



# DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT: REPORTING INCIDENTS INVOLVING ACCIDENTAL INJURIES TO CLIENTS/VISITORS AND PROPERTY DAMAGE INVOLVING COUNTY FACILITIES</b>	POLICY NO. <b>304.3</b>	EFFECTIVE DATE <b>11/15/02</b>	PAGE <b>1 of 3</b>
APPROVED BY:    <div style="text-align: right;">Director</div>	SUPERSEDES  <b>N/A</b>	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S) <b>2</b>

## PURPOSE

- 1.1 To establish uniform guidelines for prompt reporting of incidents involving general liability exposure, i.e. accidental injuries to clients of visitors and property damage involving county facilities. Incident reports will be used by the Director of the Department of Mental Health (DMH) for evaluation and improvement of the safety and physical environment and to reduce loss in County-operated facilities.

## POLICY

- 2.1 DMH employees who become aware of an event as described above involving a client or visitor shall report it immediately to their supervisor and submit a formal report, **Incident Report Patient/Non-Patient, MH #196761302**, (Attachment I)(hereinafter referred to as the "incident report") to the DMH Chief of Administrative Support. However, to expedite the formal reporting process, the incident report does not require the signature of the manager/supervisor before it is submitted. The incident report shall be forwarded within twenty-four (24) hours. The incident report shall be submitted even if only partial statements of facts can be made.
- 2.2 The incident report shall be treated as a privileged, confidential communication between the Department, the County's Claim Management contractor, County Counsel and/or the County's contract consultant and/or legal counsel in the area of risk management and general liability. The report shall not be made available to anyone other than County Agents.

## PROCEDURE

- 3.1 An incident report shall be completed whenever:
  - 3.1.1 A client or visitor sustains an accidental injury;
  - 3.1.2 Damage occurs to County property.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT: REPORTING INCIDENTS INVOLVING ACCIDENTAL INJURIES TO CLIENTS/VISITORS AND PROPERTY DAMAGE INVOLVING COUNTY FACILITIES</b>	POLICY NO.  <b>304.3</b>	EFFECTIVE DATE  <b>11/15/02</b>	PAGE  <b>2 of 3</b>
---	--------------------------------	---------------------------------------	---------------------------

(NOTE: A different report, DMH Clinical Incident Report, shall be completed for clinical incidents involving intentional injuries, deaths, alleged client abuse or possible malpractice. Refer to DMH Policy #202.18 for reporting procedures.)

- 3.1.3 The original (white) and first copy (yellow) of the incident report shall be sent by confidential interdepartmental mail to the Chief of the Administrative Support Bureau. The final copy (blue) shall be maintained by the program in a confidential file, but shall not be placed in the client's record. No other copies of the incident report shall be made by anyone other than the Chief of the Administrative Support Bureau.
- 3.1.4 Incident reporting does not preclude the proper reporting on other Countywide reporting forms to other appropriate DMH bureaus/staff such as: Employee Relations for alleged employee misconduct; the Safety Officer for incidents listed on the Security Incident Report (SIR); the Director of Medical Records for subpoenas/medical record events; and the Return to Work Coordinator for employee illnesses or injuries.
- 3.1.5 In the event of a serious accident or damage to County property, the physical well being and safety of the persons involved shall be the primary consideration. Referrals to appropriate life-saving and/or safety agencies shall be made (e.g., paramedics, law enforcement, etc.) Immediately after the incident has been stabilized, the staff involved (or witnessing the incident) shall notify their appropriate chain of command, including the Geographic Area/Initiative Manager or District Chief.
  - 3.1.5.1 For serious accidents and property damage, the incident report shall be faxed to the Chief of the Administrative Support Bureau as soon as possible. The Chief of the Administrative Support Bureau will make copies and/or inform the Deputy Director and, at the Deputy Director's discretion, the Chief Deputy Director and the Director. Before the incident report is faxed, a telephone call shall be made to the Chief of the Administrative Support Bureau to notify him/her that the material is being transmitted.
  - 3.1.5.2 In the event the Chief of the Administrative Support Bureau cannot be contacted, the faxed incident report shall be sent to the Deputy Director, Chief Deputy Director or the Director. Before the report is faxed, a telephone call shall be made to the recipient to notify him/her that the material will be transmitted.
  - 3.1.5.3 The Chief of the Administrative Support Bureau shall review the faxed incident report with the Deputy Director or Chief Deputy Director. In the absence of the



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT: REPORTING INCIDENTS INVOLVING ACCIDENTAL INJURIES TO CLIENTS/VISITORS AND PROPERTY DAMAGE INVOLVING COUNTY FACILITIES</b>	<b>POLICY NO. 304.3</b>	<b>EFFECTIVE DATE 11/15/02</b>	<b>PAGE 3 of 3</b>
---	-----------------------------	------------------------------------	------------------------

Deputy Director or Chief Deputy Director, the Chief of the Administrative Support Bureau shall review the faxed material with the Director.

3.1.5.4 The completed original forms shall be sent by confidential interdepartmental mail to the Chief of the Administrative Support Bureau within twenty-four (24) hours of the incident.

3.2 **NOTE: At this writing the Chief Administrative Office is finalizing a Risk Management Information System (RMIS) that will require the entry of incident report date into the computer system. Directly operated County facilities will be notified when RMIS goes on-line, after which all directly operated County facilities MUST use RMIS to input incident reports.**

### **AUTHORITY**

Department of Mental Health Policy

### **ATTACHMENT**

Incident Report Patient/Non-Patient MH #196/761302

### **REVIEW DATE**

This policy shall be reviewed on or before November 15, 2005.

