



## INCIDENT REPORTING

### Policy:

- A. It is the policy of Brightlife Enhancement Services. to provide prompt and complete responses to persons served, staff members, other stakeholders and other persons at the facility, in situations containing risk of injury; to call attention to physical situations that need to be investigated or resolved, to ensure a safe environment for patients, staff members, and visitors; to determine issues that can be addressed preventatively for enhancement or improvement through management and planning; and to manage risk of situations with potential liability for the organization. Incidents, of a serious nature, that compromise the health and safety or violate the personal rights of persons served by Brightlife Enhancement Services., its staff members, and visitors, will be reported, documented, analyzed and reviewed for the purposes of decreasing the likelihood of similar future incidents and for putting in place remediation.
  
- B. Critical incidents shall be defined to include any situation, action, or result of an action that is not consistent with the routine care of a person served, routine services provided by the organization, or routine operation of the organization that impacts the safety and security of environments in which services are provided.
  
- C. It is the policy of Brightlife Enhancement Services. that all situations, behaviors, and/or actions meeting the criteria for a reportable incident are documented and forwarded to the appropriate reporting agencies and Brightlife Enhancement Services. staff for further investigation and management, as per the procedures contained in this policy. In addition, critical incidents are analyzed in order to contribute to the quality improvement process and to make improvements to the overall safety, security and delivery of services.

### Procedures:

- A. **Responsibility for the reporting and management of critical incidents are as follows:**
  - 1. The Compliance Officer is the designee charged with the responsibility of health and safety management for the organization and within this role ensures that critical incident issues that affect the overall stability and continuing

## INCIDENT REPORTING POLICY & PROCEDURES

operation of the organization are being reported, reviewed, analyzed and managed within the overall structure of the organization.

2. The Compliance Officer acting as the Risk Manager/Safety Officer will also take on the duties of Incident Coordinator and is responsible for overall organizational oversight in the area of critical incident reporting and management, and reviews all incidents by investigating and determining causes and trends, identifying potential legal liability and insurance issues, and recommending policy and procedure changes based on comprehensive reviews and analysis.
3. The Program Director is responsible for the day-to-day oversight and functioning of the critical incident reporting system. Specific responsibilities include:
  - a. Complete and submit the Incident Report providing for timely notification of critical incidents, provisions of details of the incident, and immediate actions taken. The Program Director can also make Incident Report submissions.
  - b. Interview persons involved in the incidents, or who were witness to the incidents, to assist in developing conclusions and recommendations.
  - c. Providing and managing information regarding outside legal entities should an incident require such action.
  - d. Acting as the point of contact for all supervisory personnel when a critical incident occurs within the organization.
  - e. Advising the Program Director and Management Team about incidents of a severe nature that acutely threaten the therapeutic milieu of the organization and could result in a death, serious injury, alleged abuse, neglect, or exploitation of a patient, staff member, or visitor.

## INCIDENT REPORTING POLICY & PROCEDURES

- f. Providing monthly reports to the Program Director that assist in evaluation, analysis and management of the organization's practices and environment.
4. The Program Director and the Health and Safety Coordinator are responsible for serving as the organization's point of contact, for all critical incidents involving employees. Responsibilities in this area include:
  - a. Serving as the liaison with the employee and outside entities in areas such as health insurance, worker's compensation, and return-to-work issues.
  - b. Ensuring that all legal and regulatory requirements are being addressed in the area of employment practices and staff involvement in a critical incident.
5. The Program Director, in his role, as the overall coordinator of the facility's health and safety program is responsible for training of Brightlife Enhancement Services. staff, to ensure that all personnel are trained in, and aware of, the health and safety reporting requirements, and will document the completion of training in an employee's personnel file. Employee training will occur during an initial orientation and will be updated annually.
6. The Program Director, in her role, as the overall coordinator of the facility's health and safety program is responsible for any immediate response to a critical incident by ensuring that all health and safety policy and procedures are followed immediately after a critical incident has occurred.
7. The Program Director will also be responsible for timely debriefings with the staff members involved in the critical incident, and with any other individual involved and as deemed appropriate (e.g., client, visitor, etc.). Although the timeliness of the debriefing will depend on the nature of the critical incident, in general this debriefing should take place on the same day of the incident, and never later than 72 hours following the incident.
8. All Brightlife Enhancement Services. staff members are responsible for promptly reporting any incident that fits within the reporting guidelines for a critical incident. To support this process, staff members will receive initial and ongoing training, and are expected to be knowledgeable of all organizational policy, procedures, and practices in the area of critical incident reporting.

