POLICY: SERIOUS INCIDENT REPORTING

I. PURPOSE:

The purpose of this policy and procedure is to define a “Serious Incident” (formerly known as an Unusual Occurrence) and confirm the reporting process and requirements.

II. REFERENCES:

- MHP Contract 2017-2022, Exhibit A, Attachment 5
- Business and Professions Code Division 2, Chapter 1, Article 11.
- Professional Reporting 805.8
- Title 9 CCR, Chapter 5, Subchapter 3, Article 1
- Substance Use Disorder Services Contract Exhibit I

III. POLICY:

"Serious Incident" reporting, per this policy and procedure, affords some protections under Evidence Code, section 1157 and to some extent "attorney/client privilege." The BHRS Quality Management Program will retain the original Serious Incident Report (SIR) and all subsequent documentation produced from the report. No copies are to be made or retained by other BHRS staff, supervisors or managers, or contractors. All reports and follow-up review documentation are considered QI - Confidential.

Definitions:

Serious Incident (formerly known as Unusual Occurrence)- any event that jeopardizes the health and/or safety of clients, staff and/or members of the community, including but not limited to physical injury and death and/or could result in a claim or litigation against the County, its officials, agents, employees, or volunteers.

Level 1

1. Any event that has been reported in the media (including social media), current or recent past regardless of the type of incident.
2. The event has resulted in a death or serious physical injury on the program’s premises.
3. The event is associated with a significant adverse deviation from the usual process for providing behavioral health care.
Level 2
All other serious incidents are reported as Level 2.

IV. AUTHORITY/RESPONSIBILITY:

BHRS Behavioral Health Director
BHRS Medical Director
BHRS Division Directors
BHRS Program Managers/Supervisors
BHRS Quality Management Program

V. PROCEDURE:

Reportable Occurrences:

There are certain incidents for which completion of a typed report is required; these are:

- Incident reported in the media/public domain (e.g. on television, newspaper, internet)
- Suicide attempt by client that requires medical attention or attempt is potentially fatal and/or significantly injurious.
- Death of client by suicide (includes overdose by alcohol or other drugs, including medications, etc.)
- Death of client under questionable circumstances (includes overdose by alcohol or other drugs, including medications, etc.)
- Death of client by homicide
- Alleged homicide attempt on a client (client is victim)
- Alleged homicide attempt by a client (client is perpetrator)
- Alleged homicide committed by a client (client is perpetrator)
- Injurious assault on a client (client is victim) occurring on the premises of the program resulting in death, severe physical damage and/or loss of consciousness, respiratory and/or circulatory difficulties requiring hospitalization.
- Injurious assault by a client (client is perpetrator) occurring on the premises of the program resulting in severe physical damage and/or loss of consciousness, respiratory and/or circulatory difficulties requiring hospitalization.
- Tarasoff Notification, the duty to protect intended victim, is made to the appropriate person(s), police, or other reasonable steps have been taken to protect the intended victim. Please attach copy of BHRS 13-01 report form.
Tarasoff Notification, the duty to protect intended victim, is received by the program that a credible threat of harm has been made against a staff member(s) or program and appropriate safety measures have been implemented. Please attach copy of BHRS 13-01 report form.

- Serious allegations of or confirmed inappropriate staff (includes volunteers, interns) behavior such as sexual relations with a client, client/staff boundary issues, financial exploitation of a client, and/or physical or verbal abuse of a client.
- Serious physical injury to a client which may require hospitalization where the injury is directly related to the client’s mental health or substance use functioning and/or symptoms. Serious bodily injury means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, limb, organ or of mental faculty (i.e., fracture, loss of consciousness), or requiring medical intervention, including, but not limited to, hospitalization, surgery, transportation via ambulance, or physical rehabilitation.
- Adverse medication reaction resulting in severe physical damage and/or loss of consciousness; respiratory and/or circulatory difficulties requiring hospitalization.
- Medication error in prescription or distribution resulting in severe physical damage and/or loss of consciousness; respiratory and/or circulatory difficulties requiring hospitalization.
- Apparent overdose of alcohol/illicit or prescriptions drugs, whether fatal or injurious, requiring medical attention.
- The Event has resulted in death on the program premises
- The Event resulted in serious physical injury on program premises
- Racism and discrimination from client (see below for further info)

