Incident Report Writing Training

Safety is the number one priority for individuals, community members and staff. First and foremost, take whatever actions are necessary to resolve the emergency and insure the individual's health and safety, which may include calling 911 or taking other emergency action. When emergency situations have been handled and there is no longer any danger, then notify the TTC emergency phone/pager system (EPS).

Incident Report Notification Process

1. Notify appropriate Emergency Support Services (911) if needed.
2. Notify:
   a) TTC Administrator
   b) TTC Emergency Phone/Pager System (EPS)
   c) Appropriate contract agencies (DDD)
   d) Guardian (if applicable)
   e) Local law enforcement (if applicable)
   f) CPS / APS / TSS (if applicable)
3. Write an Incident Report (IR)

TTC complies with the State of Arizona contract agency notification and timeline guidelines regarding incidents.

TTC notifies guardian/parents of incidents within 24 hours or as specified in the ISP.

TTC notifies Child Protective Services (CPS) or Adult Protective Services (APS) as directed by the Director / Managing Director. If TTC is unable to contact CPS or APS, the local law enforcement will be contacted.

If one agency requests notification of another agency, TTC will comply with that request.

Internal Review and Corrective Action

IR's are reported to and reviewed by the program supervisor and then forwarded up through the TTC chain of command. Any administrator in the chain of command may request additional information or corrective action. Incidents are logged and tracked and copies are sent to contract agencies and other ISP team members as requested.
IR Notification Processes are required for **ALL** incidents, including but not limited to:

- **Death**
- **Serious injury/illness** – head injury, unresponsiveness, uncontrolled vomiting or diarrhea, sprains, broken bones, etc.
- **Alleged abuse/neglect** – any suspected abuse or neglect by anyone of an individual in any program.
- **Allegations of inappropriate sexual behavior** – exposing self in public, non-consensual touching or sexual contact.
- **Community complaints or disturbances** – any incident in the community or complaint made by community member regarding individuals served, staff or the agency in general, whether justified or not.
- **Significant or minor property damage** – in community or within any program must follow IR Notification Protocol.
- **Fire department, law enforcement or media involvement** – any contact, including false alarms.
- **Missing or runaway individuals (AWOL)** – including attempts to leave staff supervision (shadowing), if out of staff sight, must follow IR Notification Protocol.
- **Theft or loss of individual's money or property** – any loss, no matter the value must follow IR Notification Protocol.
- **Suicide threats or attempts** – always consider threats serious/valid.
- **Hospitalizations or emergency medical care** – ER visits, urgent care, even if discharged with no diagnosis or follow up.
- **Possession and/or use of illegal substances by individuals or staff** – must follow IR Notification Protocol for individuals and staff, including alcohol at the work site.
- **Violation of an individual’s rights** – any allegation or actual violation of an individual’s rights, this includes all rights guaranteed by Article 9 (remember individuals have the same rights as you and I).
- **Medication errors** – anything involving the 5 rights, disposal of medication, charting error.
- **Health and Safety issues** – Heat, AC, plumbing, mold, need to relocate for any reason.
- **CIT II restraints/escorts** – any level II technique.
- **Vehicle accidents in a company vehicle or while conducting company business** – from the scene, always call the police and obtain badge number, even if accident occurs on private property.
- **Work related employee injury** – All injuries must be reported using IR Notification Protocol. If staff requires medical attention at Concentra, staff must call the EPS when they arrive prior to treatment and prior to leaving Concentra after receiving treatment.
- **Illness requiring replacement staffing** – any staff needing to leave shift due to illness must follow IR Notification Protocol.
- **Exposures to blood borne pathogens** – first aid, always use Universal Precautions.
- **Visitors to the home/program** – check identification, let the individual into the building, and follow IR Notification Protocol.
- **Injury to individuals** – this includes minor scratches, scrapes, bruises, etc. even if cause unknown.
- **Minor behavioral incidents (no injury, no restraint, and no property damage)** – verbal aggression, tantrums, behavioral outburst in the community. Any level I CIT technique in the community.
- **Provider and/or member fraud** – inaccurate billing, importance of accuracy with timesheets and attendance sheets.
Guidelines for writing Incident Reports

1) Be careful in regards to terminology. Do not use terms that are or imply authority or confrontation. For example: told, confronted, directed (not to be confused with redirection), instructed, confiscated, ordered, threatened, etc.

