



**Policy Title:** Incident Reports

**Policy #:** 05-001-0040

**Effective Date:** 04/3/2025

**Approved by:** Telly Delor, Chief Operating Officer

**Functional Area:** Office of Recipient Rights

**Responsible Leader:** Sandy O'Neill, Recipient Rights Director

**Policy Owner:** Sandy O'Neill, Recipient Rights Director

**Applies to:** SCCCMH Staff, Contracted Network Providers, Direct Operated Programs, Community Agency Contractors, collectively referred to as "Staff" or "Agents of a SCCCMH provider" in this policy

**Purpose:** To provide the process for monitoring, reporting, documenting, and investigating *Incidents* involving *recipients* of mental health services.

### I. Policy Statement

It is the policy of St. Clair County Community Mental Health (SCCCMH) to ensure that all *incidents* involving *recipients* of SCCCMH services that disrupt or adversely affect the course of treatment or care of an individual, the unit management, or facility administration will be reported, documented, and investigated as delineated herein.

### II. Standards

- A.** Employees, volunteers, and Agents of a SCCCMH provider must observe recipients in their care for changes in health conditions, such as bruises, bumps, limping, changes in behavior, etc.
- B.** Employees, volunteers, and Agents of a SCCCMH provider must take immediate action to administer appropriate first aid or obtain emergency medical treatment, when needed, and must report and document unusual mental and physical health conditions per this administrative policy.
- C.** Employees, volunteers, and Agents of a SCCCMH provider who witness, discover, or are notified of an *Incident*, as defined in this policy, must provide *immediate* notification to the recipient's parent(s), if a minor, or guardian for incidents including death, serious injury, attempted suicide, elopement, or suspected abuse or neglect of a recipient, and *as soon as possible* for all non-serious injuries or other incidents

involving recipients, which include incidents that could have caused an injury to a recipient.

- D.** Employees, volunteers, and Agents of a SCCCMH provider who witness, discover, or are notified of an Incident, as defined in this policy, must provide immediate notification to their supervisor for incidents including death, serious injury, attempted suicide, elopement, or suspected abuse or neglect of a recipient, and as soon as possible for all non-serious injuries or other incidents involving of recipients, which include incidents that could have caused an injury to a recipient.
- E.** Employees, volunteers, and Agents of a SCCCMH provider must provide notification of to the recipient's case manager of all Incidents as soon as possible.
- F.** Employees, volunteers, and Agents of a SCCCMH provider will be available to respond to questions put forth, verbally or in writing, when reviews or investigations are conducted by the Office of Recipient Rights, Adult/Child Protective Services, Licensing and Regulatory Affairs, law enforcement agencies, and/or other MDHHS investigators/authorities.
- G.** Incident Reports are quality assurance documents and do not constitute a summary report. As such, Incident Reports are not maintained in the clinical record of a recipient and are not open to public inspection.

### III. Procedures, Definitions, and Other Resources

#### A. Procedures

##### Responsibilities

Position	Responsibilities
Employee/Volunteer/ Agent of a SCCCMH provider	<ol style="list-style-type: none"><li>1. Take actions to correct the situation</li><li>2. Provide notification to the recipient's parent and/or guardian</li><li>3. If applicable, notify the case manager</li><li>4. Document the incident</li><li>5. Notify supervisor</li></ol>
Supervisor	<ol style="list-style-type: none"><li>1. Provide notification to all required parties when an incident includes serious injury and/or death, suspected abuse/neglect, elopement, attempted suicide</li><li>2. Review Incident Reports and indicate any further action necessary</li></ol>
Office of Recipient Rights	<ol style="list-style-type: none"><li>1. Review all Incident Reports</li><li>2. Notify additional parties, if necessary</li><li>3. Request follow-up action if necessary</li><li>4. Notify Chief Clinical Officer of any potential sentinel event</li></ol>
Chief Clinical Officer	<ol style="list-style-type: none"><li>1. Review Incident Report to determined sentinel event</li><li>2. Request Root Cause Analysis (RCA) from caseholder</li><li>3. Forward RCA to BTPRC</li></ol>

Position	Responsibilities
Primary Case Holder	Complete RCA as necessary
BTPRC	Review the RCA
Primary Case Holder Director	1. Review the Incident Report 2. Complete any follow-up tasks as requested by ORR

