

DIVISION OF MENTAL HEALTH AND HOSPITALS

ADMINISTRATIVE BULLETIN 3:08

DATE: February 28, 1983

SUBJECT: Unusual Incident Reporting System
Applicability: H,CO

I. Objectives

- A. To establish clear and uniform unusual incident reporting procedures.
- B. To insure that each reported incident is adequately investigated and documented, with accountability established.

II. Definitions

An unusual incident is defined as an occurrence which is out of the ordinary, unplanned, remarkable, or exceptional.

III. Reporting

A. Reporting to the Office of Public Information

All unusual incidents described in this section shall be reported immediately, by telephone, to the Office of Public Information. The Chief Executive Officer, or designee, shall be responsible for immediate reporting. Information provided shall follow the Department of Human Services Public Information Reporting Form (see Appendix A), as well as the guidelines established for incident reporting in Administrative Order 1:20.

B. Reporting to the Office of Institutional Services

The following incidents shall be reported immediately to the Office of Institutional Services on weekdays between the hours of 8:00 a.m. and 5:00 p.m. in the format outlined in Appendix A.

1. Suicide/attempted suicide.
2. Unusual deaths.
3. Criminal activity by staff or clients that cause injury to persons or significant destruction of property.
4. Fires or other calamities that cause injury or damage to property.

5. Child abuse (In accordance with Administrative Order 3:05, child abuse shall be reported immediately to the Division of Youth and Family Services).
6. Rape or attempted rape.
7. Outbreaks of disease or other health problems that affect significant numbers of persons.
8. Escapes of Krol or detainer clients and elopements that are newsworthy or present a potential danger to the client or others.
9. Unanticipated shortages of staff caused by employee illness, weather, job action, etc.

C. Special Reporting Requirements

In the following instances, information shall be reported immediately to the Office of Institutional Services on weekdays. During evenings or weekends, these incidents shall be reported to the Division Director or Assistant Director, Institutional Services.

1. Fires or other calamities that cause injury or damage to property.
2. Outbreaks of disease or other health problems which affect significant numbers of persons.
3. Unanticipated shortages of staff caused by employee illness, weather, job action, etc.
4. Any incident which is newsworthy or which requires special attention.

D. Monthly Reporting

Each institution shall submit a monthly report (see Appendix C) to the Assistant Director, Institutional Services, summarizing the status of incidents orally reported during the previous month. This report shall be mailed to the Assistant Director prior to the tenth working day of the following month.

IV. Investigation and Follow-up: Procedures for Use of Division Report Form (Appendix B)

A. At the Time of the Incident:

1. Part 1 shall be completed by the employee first on the scene of the incident and/or by the individual in charge of the area in which the incident occurred. If the incident did not occur in

5. Alleged patient abuse.
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an area where there is an assigned supervisor, then Part 1 shall be completed by the supervisor of the patient's living area.

2. Part 2 shall be completed by the examining physician (if appropriate to the nature of the incident). A nurse may complete Part 2 at facilities that do not have physicians in attendance at all times.

B. Within Two Working Days:

The treatment team shall meet and review each incident which is clinical in nature. When feasible, the patient(s) involved in the incident shall attend the meeting. If the treatment team is not scheduled to meet within a two day period, an adhoc team of direct care staff may be convened in its place. That team, however, must:

1. Include a staff physician (at facilities which have physicians on grounds at all times).
2. Share its findings with the formal treatment team at that team's next scheduled meeting.

C. Within Five Working Days:

The Section Chief/Department Head shall review the team's recommendations for modification of treatment, correction of conditions, or disciplinary action, and shall, if in agreement with the recommendations, endorse Part 3.

D. Within Seven Working Days:

The Unusual Incident Report, completed and endorsed through Part 3, shall be delivered to the Chairperson of the institution's Incident Review Committee. The record shall then be reviewed at the Committee's next scheduled meeting. (A special Incident Review Committee meeting may be convened if a specific incident requires more rapid review.) The Incident Review Committee shall complete Part 4, indicating what additional information, if any, is needed and will then forward the report to the Chief Executive Officer.

E. Completing the Report

Within two working days of receiving the report, the Chief Executive Officer shall complete Part 5, indicating additional information to be obtained and additional actions to be taken, if any. The Chief Executive Officer's signature will complete

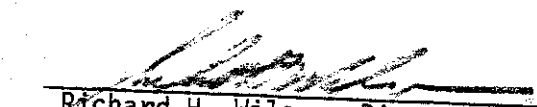
the Unusual Incident Report. A copy of the report shall be mailed to the Assistant Director, Institutional Services. Transmittal of reports should not be delayed while additional information is being collected.