2) It is advisable to avoid using abbreviations, contractions, symbols, etc. as these could result in confusion (i.e. someone who is not familiar with medical abbreviations may not understand that “QD” means to give a medication once every day).

3) Except for times, it is advisable to spell out numbers as many people tend to write out numerals that are difficult to distinguish (“9” and “4” and “7” and “1” being numerals commonly confused).

4) Incident Reports must be completed before leaving your shift and must be turned into the office by the next working day.

5) It is advisable to avoid using exact times and measurements unless you are documenting a restraint or seizure. If you document that a behavior lasted five minutes, the accuracy of that time can be easily disputed. Use approximations of times and measurements (“approximately five minutes”, “about five minutes”, etc.).

6) Incident reports are subject to inspection by state agencies at any time and can be subpoenaed for review by law enforcement for civil actions or by the courts. They need to be accurate, legible and clear in meaning.
Incident Report Writing Training

Completing the Incident Report

1. **NAME:**
   - Include the full name of the individual who is the subject of the report.
   - If more than one individual is involved, write a report for each person.
   - DO NOT use the individual's name except in their own specific report.
   - Refer to other individuals by initials only
   - Include individual's program, address, date of birth and Assist #

2. **DATE, TIME, AND LOCATION OF INCIDENT:**
   - The date the incident occurred
   - The time the incident began
   - The location the incident began (be specific when referring to public places)

3. **TYPE OF INCIDENT:**
   - Check all that apply to this incident.

4. **NOTIFICATIONS**
   - Mark “yes” or “no” for every entry.
   - Write down the full name of individual contacted, not just title.
   - When contacting DDD, you must speak to a live person in District 1.

5. **TTC ADMINISTRATOR NOTIFIED:**
   - A TTC administrator must be called after every incident. Staff should follow the Chain of Command and speak to an administrator live rather than leaving a message. Record the name of the person notified, date and time. Do not write job titles instead of the name.

**EMERGENCY PHONE / PAGER SYSTEM (EPS):**

TTC maintains a 24-hour, seven- (7) day a week EPS system. TTC administrators rotate this responsibility and respond promptly. Failure to follow TTC Incident Reporting Notification Procedures may result in disciplinary action up to and including termination.

How to use the pager (District 1): Each district should have their protocol explained in their training packet

✓ Call from a number where you can receive a call back
✓ Dial the pager (602) 251-6750
✓ After a series of beeps, enter your number WITH the area code
✓ Hit the # button
✓ Hang up and wait for a return call
✓ If pager does not respond in 10 minutes, page again

Notify your administrator first, then call the pager. If you are unable to reach your administrator you still must call the pager.

Handle emergency situations as necessary, and then notify the pager when there is no longer any danger to staff or residents.
6. **DES/DDD SUPPORT COORDINATOR NOTIFIED:**
   - DDD must be notified of all incidents unless otherwise instructed by your administrator or EPS.
   - They are to be called **AFTER** the TTC administrator and/or EPS has been notified.
   - Ask to speak to the “in-day” Support Coordinator.
   - Make sure to get their name, as you will have to state it on the Incident Report (i.e. “Joe Smith for Tracy Jones”).
   - If you are calling outside of business hours, contact the after hours number 602-375-1403 in District 1.
   - You must always speak to a live person; you may not leave a message at any time.

7. **GUARDIAN NOTIFIED (IF APPLICABLE):**
   - Guardians must be contacted for all incidents unless otherwise stated in the individuals ISP.
   - When the guardian is notified, write the guardian’s full name along with the date and time of notification.
   - If the guardian is not contacted for any reason, this must be noted on the IR. Examples: the individual is their own guardian, the legal guardian has requested in the ISP not to be notified of this type of incident.

8. **MEDICAL PROFESSIONAL NOTIFIED (IF APPLICABLE):**
   - Any notification of a medical professional must be documented on the IR form. This includes pharmacist, nurse, primary care physician, specialist, etc.
   - Include the full name of the person you speak with regarding the incident. Include the instructions given by the medical professional in the description of the incident.

