



Incident Type Definitions

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

Incident

Type
Location
Date Time

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

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

Create a New Description by Different Staff

Continue to On-Site Supervisor Section
Save Incident and Exit
Exit without Saving

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

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.

The on-site supervisor will complete the Notification boxes

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)

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

Applied Behavior Analysis Provider Tips (if applicable)

- All Applied Behavior Analysis (ABA) providers are to use 86110 as the reporting cost center for each incident report
- Client Codes are specific to each consumer; ensure the Client Code corresponds to the consumer in which the incident is being filed under
- If a qualifying reportable incident occurs, the incident report should be filed ASAP to ensure proper timeliness and documentation requirements (<https://incident.ceicmh.org/>)
- **Physical Intervention**
 - Physical intervention is defined as **“a technique used by staff to restrict the movement of an individual by direct physical contact in order to prevent the individual from physically harming himself, herself, or others.”**
 - Methods such as gesturing, modeling, visual aids, and/or verbal interventions must be attempted **prior** to physical interventions; utilizing physical interventions should be the **last** method to implement when attempting to de-escalate a situation
 - Physical interventions should only occur during **emergent** situations
 - Physical interventions could be, but is not limited to, approved holds, isolation, removing an individual by force
 - Every time that a staff person uses physical management, and incident report must be filed
 - Even if the physical intervention was utilized for safety purposes (either for staff or consumers), an incident report must be filed. This helps document the incident, allow conversation for follow-up, and meet certain reporting requirements
 - Physical Intervention examples:
 - A consumer has eloped from the home/building, and is running towards a busy road. The technician follows behind the consumer, verbally re-directly them to come back to the building. The consumer refuses, and continues towards the busy street, stating that they intend to walk into traffic. The technician contacts their supervisor, as well as calls 911 for backup, if needed. The consumer is now dangerously close to entering into the road. The clinician then implements an approved physical hold to maintain safety of the consumer. **This requires an incident report to be written.**
 - A consumer is exhibiting aggressive behavior while in the home/building, putting other consumers/staff at risk. The consumer is throwing objects, yelling, and making threatening statements. The clinician attempts to use verbal redirection, visual cues, and offers other positive reinforcements such as offering a preferred activity or offering the consumer a break from activities. The consumer refuses these prompts, and starts to head-bang on walls or objects. The clinician places a soft mat between the consumer’s head and the wall/object to protect the consumers head from harm. The consumer then moves around the home/building, away from the soft mat and continues to head-bang. The consumer inflicted multiple blows to their head. This information was reported to the supervisor and a call was made to the parent to end session early. General information about concussion protocol was provided to the parent and recommended the individual seek medical attention. **This requires an incident report to be written.**
 - A consumer gains access to a kitchen space. The consumer enters the area and starts to go through others belongings/food items in the fridge. The clinician offers verbal re-direction for consumer to their personal belongings/food and available snack bowl of fruit, which is not successful, as the consumer continues escalate and is now eating another consumers lunch. The clinician then offers the consumer a preferred activity, in which the consumer accepts. The consumer leaves the staff-only space without further

incident and begins to appropriately engage in the preferred activity. **This does not require an incident report to be written.**

- Consumer A and Consumer B get into a verbal altercation during a group activity. The consumers are in disagreement about how the group activity will be run. The present clinicians offer verbal redirection, offering various methods to conduct the group activity. This verbal prompt escalates Consumer A, and Consumer A begins to physically aggress at Consumer B. Consumer A hits and kicks Consumer B, resulting in Consumer B being physically hurt. The clinicians present then implement a 2-person hold on Consumer A due to being an imminent safety risk towards Consumer B. **This requires an incident report to be written.**
 - When in doubt regarding filing an incident report or not, it is always better to err on the side of caution and complete an incident report.
 - All incident reports are reviewed by CMHA-CEI staff. If there is an incident that is categorized incorrectly, or is not an actual CMHA-CEI incident, CEI staff will edit the incident report to be accurate. It is always better to over report compared to under reporting.
- **Denying Access**
 - State law requires that all consumers maintain a freedom of movement while receiving Medicaid funded services, ensuring that the **least-restrictive environment is maintained**. Consumers shall not be denied access to areas of the home/building, such as the bathroom, kitchen, activity areas, etc., unless access to one of these areas puts the consumer, or others, at **immediate** risk of harm.
 - Any limitations to a consumer's freedom of movement must be developed in a Behavior Treatment Plan, which requires approval from the BTC **prior** to implementation.
 - If a consumer's freedom of movement is limited for any reason, even for a short period of time, an incident report must be filed describing the situation and providing a cause for the limited freedom of movement.
 - Denying access to preferred activities for treatment purposes, such as using a tablet, TV, playing with certain items, is permitted.
 - Example: Consumer receives treatment in a center based environment and treatment is directed in individual room. This room features access in and out and use of items consistent with other treatment rooms within the center and consumer can access other rooms freely but may be verbally redirected back to treatment room in accordance with their individualized plan. This is not denial of access.
- **EMT/Hospitalization**
 - If EMT/Hospitalization is required for any reason while receiving services from staff, **then an incident report must be filed**, identifying the cause for EMT/Hospitalization. This includes illness, injuries, seizures, and falls.
 - If a consumer experiences a seizure but no EMT/Hospitalization results, an incident report does **not need to be filed**.
 - The determination to call EMT or Hospitalize a consumer is a determination made among staff and guardians. **Guardians should always be informed of a situation that may require EMT/Hospitalization**, in which their input to contact EMT or Hospitalize the consumer is noted. In most cases, it is better to receive medical attention for these situations to confirm the health and safety of the consumer.