

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH  
INSTRUCTIONS FOR COMPLETING INCIDENT REPORT FORM

INCIDENT REPORTS are to be submitted to your supervisor within 24 hours of the time of the incident (or of the time the incident/injury was discovered).

I. WHEN TO COMPLETE AN INCIDENT REPORT FORM

- A. An incident must be completed for any unusual incident involving a CMH consumer
- B. These include, but are not limited to, all incidents involving:
  - 1. Mishap and /or injury
  - 2. Abuse and neglect
  - 3. Seizures
  - 4. Physical intervention
  - 5. Medical intervention
  - 6. Physical aggression
- C. A separate form must be used for each incident and for each consumer involved. IF more than one person was involved in the incident, a separate form should be submitted for each person (i.e. if one consumer hits another, one Incident Report should be filled out for the consumer doing the hitting and another IR for the person that was hit).
- D. If witnesses disagree on what took place during an incident, each should complete a separate Incident Report.

II. HOW TO FILL OUT THE INCIDENT REPORT FORM

- A. The person filling out the Incident Report should complete only the front side of the form.
- B. All sections must be filled out completely and accurately, including:
  - 1. The name and case number of the consumer involved
  - 2. The date and time the incident occurred or was noticed (note a.m. or p.m.)
  - 3. The date and time the incident is being reported (note a.m. or p.m.)
  - 4. Check the site (facility name) where the incident occurred
  - 5. Check the location where the incident occurred
  - 6. Write a brief description of what happened. Stating facts not listed elsewhere on the form. Include what led up to the incident. Attach a second sheet if necessary.
  - 7. Check the type of injury (may be more than one) that occurred to the consumer. This is for consumer injuries only. Employee injuries must be reported on an Employee's Injury Report form.
  - 8. Check the seriousness of injury
  - 9. Check the kind of treatment that was provided to the consumer
  - 10. Name the witnesses or other involved, if there were any
  - 11. Print the name of the person reporting. Sign and date the Incident Report.
  - 12. Turn the completed Incident Report Form into your supervisor and forwarded to SCCMHA within 24 hours of the incident.
- C. The back side of the Incident Report will be processed by the Day Program Administrative Staff person beginning at the morning meeting as the Incident Report policy/procedure directs. The following staff will review and address any issues indicated by the Incident report:
  - A. Home Manager and/or Supervisor
  - B. Supports Coordinator
  - C. Nurse
  - D. Program Director - will review for incident category, physical intervention, and sentinel events. P.D. will designate I.R.s to be forwarded to Safety Officer for review. P.D. will designate I.R.s to be forwarded to Behavioral Specialist for review.

Each Staff will review the IR, note any person notified, note any action taken, make comments, and sign and date. After the morning meeting the completed designated forms will be forwarded to the Safety Officer for review and returned to the Administrative Supports Staff. The Administrative Support Staff will forward the designated I.R's to the Behavioral Specialist for review. The Behavioral Specialist will forward the I.R.s to the Supports Coordination Administrative Staff.

- D. The Supports Coordination Administrative Staff who will forward the IRs to the Recipient Rights Officer for final review. The I.R.s will be returned to the SCA for processing.