9. **911 NOTIFICATION (IF APPLICABLE):**
   - For emergency situations, always contact EMS/911 first
   - Remember to get report number from Paramedics / Fire Department

10. **POLICE INVOLVEMENT (IF APPLICABLE):**
    - If police respond to any incident, get officer name, badge number and report number

11. **APS / CPS or TSS (IF APPLICABLE):**
    - If requested by administrator or EPS, contact Adult Protective Services, Child Protective Services, or Tribal Social Services
    - Include full name of individual with whom you reported the incident, the date and time of contact.

12. **WITNESSES**
    - Include name and title of all individuals who witnessed the incident

13. **STAFF COMPLETING REPORT:**
    - The author of the report prints and signs here.
    - Include Title and Date
14. **SUPERVISOR**
   - Include the name and title of the supervisor of the individual who completed the report.

15. **DIAGRAM:**
   - On the diagram, circle the location of any injuries that occurred.
   - Write a brief description of the injury next to the diagram (i.e. 3-inch scratch on right forearm).
   - If no injury, check box under diagram “No Injury.”

16. **OFFICE USE ONLY**
   - Leave blank. This section is for TTC administration.

17. **DESCRIPTION OF INCIDENT:**
   This is the narrative/body of the incident report where you describe what took place.
   Write what happened before, during and after the incident. Include all known facts and causes of injury, if applicable. Write clearly and in order of occurrence, without reference to the writer’s opinion.
   - Write only what you observed, heard or did. Describe the incident and any injuries or property damage that occurred.
   - Be sure to describe how injuries occurred, if known and to circle the location of the injury on the body diagram on the front of the report. Be clear in your narrative. These reports will be read by others, some of who may not be familiar with the individuals. They may not understand something that we consider routine, which they may regard as unusual. Be sure that all actions, or lack thereof, are clearly explained.
   - If using CIT level II, be certain that it was the last resort and imminent danger is evident. Explain why a CIT intervention was necessary and each step used (include the length of time each technique was used).
   - Use only CIT terminology to describe techniques. Refer back to your CIT resource packet from class or get assistance from your supervisor or a TTC trainer.
   - Do not record opinions, judgements, etc. Record only the facts, as you know them.
     - Do not write, “John was angry”. You may write, “John said he was angry”, if he actually said so, or “John appeared to be angry” with an explanation for your observation.
   - Write legibly!
   - If given any instructions (i.e. the physician says to withhold the medication for 2 hours), record them in the narrative.
   - When counseling or redirecting, describe how this was done (i.e. “counseled John on appropriate ways to get attention”)
   - Personalize the individual who is the subject of the report. Use the person’s first name.
   - At the end of the narrative, include a statement of closure, the individual’s reaction/response following the accident/incident (i.e. “John returned to his daily routine without further incident.”)
In the event of individual injury, illness, disease, or change in health status the agency staff member(s) will implement the following:

1. Treat any injury, disease, or illness with appropriate standard first aid techniques using Universal Precautions that are within the training of the staff.

2. In the event the injury, disease, or illness is of serious nature, contact Emergency Medical Services (9-1-1) and tend to the emergent needs of the individual.

3. If emergency medical services are required that do not require contacting EMS/9-1-1, staff should transport or arrange for transportation to the nearest Emergency facility.

4. If unsure of the seriousness of the injury, disease, or illness, staff member(s) should take precautionary measures and contact a medical professional (Primary Care Physician, 911, or transport consumer to the emergency room) and follow the instructions they are given. *When in doubt, err on the side of cautiousness.*

5. Follow TTC Incident Reporting Protocol.

Individuals shall receive prompt medical care for all emergent conditions (First Aid, Community Nurse, Primary Care Physician, Urgent Care, Emergency Room, etc).

Staff members should closely observe for signs of illness such as, inflammation, fever, diarrhea, vomiting, infestation (i.e. pinworm, tics, tapeworm, lice), or contagious or infectious disease.

Staff members should attend to all individual complaints of pain or illness as such complaints may reflect a problem even though a physical disorder may not be apparent.

