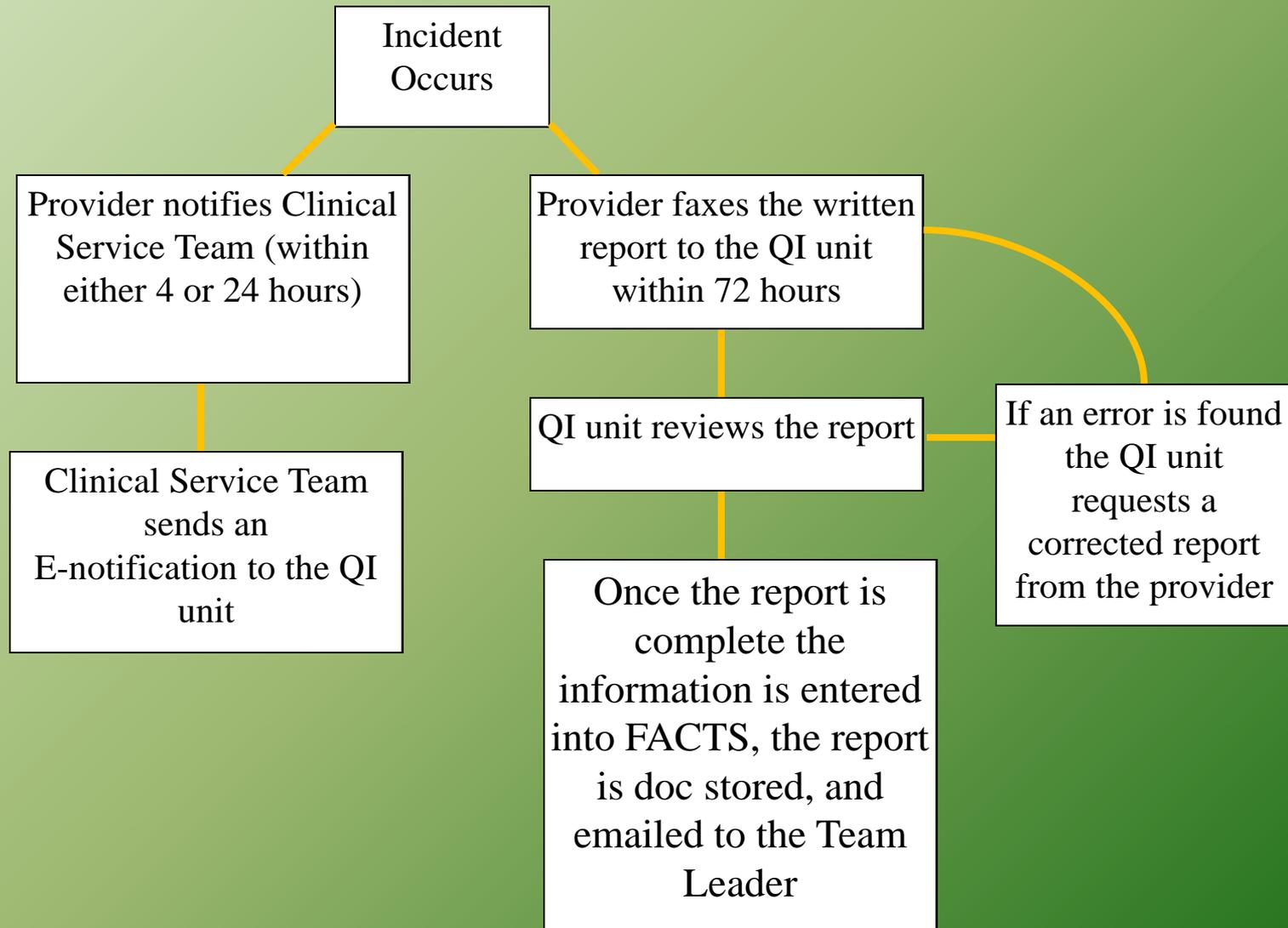
# Policy

- *Both the Department (DSCYF) and the Division (DPBHS) require the complete and timely report of events involving; client injury to themselves, events in which a client has injured another individual, or situations/events that have the potential to negatively impact our clients.*
- *The DPBHS Incident Reporting Policy (PI002) states that the purpose of the policy is to, “establish reporting requirements, identification of accountability for timely and accurate reporting and investigation of incidents, clear reporting accountability and lines of communication.”*

# Training Outline

- Review of the Incident Reporting Process
- Arrangement of incidents on the form and how that corresponds with when to contact CSC.
- Abuse Hotline Reporting
- Common reportable events
- What information is important to include when writing an incident report?
- 3<sup>rd</sup> Party Reports
- Review of Written Notification Procedures
- Review the form
- Common Mistakes on incident reports

# The Incident Report Process



There are 7 reportable events that must be reported by voice to voice contact to the Clinical Services team within 4 hours of the event occurring.

Who can name one of these events?