### Actions – Reporting and Documentation

Action Number	Responsible Stakeholder	Details
1.0	Employee/Volunteer/Agent of a SCCCMH provider who witnesses, discovers, or is notified of an Incident	<ol style="list-style-type: none"> <li>1. Take immediate action to correct the situation; seek emergency medical treatment and/or provides first aid, treatment, comfort, and protection to the individual, as appropriate.</li> <li>2. Provide immediate notification to the recipient's parent(s), if a minor, or guardian for incidents including death, serious injury, attempted suicide, elopement, or suspected abuse or neglect of a recipient, and <i>as soon as possible</i> for all non-serious injuries of recipients, which includes incidents that could have caused an injury.</li> <li>3. Provide immediate notification to their supervisor for incidents including death, serious injury, attempted suicide, elopement, or suspected abuse or neglect of a recipient, and as soon as possible for all non-serious injuries of recipients, which includes incidents that could have caused an injury.</li> <li>4. Provide notification to the recipient's case manager of all incidents as soon as possible.</li> </ol>
2.0	Supervisor	<ol style="list-style-type: none"> <li>5. Provide immediate notification to the Services Director/designee and case manager for incidents including death, serious injury, attempted suicide, elopement, or suspected abuse or neglect of a recipient.</li> <li>6. Provide immediate notification to the SCCCMH Services Director, contract agency director, and SCCCMH Recipient Rights Director of all deaths of recipients. Follows SCCCMH <a href="#">Board Policy #05-001-0010, Death Reporting</a>.</li> </ol>
3.0	Employee	<ol style="list-style-type: none"> <li>7. Document the incident in OASIS (Incident Report module) before the end of their shift. If access to OASIS is not available, document the incident on an Incident Report form, SCCCMH</li> </ol>

Action Number	Responsible Stakeholder	Details
		<p>form <a href="#">#0057 Incident Report</a>, and/or the State of Michigan Licensing and Regulatory Affairs Incident Report form before the end of their shift.</p> <p>8. Include in their documentation:</p> <ol style="list-style-type: none"> <li>The facts of the incident: Date, time, and location of the incident.</li> <li>Supporting information: What happened before, during, and after the incident.</li> <li>Specific descriptions of injuries, if applicable. If a recipient received emergency medical treatment, was it first aid at the location of the incident or was the recipient transported to the hospital? If a recipient was transported to the hospital, who provided the transportation (EMS, staff, guardian, etc.)? If a recipient was treated at a hospital, was the recipient treated and released or hospitalized? If a recipient was hospitalized, what was their diagnosis? In addition, was the injury due to a fall, accident, or other?</li> <li>Parties involved: Include the case numbers of any additional recipients involved in the incident, and the names of the staff members or other persons present during the incident.</li> <li>Who contacted the police: Was it a recipient, staff member, guardian, or community member?</li> <li>The use of physical management: Indicate the precipitating behavior(s) that led to the use of physical management, the positive behavior supports that were unsuccessfully tried, the name of the physical management technique, the length of time of the physical management, a statement that the individual de-escalated or calmed, and a summary of the supervisor's debriefing with staff and the individual involved regarding the use of physical</li> </ol>

Action Number	Responsible Stakeholder	Details
		<p>management.</p> <p>g. Any action taken by staff: What assistance they provided, who they contacted, etc.</p> <p>h. Signatures of all staff members involved in the incident to include dates/times of staff signatures.</p> <p>9. Add “Author Supervisor” to the report/confirm their supervisor is listed as the “Author Supervisor” prior to saving the report when utilizing OASIS.</p> <p>10. Save and forward the Incident Report to their supervisor for review in OASIS. If a paper Incident Report form is used, forward the Incident Report to their supervisor before the end of their shift.</p> <p>11. Provide a verbal report of the incident to oncoming staff at shift change.</p>
4.0	Supervisor	<p>12. Review the Incident Report before the end of their working day or shift.</p> <p>13. Ensure any further action is taken to assure the recipient receives proper treatment, if applicable.</p> <p>14. Check the Incident Report for legibility, completeness, and appropriate dates and signatures.</p> <p>15. Complete the “Supervisor’s Review” section of the Incident Report in OASIS. If a paper form is used, sign, and date the form, and include the corrective measures taken to prevent recurrence of the incident. In OASIS, include debriefing meeting/consultation with staff (as appropriate) and the corrective measures taken to prevent recurrence of the incident.</p> <p>16. Save and forward the Incident Report to the Office of Recipient Rights (ORR) in OASIS or forward paper forms to the ORR as follows:</p> <p>a. Within 24 hours for incidents including the death, serious injury, attempted suicide, elopement, and suspected abuse or neglect of a recipient.</p> <p>b. Within two (2) business days for all other incidents.</p>

Action Number	Responsible Stakeholder	Details
		<p>17. Maintain a copy of the Incident Report in the home/program Administrative file for at least one (1) year.</p> <p>18. File a Recipient Rights complaint with the ORR on behalf of the recipient on MDHHS Form <a href="#">#0030 Recipient Rights Complaint</a> for all apparent or suspected recipient rights violations, including apparent or suspected abuse or neglect of a recipient, according to SCCCMH <a href="#">Board Policy #05-001-0005, Recipient Rights</a>.</p>