**Infections and Contagious Diseases**

In the event that an individual is diagnosed as having an infectious/contagious disease that can be controlled in the program, the staff will comply with all medical treatments and adhere to Universal Precautions to reduce chances of disease transmission. Staff members will also ensure that the individual who has contracted the disease is separated from the other individuals in the program to the extent possible.

If the disease is of a serious nature, the individual may be removed from the program to receive specialized medical attention. The Tungland Corporation will contact state, county and city health departments to determine appropriate action in the event of serious infections/contagious disease that could effect the health of others.

TTC Incident Reporting Protocol must be followed.
SYMPTOMS OF INJURY, DISEASE, ILLNESS, OR CHANGE IN HEALTH STATUS

1. General Appearance - "He does not look right." "He is listless."
2. Facial Expression - Drawn, haggard, alert and anxious, dull and listless.
3. Eyes - Heavy, unusually bright, white of eye yellowish color, inflamed, bloodshot, sensitive to light, seeing double, pupils dilated or not being able to see clearly.
4. Nose - Running nose, sneezing, coughing, hoarseness, and difficulty in breathing.
5. Mouth and Throat - (Healthy gums are pink and firm) Bleeding gums, pink toothbrush, tongue dry, coated, heavy white and yellow coating, vivid red.
7. Skin - Change in color, dry or moist, rash, unhealed sores, reddened areas, itching, excessive perspiration. Changes to moles on the skin.
8. Edema - Swelling, usually seen in fingers, feet, ankles.
9. Appetite and Hunger - Change from usual. Odd eating habits - eating unusual things ordinarily not eaten - dirt, plaster, paint, grass, etc. May be motivated by deficiency and should be reported.
10. Weight - loss or gain.
11. Sleeplessness or sleepiness - Sleeplessness may be a sign of discomfort or tensions, sleepiness can indicate different problems.
13. Irritability - Unwillingness to play or work, refusal of food, grouchy.
14. Fever - Elevated or lower than normal temperature. (average temperature range 97.5 to 98.8F, 36.4 to 37.1C)
15. Respiration and Pulse - Different rhythm or rate, shallow breathing or unusually deep breathing, difficulty breathing, short of breath resident must sit up to breathe.
16. Pain - Sharp or dull, constant or intermittent, where is it, location (some individuals can not tell you this, observe their body movements and facial expressions).
17. Nausea - Vomiting or "almost vomiting" feeling, gagging.
19. Urination - Inability to urinate or frequent urinating, painful or burning urination, blood in urine.
20. Earache - Pulling ears, pain.
21. Rash, Boils or Open Sores - On any part of body.
22. Seizures - Increase in number, severity, or duration.
23. Movements - Change in ability to roll over, sit, walk, and use of hands, arms or legs.
24. Hemorrhage - Bleeding from skin, mouth, nose, rectum, vagina, etc.
25. Symptoms of Mental Illness – Symptoms and cause vary depending on heredity, biological, psychological trauma and/or environmental stressors that are evaluated/treated by a licensed psychiatrist. Examples are increased anxiety, symptoms of depression, brooding, inability to concentrate, sleeplessness, lack of interest in others or accustomed recreation, obsession or fixed ideas, paranoia, confusion of others or surroundings, hallucinations, suicidal threat.
Choking / Aspiration

Mild Blockage  Signs and Symptoms:
• Conscious / responsive
• Can breathe in and out and can speak
• Strong coughing or gagging as food/liquid “goes down the wrong pipe”
• May hear high pitched, squeaking or whistling noise (wheezing) between strong coughs

First Aid:
• Encourage the victim to cough
• Stay with the victim
• Watch closely
• Be ready to take action if the symptoms worsen
• If blockage continues, alert EMS (911)

For all incidents of choking involving Mild Blockage, follow TTC Incident Reporting Protocol. For all food related choking incidents, contact EMS (911) for follow up care needs and follow TTC Incident Reporting Protocol.