## INCIDENT REPORTING POLICY & PROCEDURES

B. The criteria for completing a critical incident report include the following incidents that are either observed or suspected as soon as possible but no later than one calendar day following the incident:

- Injury or potential injury to a patient served by Brightlife Enhancement Services. on its property or during a sponsored event.
- Injury or potential injury to a staff member of Brightlife Enhancement Services. while conducting business for the treatment facility.
- Injury or potential injury to any individual on property.
- Any event that may have potential liability for Brightlife Enhancement Services..
- Suicide or attempted suicide.
- Death.
- Medical emergency.
  
- Exposure to hazardous communicable disease.
- Medication error.
- Alleged sexual, emotional or physical abuse.
- Alleged neglect.
- Self-abuse by a person served.
- Alleged exploitation and/or harassment.
- Assaultive behavior
- Sexual assault.
- Violent or threatening situation.
- Alleged criminal activity.
- Employee arrest or misconduct.
- Significant injury to staff.
- Use and unauthorized possession of weapons.
- Seclusion and/or Restraint of any person served, employee, visitor or any person on grounds.
- Wandering.
- Elopement.
- Overdose
- Vehicular accident in the performance of duties.
- Biohazard Accident.
- Physician's order errors
- Fire, natural disaster, bomb threat, and power failure.
- Property damage/theft including Brightlife Enhancement Services. property and personal property.
- Incidents that have the potential for public access to information that may discredit the treatment center or compromise confidentiality.
- Unauthorized use or possession of Contraband licit or illicit substances.
- Violation of crucial procedures.
- Any sentinel event.

## INCIDENT REPORTING POLICY & PROCEDURES

- Seclusion and/or Restraint (although Brightlife Enhancement Services does not practice this intervention)

### C. Critical incidents will be responded to and reported in the following manner:

1. The incident will be managed according to all health and safety policies, procedures and plans.
2. For events constituting imminent danger, physical harm, abuse or death, the Program Director will contact local authorities as soon as the discovery of the event has occurred.
3. Every effort will be made to protect the rights of the persons involved in a critical incident, especially their confidentiality. No information will be released without the written consent of the person involved, unless it is an incident that requires reporting to local authorities or presents imminent danger to others at the facility.
4. If it appears that medical assistance is needed, the staff member will ask the individual involved for their permission to seek help. If the individual refuses, or otherwise does not consent, but requires medical attention based on the staff member's observation, a staff member should seek medical personnel to offer assistance.
5. In response to a serious physical injury or medical emergency incident, the victim will be immediately transported to the nearest medical facility or 911 will be called.
6. Once the immediate situation is stabilized, all incidents that fit the reporting criteria will be promptly reported. In the event of a questionable incident that fits the reporting criteria, a supervisor will be contacted for guidance.
7. Staff members who witness an incident, or to whom an incident was reported, will complete the Critical Incident Form as soon as the situation is within control and not later than one calendar day of the incident. The following procedures are to be followed:
  - a. The incident will be reported as outlined in this Executive procedure.
  - b. The employee will first ensure the health, safety, and welfare of all individuals involved.
  - c. The employee must immediately ensure that contacts are made for assistance as dictated by the needs of the individuals involved.