### Actions – Office of Recipient Rights - Review and Follow-Up

Action Number	Responsible Stakeholder	Details
1.0	Office of Recipient Rights	<ol style="list-style-type: none"> <li>Review all Incident Reports for potential critical incidents, risk events, and/or sentinel events, coding as appropriate.</li> <li>Send potential sentinel events to the SCCCMH Chief Clinical Officer within three business days of the incident/notification of the incident for their review.</li> <li>Review all other Incident Reports within ten (10) business days.</li> <li>Follow-up with appropriate parties as needed, to include Protective Services, Licensing and Regulatory Affairs, law enforcement agencies, contract provider agencies, and SCCCMH staff.</li> <li>Ensure all Incident Reports submitted in paper format are scanned and entered into the OASIS system.</li> </ol>
2.0	SCCCMH Chief Clinical Officer	<ol style="list-style-type: none"> <li>Review potential sentinel events within two (2) business days of their notification from the ORR to review an Incident Report. If the event meets sentinel event criteria, prompt the individual's primary case manager to initiate a Root Cause Analysis (RCA) of the incident.</li> </ol>
3.0	Primary Case Manager	<ol style="list-style-type: none"> <li>Complete an RCA of the incident and forward their findings to the Chief Clinical Officer.</li> </ol>
4.0	SCCCMH Chief Clinical Officer	<ol style="list-style-type: none"> <li>Forward the RCA to the Behavior Treatment Plan Review Committee for review.</li> </ol>

### Actions – Behavior Treatment Plan Review Committee – Review and Follow-Up

Action Number	Responsible Stakeholder	Details
1.0	Behavior Treatment Plan Review Committee	1. Review the findings of the Root Cause Analysis (RCA) to determine whether additional RCA is warranted, or if the RCA is deemed sufficient, generate a summary of the RCA findings and prepare systems improvement recommendations, as needed.
2.0	Primary Case Manager Director	2. Review all Incident Reports within five (5) business days of their notification that an Incident Report requires their review. 3. Complete any follow-up tasks requested by the ORR or additional reviewers within two (2) subsequent business days of their review.

## B. Related Policies

[Board Policy #05-001-0005, Recipient Rights](#)

[Board Policy #05-001-0010, Death Reporting](#)

[Administrative Policy #06-001-0120, Duty to Warn](#)

## C. Definitions

1. *As soon as possible*: Means as time allows, but always before the end of the employee's shift.
2. *Immediately / Immediate*: Means without delay; instantly.
3. *Incident*: Means any occurrence that disrupts or adversely affects the course of treatment or care of an individual, a residence, or a facility, or an incident that results in an injury, and includes, but is not limited to:
  - a. The death of a recipient.
  - b. Threats of physical violence and/or those threats requiring a notification to law enforcement/the threatened party. See SCCCMH [Administrative Policy #06-001-0120, Duty to Warn](#).
  - c. Involvement with law enforcement regarding a reported elopement or request for emergency assistance, including whenever they are called by staff, a recipient of services, or others.
  - d. Any injury to a recipient and/or other incidents that could have caused an injury to a recipient.
  - e. A medical condition that requires emergency medical treatment on-site or at a hospital.
  - f. Suspected and/or apparent abuse or neglect of a recipient.

- g. Hospitalization of a recipient (medical and psychiatric).
  - h. Use of physical management.
  - i. Physical aggression, behavior with injury to self/others, and behavior with property damage.
  - j. Suicidal ideation/threat/actions.
  - k. Verbal aggression, inappropriate comments, swearing, and threatening language.
  - l. Arrest and/or incarceration of a recipient.
4. *Recipient*: Means an individual who receives mental health services from the Michigan Department of Health and Human Services (MDHHS), a community mental health services program, or a facility, or from a provider that is under contract with the MDHHS or a community mental health services program.

**D. Forms**

[#0030 Recipient Rights Complaint](#)

[#0057 Incident Report \(and in OASIS Incident Report module\)](#)

**E. Other Resources** (i.e., training, secondary contact information, exhibits, etc.)

N/A

**F. References**

- 1. Michigan Mental Health Code, Section 330.1748
- 2. MDHHS Administrative Rules, Rule 330.7046

## IV. History

- Initial Approval Date: 02/1986
- Last Revision Date: 03/2025 BY: Sandy O'Neill
- Last Reviewed Date: 09/2023 BY: Telly Delor
- Non-Substantive Revisions: N/A
- Key Words: Incident Report, Injury, Reporting, Death, Suicide, Abuse, Neglect, Accident, Elopement,