# Events that must be reported within 4 hours to the Clinical Services Team

1. Alleged abuse by staff members
2. Alleged sexual contact, assault or rape of or by a Delaware child
3. Child/youth death or death of a program staff member while on duty
4. Escape, AWOL or runaway
5. Hospital admissions including psychiatric
6. Disturbance that has the potential for harming a child or causing major program disruption
7. Abduction of youth

# What if I can't contact the CSMT within 4 hours?

- If the one of these 7 events occurs after hours, on a weekend, or holiday call the DPBHS Crisis line to report the event.

1-800-969-4357

- Also send an email or leave a voicemail for the client's CSMT.

Who can name an event that  
must be reported to the DE  
Abuse Hotline?



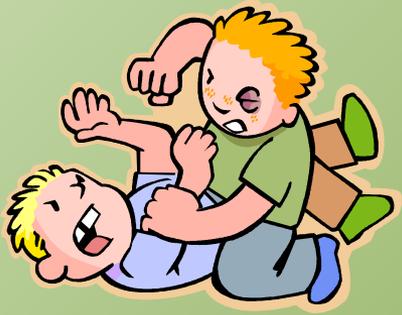
# Incidents that must be reported to the DE abuse hotline

- Allegations of abuse/neglect by any party
- Anything sexually inappropriate between clients
- Medication errors involving life threatening medications or with the potential to cause harm
- Restraints with injury that raise concern
- Supervision issues
- Abuse Hotline : 1-800-292-9582





What are some examples  
of other reportable  
events?

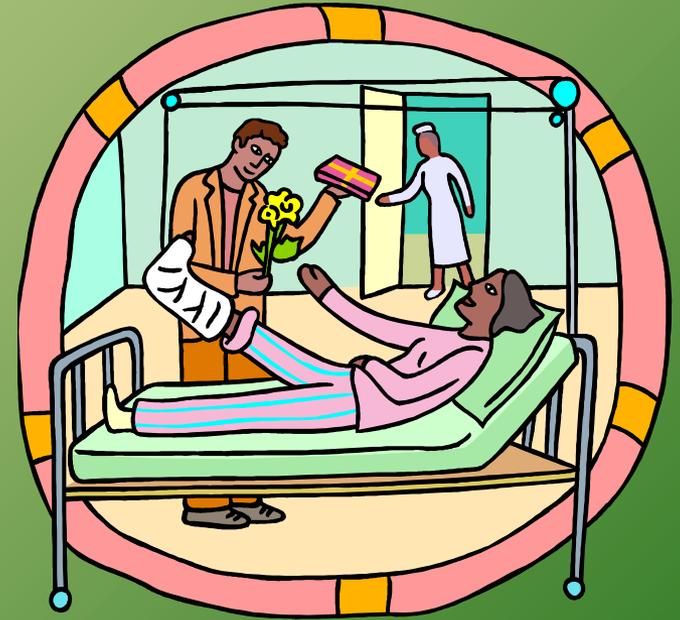


# Information to be Included in the Written Report if Restraint

- Length of restraint
- Reasons for restraint
- Number of persons involved in restraint
- Any injury resulting from restraint
- Type of restraint
  - Standing
  - Sitting
  - Prone

# Information to be Included in the Written Report if Hospital Admission/ER visit

- Reason
- Length of stay
- Location
- Treatment used
- Aftercare if applicable
- Transportation to hospital



# Information to be Included in the Written Report if Police Involvement

- Reason
- Time and date of call
- Who responded
- Outcome
  - Arrest
  - Aid in de-escalation



# Information to be Included in the Written Report if Medication error/lapse

- Medication involved
- If the medication was a life threatening or a behavior medication (Hotline must be notified if the error involved a life threatening medication or has the potential to cause harm )
- Brief explanation
- Staff member responsible
- Resolution of error/lapse



# Information to be Included in the Written Report if AWOL/Escape/Runaway

- What was done to prevent the event
- Who was called (parents, police, PO, etc)
- Length of the AWOL (if known)
- Did the client return to the facility, and if so how
- What will be done to prevent future AWOLs



# 3<sup>rd</sup> Party Reports

- Incidents that occurred away from the provider/facility
  - Police called on a client while at school
  - Client running away from home
- These events should be reported to the Clinical Service Team but do not have to be reported to the QI department

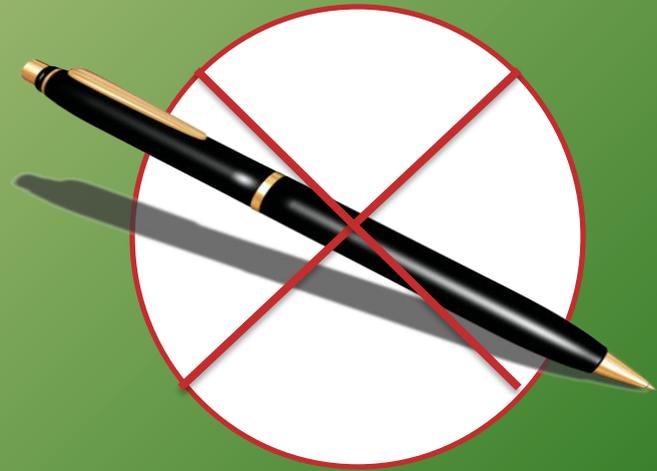
## 3<sup>rd</sup> Party Report Exceptions

While these reports could technically be 3<sup>rd</sup> party they should still be reported to the PBHS QI unit

- Alleged abuse by person outside the agency
- Child/youth death
- Child/youth abduction
- Suicide attempts (leading to a hospitalization)
- 24 hour facilities must submit a written report to the QI department for any reportable event, even if that event occurs while the client is on pass

# Written Notification Procedures:

- Operating guidelines stipulate the incident report must be typed.