## INCIDENT REPORTING POLICY & PROCEDURES

- d. A critical incident will then be reported to agency personnel and the Critical Incident Form will be completed and routed to the Program Director.
  - e. All critical incidents will be entered into the Health and Safety Manual within two business day.
  - f. Incidents that may negatively impact reporting agencies or have media coverage will be reported within 2 hours to DHS.
  - g. The Program Director, will be responsible for timely and further investigation of reportable incidents. If further investigation is warranted, this will be documented on the Critical Incident Report.
  - h. When warranted, a formal debriefing process will be conducted by the Program Director, using the Critical Incident/Debriefing Form.
  - i. Once completed, all forms, including the Critical Incident Form and the Critical Incident/Debriefing Form will be printed by the Program Director and maintained in a locked file containing all critical incident reports and responses.
  - j. All critical incidents and responses will be reviewed on a monthly basis by the Performance Improvement Committee and by the Program Director. The review will assess causes and trends, develop strategies and interventions to prevent recurrence, develop education and training for personnel to minimize future recurrence, and ensure that internal and external reporting requirements are met. This information will additionally be used to assist in the revision of the organization's risk management plan, insurance coverage, compliance planning, and code of conduct.
8. All critical incidents are considered confidential information. All printed Critical Incident Reporting forms and distributed copies are to be maintained in a safe and secure location by the staff member possessing them and are never to be reviewed by unauthorized personnel. All specific information related to the actual event will be contained within the appropriate forum of discussion and is not to be disclosed outside of formats authorized by organizational policy and procedures. Critical Incident Report forms are not to be filed in the record of the person served.
9. Critical incident reports have serious legal implications. They are not to be circulated beyond the authorized personnel of circulation.
10. In any situation in which a person refuses medical care for an observable medical condition resulting from a critical incident, it should be clearly documented on the critical incident form that medical care was refused.

### D. Procedures for Completing the Critical Incident Form:

## INCIDENT REPORTING POLICY & PROCEDURES

- The date, time of the event, and the location are completed.
  - The staff member involved or a staff member witnessing the critical incident will complete the form.
  - In case of an injury to Staff: The identity and position will be completed for each staff member involved in the incident.
  - In case of an injury to a Visitor: The identity of any visitors involved in a critical incident, and the reason they are in the facility or on the property will be indicated.
  - In case of an incident related to all other person's on site, the identity of persons involved, and the reason for them being on-site will be completed.
  - The type of incident. The corresponding code that indicates the nature of the incident will be included, as well as the code for persons involved, indicated as follows: (S) Staff, (F) Family Member, (V) Visitor or (O) Other.
  - A description of the event will be provided, to include a specific behavioral description of the event, in addition to listing all witnesses.
  - Identification of any immediate action that was taken to alleviate the situation and the rationale for the action will be included.
  - Documentation will include notifications made to appropriate reporting parties including notification made to legal representatives or emergency contacts as authorized by each person served.
  - Reporter's signature and date.
- E. Reviews of initial critical incident reports may result in further investigation in order to provide greater clarification and to assess outcomes and formulate recommendations. This may include interviews of staff, family members, visitors and others on a voluntary basis. Documentation will include:
1. Date of alleged incident
  2. Summary of incident (from the Critical Incident Report)
  3. Persons interviewed
  4. Dates of Interviews
  5. Mandated immediate reporting information
  6. Notification of Brightlife Enhancement Services. legal representative
  7. Result of case file review
  8. Summary of the investigation:
    - a. Causes
    - b. Actions taken to resolve
    - c. Organization Improvements
    - d. Prevention/Education and Training
    - e. Signature of Program Director
- F. The management team will summarize past critical incidents, seek to discover any trends that may be occurring, investigate causes related to trends, and make changes in policy, procedures, and/or operational guidelines, as

## INCIDENT REPORTING POLICY & PROCEDURES

- appropriate. This information will additionally be used to assist in the revision of the organization's risk management planning, insurance coverage, compliance planning, and code of conduct.
- G. A person who files an incident report may not be subjected to any civil action by virtue of that incident report.
  - H. The Child Protective Services and other certifying agencies (e.g., CARF) may access all of Brightlife Enhancement Services. records necessary to determine compliance with the Critical Incidence reporting process.
  - I. Written documentation relating solely to actions taken in the Critical Incident Procedures and records obtained by the Department of Family and Children Services and other certifying agencies which are used to determine Brightlife Enhancement Services. compliance with the Critical Incidence reporting process are confidential.
    - a. Records relating solely to actions taken in verifying Brightlife Enhancement Services. compliance with carrying out the Critical Incidence reporting process and records obtained by DSS/CPS or CARF to determine a provider's compliance with this section are confidential.

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