



**Death:** Any death of a consumer, regardless of whether the death was expected or not expected.

**Arrest:** Arrest is defined as a situation where a consumer is held or taken by a law enforcement officer based on the belief that a crime may have been committed.

**Missing Recipient:** A vulnerable consumer intentionally leaving CMHA-CEI or contract premises without permission, or wandering away from premises without staff knowledge, including elopement.

**Choking:** The blocking of a consumer's airway as the result of eating or ingesting foreign objects that may require administration of abdominal thrusts (also known as Heimlich Maneuver).

**Exposure to Blood/Body Fluids:** Exposure of non-intact skin or mucous membranes to blood and/or body fluids of another.

**Emergency Care:** For injury or illness which requires an intervention beyond first aid, i.e., urgent care, emergency room visit, or hospitalization. Examples would include broken bones, lacerations requiring sutures, sprains, or illnesses such as pneumonia, etc.

**Other:** For incidents that do not meet the requirements of the other available options. Should include use and unauthorized possession of weapons and unauthorized use and possession of legal or illegal substances.

**Behavioral Event:** An event by a consumer that results in serious aggression towards others, serious property damage, or serious self-injury. Must note if the event involved non-exclusionary time out, physical intervention by staff, police involvement, and/or search and seizure to remedy the event. If a consumer has more than 3 incidents involving physical management and/or police involvement more than 3 times in a 30-day period, the treatment plan must be revisited and modified if necessary.

**Medication Error/Event:** Any occurrence involving a medication error/event (in situation where the medication is administered by, or under the supervision of, CMHA-CEI) that places a consumer at risk due to a variance in medication processes. Medication errors/events in situation where the medication is not administered by, or under the supervision of, CMHA-CEI, do not require the completion of an IR. All medication errors require staff to call either the nursing line (517-346-8404) during regular business hours, and the pharmacy line (517-251-1742) after business hours for consultation due to a medication error/event.

**Medication errors/events include:**

- **Adverse medication reaction (Event):** Harmful, unintended response to a medication that requires emergency care.
- **Wrong dosage administration:** Medication is administered by staff in a dose that is different than prescribed. (e.g. A person is supposed to receive two 50 mg tablets but is only administered one 50 mg tablet).
- **Wrong person/medication administered:** A medication is administered by staff to a consumer for whom it is not prescribed.
- **Wrong route of administration:** Medication is administered using a method other than as prescribed (e.g., eye drops are placed in the ear).
- **Wrong time/day:** A medication is administered more than an hour before or after the scheduled time (e.g., A medication that is to be administered at 8 PM is administered at 10:30 PM).
- **Missed medication:** Prescribed dose is missed (e.g., 3 doses scheduled in a day, consumer receives 2 doses). **NOTE:** Consumer refusal of medication does not need to be documented in the CMHA-CEI incident reporting system, unless there is an adverse medical reaction or if the staff member is specifically instructed otherwise by a medical professional.
- **Medication Administration Record (MAR) transcription error:** Changes in medications orders or administration of medication not entered onto the MAR (e.g. according to medication count all medications were administered but the MAR has not been signed by staff to reflect that).
- **Medication Administration Record (MAR) staff signing error:** Staff failure to sign MAR as required.
- **Pharmacy error:** medication dispensed incorrectly or not delivered timely.

Report Incidents Here: <https://incident.ceicmh.org>

When you report an incident, remember to put **the consumer's code and name**

**Consumer**  
 Client Code   
 First Name   
 Last Name

**Reporting Cost Center**  
 Code   
 Name

Insert the cost center code and name  
 \*For questions related to determining cost center, please contact [QCSRR-QA@ceicmh.org](mailto:QCSRR-QA@ceicmh.org)

## Incident

Type   
 Location   
 Date

Select the correct reporting form by choosing the incident type. Enter the location (address of site), date, and time of where/when the incident occurred, *not* where/when you are completing the report

(mm/dd/yyyy) Time  (eg. 22:25 or 10:25pm)

**To be Completed by Reporting Staff**

Description of this Incident

Reporting Staff Signature

(By entering your name you are attesting that information on this form is correct to the best of your knowledge)

Provide a description of the incident with relevant details

Up to three witnessing staff members can add information regarding the incident

**To be Completed by On-Site Supervising Staff**  
*Check all that apply*

Death  
 Arrest  
 Missing Recipient  
 Choking  
 Outcome   
 Physical Mgmt

Exposure to blood/bodily Fluids  
 Outcome   
 Physical Mgmt

Emergency Care  
 Cause   
 Outcome   
 Physical Mgmt

Other

Was Hospitalization scheduled?

(Note: Scheduled hospitalizations should not be entered into the Incident System.)

**Behavioral Events**

Serious Aggressive Event  
 Intervention Required  
 NETO  Search/Seizure  Physical  
 Intervention Outcome   
 Behavior Tx Plan

Event resulted in EMT or Hosp. for other

Serious Property Damage  
 Intervention Required  
 NETO  Search/Seizure  Physical  
 Intervention Outcome   
 Behavior Tx Plan

Serious Self Injury  
 Intervention Required  
 NETO  Search/Seizure  Physical  
 Intervention Outcome   
 Behavior Tx Plan

Notifications  
 Was Guardian Notified   
 Others who should be informed of this event  
 Case Manager   
 Nurse   
 Doctor   
 Other

On-Site responsible staff comments

On-Site responsible staff Signature  Signature Date

(By entering your name you are attesting that information on this form is correct to the best of your knowledge)

The on-site supervisor will complete the Notification boxes

As the on-site supervisor, please ensure the **correct boxes are checked**, that you leave a **description of follow-up action** that occurred in response to the incident, and action taken to **prevent the reoccurrence** of the incident in the future.

Complete the incident report with your signature and the date of your review. If this is left unsigned, the incident will **not** be completed.

If completing a **medication incident report**, as the **reporting staff**, please use this box to leave any comments.

If instructions were not followed, explain

If you have questions when completing an incident report or need to edit an existing incident, please contact: Quality Improvement at [qi@ceicmh.org](mailto:qi@ceicmh.org)