- The most common events that occur, require a voice mail message that must be reported within 24 hours.
- When is the written report due?

# Written Notification Procedures:

- ALL Incident Reports are due within 72 hours
- Be sure that the form is clear, complete and includes all notifications prior to submission.
- Fax to DPBHS (302) 661-7270.



The incident report form is used by all three divisions within DCSYF.

Now let's take a closer look at the form.

# Common Mistakes

- Illegible
- Missing information
  - Notification dates and times
  - Length, time and type of restraints
  - Signatures
- Sending multiple reports in one fax
- No hotline notification
- No CSC notification
- Each report must be specific to one client, reports can not contain names of multiple clients



# What's wrong with this report?

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Event Date/Time: \_\_\_\_\_

**Description of Event: Person(s) involved, situation preceding the event, action taken, outcome:**

Staff saw client Terri Gentry hit client Delilah Greer in the face with a closed fist. Terri was then escorted to the OQR where she was restrained.

**Steps taken to evaluate or treat the child and assure child safety:**

Client Delilah seen by nurse.

**If reporting restraint or Seclusion:**

Start Time:                      End Time:

**What are the implications of the event for change in the child's treatment or case plan?**

None

# What's wrong with this report?

## Steps taken to evaluate or treat the child and assure child safety:

When asked if K.T. was ok, she stated that she was fine, she did not need any medical attention. ED

K.T. had a series of episodes during the day. Clinician met with her just prior to incident involving property destruction and threats to others - addressed concerns related to peer conflict accommodations were made. Was calm at that time. Clinician had been notified within 20 minutes of leaving clinician's office. Refused to engage in problem solving efforts, resulting in physical restraint and presence of legal charges.

## What are the implications of the event for change in the child's treatment or case plan?

Behavior is consistent with presenting problems - need to provide clear, consistent consequences to aggressive behaviors

# What's wrong with this report?

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Event Date/Time: \_\_\_\_\_

**Description of Event: Person(s) involved, situation preceding the event, action taken, outcome:**  
Client Alex Greer was given the wrong medication at noon.

**Steps taken to evaluate or treat the child and assure child safety:**

# What's wrong with this report?

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Event Date/Time: \_\_\_\_\_

NOTIFICATION RECORD				
CONTACT CATEGORY	NAME	CONTACT (Y/N)	DATE	TIME
Child/Client (for medication error)				
Parent/Guardian	Kelly Lovelace	Y	10-13-2011	
Foster/Adoptive Parent(s)				
DSCYF Case Manager	Tyneisha Jabbar-bey	Y	10-13-2011	
DSCYF Program Administrator or Contract Manager				
DE Abuse Hotline				
DE Office of Child Care Licensing				
Child Protection Agency (other state)				
Police				
Other				
Other				

# What's wrong with this report?

Description of Event: Person(s) involved, situation preceding the event, action taken, outcomes:

This writer informed female client DS that she would lose score and safety points as she continuously was horseplayng with a peer and would not respect peers request or staff verbal redirection to stop. Client DS

then hit this writer in the forearm with a closed fist. As client went to swing again, this writer initiated an upper torso standing assist. Client DS escaped the SIM hold and staff BP transitioned with a single standing upper torso then transitioned from upper torso single seated assist. MSS AM transitioned in for staff BP and BP transitioned onto leg assist. Staff PA then transitioned into upper torso. After a couple of minutes, MSS AM and AC transitioned DS to back hallway with a brief assist and immediately transitioned out of 6step assist.

Steps taken to evaluate or treat the child and assure child safety:

Verbal redirection, open to leave area.

# What's wrong with this report?

**Description of Event: Person(s) involved, situation preceding the event, action taken, outcome:**

Client JT became agitated in the evening due to a change in her schedule and started destroying property. While destroying property JT injured her finger and refused to get it checked by nursing. She was offered several interventions and was verbally redirected several times to go to her room for a time-out. She became more agitated and began to throw her shoes and books at staff. JT then began to kick staff, at that time JT was placed in a single standing upper torso hold which transitioned to a single seated upper torso hold after the client dropped her weight. Client was able to utilize a deep breathing strategy and was released from the hold.

**Steps taken to evaluate or treat the child and assure child safety:**

Client contracted for safety and was placed on frequent checks by staff.

**If reporting restraint or Seclusion:**

**Start Time:** 9:12pm

**End Time:** 9:16pm



Any questions?

For questions or concerns contact the  
Quality Improvement Unit at  
302-633-2738