Crisis Stabilization Unit (CSU)

In addition to above categories:

- Elopement from CSU during which the client leaves the hospital campus or which involves notifying law enforcement.
- Medication errors, including administration of incorrect medications, incorrect dosage, or incorrect route.
- Seclusion/Restraint resulting in client injury or death.
- Removal of weapons or contraband from client

A. Whenever there is a determination of a serious incident, the staff member most familiar with the situation is to consult with their supervisor and/or Program Manager and complete a Serious Incident Report.
B. Serious Incidents need to be reported to BHRS quality management as soon as possible.

A **Level 1** incident is to be emailed to BHRSQM@marincounty.org or faxed to 415-329-3312 immediately upon knowledge of the incident. A **Level 2** incident is to be emailed or faxed within 3 calendar days of knowledge of the incident. Copies of Serious Incident Reports must not be retained by staff, supervisors or management.

**Level 1 Serious Incidents**

1. Any Event that has been reported in the media (including social media), current or recent past regardless of type of incident.
2. The event resulted in a death or serious physical injury on the program’s premises.
3. The event is associated with a significant adverse deviation from the usual process for providing behavioral health care.

**Level 2 Serious Incidents**

All of Serious Incidents are reported as Level 2.

**Incidents in Residential Substance Use Facilities**

In addition to the above noted reporting, Residential Substance Use Treatment Facilities licensed by DHCS shall also comply with reporting unusual incidents as outlined in Title 9 CCR, Chapter 5, Subchapter 3, Article 1. Contractor shall notify the County Alcohol and Drug Administrator concurrently, which is a telephonic report within one (1) working day of the event, followed by a copy of the written report submitted to DHCS within seven (7) days of the event.

**Supervisory Review:** Supervisors are to conduct an initial review of the occurrence and complete the supervisor section of the Serious Incident Report.

**Sexual Misconduct Reporting Requirement**

Any written allegation of sexual abuse or sexual misconduct by a client or their authorized representative against a licensed or licensed eligible staff must be reported within 15 days of receipt to the appropriate licensing board that has jurisdiction of the licensee. Willful failure to report may result in a fine up to $100,000.

**Racism and Discrimination from Clients in BHRS**

Any form of harassment, even when not unlawful or directed at a protected category, is prohibited and considered a serious incident that will be immediately addressed. This includes: harassing, abusive, discriminatory behavior by client to staff on the basis of the following protected classes:
race, ethnicity, religion, sexual orientation, gender identity, gender expression, disability, or national origin (including language), that result in a negative impact on the client/staff relationship, an unsafe work environment for staff, and/or systemic injustice.

Serious incidents regarding racism and discrimination from clients should clearly document on the SIR form: client and staff demographic information, which protected class(es) was/were violated (i.e. race, color, gender, etc), type of harassment (i.e. verbal, physical, etc).

**Note:** There will be a final P&P to address this new reporting requirement for incidents of racism and discrimination and a process in place to review a mutual pledge with clients at admission.

**BHRS Quality Management Program:**

A. The initial report (Level 1 or Level 2) to the QM Program should include what initial remediation activities were implemented (if appropriate).

B. Upon receipt of the written Serious Incident Report, the QM Division Director or designee, in conjunction with the BHRS Director will determine if the report should be forwarded to County Counsel for review. This determination will be consistent with the definition of an "incident" per HHS-C-11 "Confidential Reports of Incidents Involving Clients or Members of the Public at HHS Sites," and will be reported using the Incident Report form associated with that HHS policy.

C. Level 1 Serious Incidents will be forwarded to appropriate BHRS Program Manager, Division Director, Behavioral Health Director, and the BHRS Medical Director.

D. Serious Incident & Grievance subcommittee meetings will be conducted on a quarterly basis to discuss the previous quarter's reports and to identify any trends that need to be addressed by remediation or policy change.

E. All Serious Incident Reports will be documented in the Serious Incident/Unusual Occurrence Report Log.

F. All "Incidents" reported to County Counsel will be documented in the current open Incident Report Log.