Severe Blockage  Signs and Symptoms:
• Clutching throat
• Individual cannot cough or make any sound
• Blue lips, nails, skin

Responsive  First Aid:
• Quickly ask, “Are you choking?” IF the individual nods yes or is unable to speak, cough or cry – act quickly!
• Stand behind an adult or kneel behind a child
• Make a fist. Place the thumb side of your fist against the individual’s abdomen, just above the navel
• Give quick inward and upward thrusts until the object is expelled or the victim becomes unresponsive

Unresponsive  First Aid:
• Carefully get the individual to the ground, immediately alert EMS (911)
• Open the airway. Remove the object if you see it. Begin CPR.
• Each time the airway is opened for rescue breaths, look for an object in the victim’s throat. IF you see it, remove it.
• Continue CPR until Emergency Medical Professionals arrive or the individual shows signs of life.

For all incidents of choking involving Severe Blockage, contact EMS (911) for follow up care needs and follow TTC Incident Reporting Protocol.
REPORTING/DOCUMENTATION PROCEDURES FOR SEIZURES

If an individual has a seizure, after the seizure has run its course and the individual has recovered, document the seizure on TTC Seizure Report Form and complete an Incident Report. Be sure to fill out both of the forms completely.

What to do if a person you are supporting is having a seizure-
- Remain calm, monitor the individual and time the seizure.
- Ensure the individual’s safety (moving items in the environment, loosening tight clothing, removing eye glasses, placing something soft under the individual’s head, and place the person on their side if need be to keep the airway open and allow fluids to drain from the mouth).
- Stay with the person and assure them that they will be alright.
- Document all pertinent information on the seizure report form and incident report form.

Call 911 immediately when a seizure occurs in the following situations-
- The person having a seizure is not known to have a seizure disorder or history of seizures
- There is a deviation from typical seizure pattern
- The seizure lasts more than 3 minutes
- The person comes out of a seizure and goes back into another seizure without regaining consciousness
- The person has 3 seizures in a 24 hour period
- The person is having difficulty breathing
- The person hit his or her head or may have other serious injuries.
- If you think the person’s health, well-being, or life are in danger

What not to do during a seizure-
- Do not attempt to physically stop the seizure by restricting the person’s movement.
- Do not place anything between the person’s teeth or in their mouth.
- Do not give the person anything to eat or drink until you are sure that they have fully regained consciousness.

Report any change in the following to the individual’s physician:

A. An increase in the number of seizures;
B. An increase in the length of the seizures;
C. A change in the type of seizure;
D. Anything deviating from the usual seizure pattern

IF DRUG LEVELS BECOME TOO HIGH OR TOO LOW, AN INCREASE IN SEIZURE ACTIVITY AND/OR TOXICITY CAN OCCUR.
16 Hour Rule

STAFF MEMBERS NEED TO BE AWARE THAT THE 16 HOUR RULE POLICY IS STRICTLY ENFORCED. STAFF MEMBERS ARE ONLY ALLOWED TO WORK 16 HOURS IN A 24 HOUR PERIOD. WHEN STAFF MEMBERS ARE AT 16 HOURS THEY MUST IMMEDIATELY CALL THEIR SUPERVISOR TO DEVELOP A PLAN (CALLING STAFF OF NEXT SHIFT, CONTACTING A RELIEF STAFF TO COME IN)-THEY THEN MUST CONTACT THE COMPANY EPS WITH A PLAN FOR RELIEVING THE STAFF. STAFF WHO DO NOT FOLLOW COMPANY PAGER PROCEDURE ARE SUBJECT TO DISCIPLINARY ACTION

An employee cannot work more than 16 hours during any 24-hour period. In the event an emergency occurs and it is necessary to work over 16 hours, employees must call the Tungland EPS (prior to exceeding the 16-hour rule) for authorization. Employees working overtime without advanced approval or otherwise in contravention of this policy will be subject to corrective action up to including termination. (Section D6 of the Employee Manual within the TTC Policy Manual).

Employees are solely responsible for keeping track of their hours worked. Employees will utilize overtime logs when working any shift that is outside their scheduled shift and will have the overtime log signed by their supervisor prior to working a shift. Employees must have a consecutive eight-hour break when working sixteen hours within a twenty-four hour period. Any violation of the above stated rule will result in disciplinary action up to and including, suspension and/or termination.