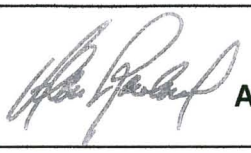
County of San Bernardino
Department of Behavioral Health

Special Incident Reporting Procedure – Client Related

Effective Date 7/1/94
Revision Date 9/18/06



Allan Rawland, Director

Purpose

To provide a uniform method of reporting all incidents involving clients, that directly or indirectly affects clients' and others' safety, health and welfare.

Reportable Incidents

The following types of incidents will be reported:

- Disturbance/destruction of property*
- Dangerous behavior – self
- Dangerous behavior – others
- Victimized
- Sexual behavior
- Medical/injury*
- Death*
- Other (specify)

*If destruction of property, injury or death, notify Risk Management, complete the Incident Report form # 15-13866-00 and follow the Incident Reporting Procedure.

Confidentiality

Incident reports are confidential attorney-client communications and, as a result, are privileged information. Incident reports are completed by DBH employees, and if requested, are given to County Counsel for use in any litigation that might arise out of an incident. Copies should not be provided to anyone other than DBH management or County Counsel on the grounds that such reports are privileged information.

Reporting Procedure

Follow the procedures below when reporting client related incidents:

Step	Action
1.	The employee witnessing or discovering the incident shall complete the Unusual Occurrence/Incident Report and submit it immediately to the Program/Clinic Supervisor.
2.	The Program/Clinic Supervisor or designee shall immediately conduct an investigation and complete applicable sections of the **Unusual Occurrence/Incident Report**. A copy of the report will be submitted to the Program Manager II.

Step	Action
3.	The Program Manager II or designee will determine if the incident requires that the Assistant Director or Deputy Director be notified by telephone, or if a copy of the incident report shall be forwarded by the next working day in lieu of a call.
4.	The Program Manager II will submit copies of the **Unusual Occurrence/Incident Report** by the next working day to: • Assistant Director • Medical Director • Appropriate Deputy Director • Quality Management • Disaster/Safety Coordinator
5.	The Assistant Director or Deputy Director will determine if the incident warrants notification to the Director and if so, will notify the Director.
6.	Details of the incident that are relevant to the client's treatment must be documented in the client's medical record, if one exists. However, **do not file a copy of the incident report in the client's medical record.** If any other clients were involved in the incident, only chart numbers will be used to identify them. Do not document in the medical record that an Incident Report was written and filed.
7.	If incident involves the death of a consumer refer to the Death of a Consumer Procedure, notifying the Director immediately.
8.	If the incident involves the death of an employee refer to the Occupational Injury Reporting Procedure, notifying Director immediately.
9.	All incidents involving suicide or serious suicide attempt by a client will be reported to the State Department of Mental Health's Chief of Medi-Cal Oversight Office by the Quality Management Unit.