County of San Bernardino
Department of Behavioral Health

How to Report an Incident

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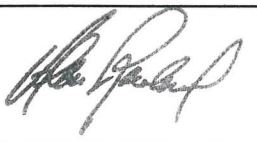

Allan Rawland, Director

Purpose

To inform staff of the procedure to thoroughly and promptly report and investigate an incident.

Legal Authority

Risk Management is responsible for determining County liability and attempting resolution of claims.

Insurance Information

San Bernardino County is self-insured and self administered for both Workers' Compensation and liability claims. Coverage includes:

- Property damage to others
- Public and general liability
- Workers' Compensation
- Damage to or loss of County Property

Definition

An incident is defined as an event that results in injury to County employees, volunteers, and/or members of the public; damage to County property or the property of others, or the loss of County property, money, or securities.

Procedures

Follow the steps below to report all incidents:

Staff	Responsibilities
Employee	• Notify the immediate supervisor or designee of incident, even if medical attention is not needed. • If injured and/or hospitalized, have someone notify the immediate supervisor or designee.
Supervisor and Employee	Was employee in an auto accident? • If yes, refer to **Vehicle Accidents Reporting procedure** • If no, then both supervisor and employee complete the NCR Incident Report form (obtain from your Regional Secretary) • If employee is injured, refer to **Occupational Injury and Illness procedure**

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Staff	Responsibilities
Supervisor	• If death to consumer, **IMMEDIATELY refer to** Investigating & Reporting Death of a Consumer procedure • If serious Injury to a consumer; or death or serious injury to employee or member of the general public, **IMMEDIATELY contact the following:** o DBH Director o DBH Assistant Director o Appropriate Deputy Director o Appropriate Program Manager o Risk Management at (909) 386-8623 **Notify the Communications Center at (909) 356-3811** after 5:00 p.m. weekdays, weekends or legal holidays, instead of Risk Management. • Complete the following forms: o Incident Report form o Investigation of Workplace Incidents, Occupational Injury, Illnesses and Hazardous Exposure o Workers Compensation Packet (see Risk Management Forms) o Unusual Occurrence/Incident Report form (if applicable) • Obtain the Director's signature on all forms • Submit all forms to Payroll within 24-hours
Payroll	Send copy of Incident Reports to: • Risk Management • Disaster/Safety Coordinator
Safety Coordinator	Disaster/Safety Coordinator will: • Review the incident reports quarterly with DBH Safety Committee • Make recommendations to management to reduce occurrence of incidents • Maintain data on all incidents for tracking and annual report.