Category:	Safety/Infection Control	Number:	7.024.1
Subject:	Incident/Accident Reporting		
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**Purpose**: To define the procedure for reporting and documenting all accidents, injuries and safety hazards involving patients/clients/families/caregivers and agency personnel.

## **Policy**:

- A. The Agency will maintain a system for generating incident/accident reports and follow-up corrective action, if applicable. There are four purposes of the incident report:
  - 1. To facilitate the early detection of problems or compensable events.
  - 2. To establish a foundation for early investigation of all potentially serious events.
  - 3. To develop a database for long-range problem detection analysis and correction.
  - 4. To enable cross-reference with other risk detection systems.
- B. All events or occurrences listed in "List of Events Which Must Be Reported on an Incident Report" must be reported as well as any other occurrences presenting risks to patients/clients and/or Agency personnel. Staff is encouraged to report any processes or systems they suspect to be flawed or failing. Safety of staff and patients is an agency wide priority. Determining blame is not the intention of incident reports, but rather to reduce risk and provide the highest level of safety.
- C. The incident/accident reporting system will be part of the Agency's overall Risk Management Program.

**Definition**: An *incident* is defined as a happening that is not consistent with the organization's routine operation or routine care of a patient. It may be a situation that results in an accident or potential harm to the patient, patient's family or staff members. It may be actual or potential. (See "List of Events Which Must Be Reported on an Incident Report," for further definition).

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#### **Procedure**:

- A. When an unusual occurrence occurs, the employee discovering the incident will:
  - 1. Notify the PAS Supervisor immediately with observations or identification of the occurrence.
  - 2. Follow-up with patient/client, family/caregiver and/or patient/client's physician if indicated.
  - 3. Maintain the confidentiality of the information.
  - 4. This agency is responsible for documenting all incidents, within five (5) days of the incident, and having on file the following:
    - (1) a narrative description of the incident;
    - (2) evidence contact was made to the licensing authority;
    - (3) results of the facility's investigation;

# <u>NOTE</u>: For Home Health Aides, the PAS Supervisor/Case Manager Coordinator or Skilled Nurse should implement the form.

- B. The PAS Supervisor designee will review and sign the Incident/Accident Report form, request any necessary follow-up from appropriate personnel and initiate an incident report follow-up form as required.
- C. The PAS Supervisor shall forward the unusual occurrence and follow-up forms to the Administrator for filing, trending and future prevention activity.
- D. Administrator/designee will review the Incident/Accident Reports and conduct follow-up as indicated and report to the appropriate insurance carrier, if necessary, and complete necessary paperwork.
- E. A summary of the Incident/Accident reports should go to the <u>Administrator</u> who will review and forward and a summary of recommendations to the Governing Body.

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F. The Administrator will trend all accidents involving safety issues of patients/employees as part of their monthly Process Review.

- G. Negative patient outcomes as result of personnel performance will be further evaluated for minimal action of remedial training all the way to termination.
- H. Below is the "List of Events Which Must Be Reported on an Incident Report".
  - Any serious incident or unusual occurrence
  - Injuries of unknown origin or known, suspected or alleged incidents of patient/client abuse, neglect, exploitation, or mistreatment by staff or person(s) contracted by the home health agency.
  - Falls
  - Injuries
  - Burns
  - Unexpected death
  - Acts of violence
  - Psychological injury
  - Needlesticks
  - Medication Error
  - Caregiver barred from home
  - Failure of family member to perform procedure as taught
  - Mishaps due to faulty equipment
  - Mishaps due to misuse of equipment
  - Failure of patient/family to report accident causing hazard in home
  - Breakage or damage to personal property of patient or family
  - Adverse or allergic drug reaction
  - Adverse outcomes
  - Motor vehicle accidents
  - Equipment safety hazards, malfunction, or failure
  - Unusual Occurrences
  - Suicide Threat/attempts

OSHA guidelines will be followed including recording of information about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, days away from work, or medical treatment beyond first aid on the OSHA 300 form.

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This agency shall pursuant to state regulations must report to the licensing authority any of the following which has, or could threaten the health, safety and welfare of the patient/clients or staff:

(1) any serious incident or unusual occurrence;

(2) injuries of unknown origin or known, suspected or alleged incidents of patient/client abuse, neglect, exploitation, or mistreatment by staff or person(s) contracted by the home health agency.

Incident reports shall contain the following information where applicable:

(1) the location, date and time or shift of the incident;

(2) the name, age and gender, address and telephone number of the person the reporter suspects to have been abused, neglected, or exploited, and the name, address and telephone number of the guardian or health care decision maker for such person, if applicable;

(3) the names, addresses, phone numbers and other identifying information of the providers who provide services to the person the reporter suspects to have been abused, neglected, or exploited;

(4) the names, addresses, phone numbers and other identifying information of the following people who the reporter believes may have been involved with, or have knowledge of, the incident; provider's staff and employees; family members or guardians of the person the reporter suspects to have been abused, neglected, or exploited; other health care professionals or facilities; and any other persons who may have such knowledge;

(5) the condition and status of the person the reporter suspects to have been abused, neglected, or exploited;

(6) the reporter's name, address, telephone number and other contact information, together with the name and address of the provider with whom the reporter is employed, if applicable.

Attachment: Incident Report Incident Report Log OSHA 300