Additional distributions are as follows:

1. one copy, parts 1 through 3, to the client's chart (if appropriate)
2. one copy to Section Chief/Department Head
3. one copy to be retained by the Chief Executive Officer

V. Central Office Review of Unusual Incident Reports

- A. All reports shall be entered in the Unusual Incident Report Log as they are called in.
- B. Reports of an unusually serious or emergent nature shall be immediately brought to the attention of the Assistant Director, Institutional Services.
- C. The assigned Central Office staff person shall:
 1. Periodically review reports and forward recommendations to the Assistant Director, Institutional Services.
 2. Follow up on previously received reports and forward requested reports to the Assistant Director.
 3. Close cases when informed by the Assistant Director that information received and actions taken are satisfactory.


Richard H. Wilson, Director
Division of Mental Health and Hospitals



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
POST OFFICE BOX 1237
TRENTON, NEW JERSEY 08625

INCIDENT REPORTING FORM

INSTRUCTIONS FOR DAY OR NIGHT USE: Please use this form as an aid when reporting incidents to the Office of Public Information at the Department's Central Office or to the Director of Public Information.

For daytime calls, Monday through Friday (9 a.m. to 5 p.m.), please call Cathy Arnone at 609-292-3703, for after hours call 609-799-1075.

Please fill out the applicable information on this form and then read it to the public information official taking the report.

Date: _____
Place of incident _____ Time _____ AM PM

Nature of incident _____

Name of person involved _____ Age _____ No. _____

Home address _____
Street address _____ City or Town _____ County _____

Status of individual involved: Inmate Patient Employee Visitor Other

If prison inmate, give crime, sentence and place of sentence _____

If hospital patient, list date of admission and current diagnosis* _____

Describe what happened in detail _____

*DIAGNOSIS FOR INTERNAL USE ONLY.

INCIDENT REPORTING FORM

Any personal injuries? Yes No If "Yes," describe. _____

Treated by (name of physician) _____

Did police investigate? Yes No Name of police department _____

_____ Was additional assistance called for? Yes No

Describe who responded and what they did _____

Was there property damage? Yes No Describe _____

If incident resulted in death, is an autopsy scheduled? Yes No

By whom and when? _____

What action does your institution plan to take? (Discipline, notify police or prosecutor, etc.) _____

Your additional comments _____

(Your name)

(Your telephone number; include area code)

(Name, title and telephone number of person who can be contacted for additional details)

Distribution:

- Commissioner
- Deputy Commissioners
- Division Directors
- Public Information - Director
- File
- Others _____

DIVISION OF MENTAL HEALTH AND HOSPITALS
UNUSUAL INCIDENT REPORT

Appendix B
A.B. 3:08

Patient's Name: _____
Hospital Number: _____

Ward: _____
Commitment Status: _____

Part 1: Incident Date: _____ Time: _____ Incident Location: _____

Describe what happened, to whom, how, why, and who else was involved: Type of Incident:

- _____ Suicide ()
- _____ Suicide Attempt ()
- _____ Death (Other) ()
- _____ Detainer Elopement ()
- _____ Assault ()
- _____ Rape ()
- _____ Crime ()
- _____ Accident ()
- _____ Abuse ()
- _____ Other ()

Reported by: _____
Signature/Title

Time Physician Notified: _____ By Whom: _____
Supervisor/Department Head Observations and Action Taken: _____

Where pertinent, list patient's medication, hazardous condition below:

Witnessed by: _____
Name - Employee/Patient/Visitor

Date of Report: _____ Time: _____

Part 2: Physician's Observations of Injuries, action and/or treatment, disposition:
Time Arrived: _____

Date: _____ Time: _____
Signature/Title

Part 3: Section Chief's Clinical and Administrative Action Taken or Recommendations:
(Complete all that Apply)

- (a) Modification of patient's treatment: _____
- (b) Action with respect to another patient: _____
- (c) Action with respect to employee(s): _____
- (d) Hospital condition corrected or hospital practice changed: _____

Date: _____ Time: _____
Signature/Title

Part 4: Incident Review Committee:

Date Reviewed: _____

Comments/Recommendations for Clinical/Administrative Action

Additional Reports Requested: _____

From Whom: _____ When: _____

Why: _____

Subcommittee Members: _____ Signature/Title _____ Signature/Title

Signature/Title

Part 5: Chief Executive Officer

Report and Actions Complete

Additional Information Requested from Whom _____ When _____

Additional Action Taken _____

Signature and Date

