

## **WHO SHALL REPORT SPECIAL INCIDENTS TO SAN DIEGO REGIONAL CENTER?**

Any vendor or long-term care facility shall report the Special Incident as described below to the regional center.

## **HOW SHALL SPECIAL INCIDENTS BE REPORTED TO SAN DIEGO REGIONAL CENTER?**

By **TELEPHONE** (contact your consumer's service coordinator or ask for the on call service coordinator), **FAX** (to your service coordinator), **immediately but not more than 24 hours after learning of the occurrence** of the special incident.

A written report of the special incident shall be submitted to the regional center within **48 hours** of the occurrence of the special incident.

## **WHAT SPECIAL INCIDENTS NEED TO BE REPORTED TO SAN DIEGO REGIONAL CENTER?**

### **I. Per Title 17, Section 54327 (b) (Reportable to DDS)**

- A. The consumer is missing and the vendor or long-term health care facility has filed a missing person report with a law enforcement agency.
- B. Reasonably suspected abuse/exploitation including
  1. Physical Abuse
  2. Sexual Abuse
  3. Fiduciary Abuse
  4. Emotional/Mental Abuse; or
  5. Physical and/or chemical restraint
- C. Reasonably suspected neglect including failure to:
  1. Provide medical care for physical and mental needs
  2. Prevent malnutrition or dehydration
  3. Protect from health and safety hazards
  4. Assist in personal hygiene or the provision of food, clothing or shelter
  5. Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an older or a dependent adult.
- D. Serious injury/accident including:
  1. Lacerations requiring sutures or staples
  2. Puncture wounds requiring medical treatment beyond first aid
  3. Fractures
  4. Dislocations
  5. Bites that break the skin and require medical treatment beyond first aid
  6. Internal bleeding requiring medical treatment beyond first aid
  7. Any Medication errors
  8. Medication reactions that require medical treatment beyond first aid or
  9. Burns that require medical treatment beyond first aid

- E. Any unplanned or unscheduled hospitalization due to the following conditions:
  1. Respiratory illness, including but not limited to, asthma, tuberculosis and chronic obstructive pulmonary disease.
  2. Seizure related.
  3. Cardiac-related, including but not limited to, Congestive Heart Failure hypertension; and Angina.
  4. Internal infections, including but not limited to, ear, nose, throat gastrointestinal, kidney, dental, pelvic, or urinary tract.
  5. Diabetes related, including but not limited to, diabetes, Hypoglycemia
  6. Wound/skin care including but not limited to, cellulitis and decubitus
  7. Nutritional deficiencies, including but not limited to, anemia and dehydration
  8. Involuntary psychiatric admission
  
- F. **Death** of a consumer regardless of where or when it occurred.
  
- G. The consumer is a victim of crime regardless of where or when it occurred, including the following:
  1. Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim.
  2. Aggravated assault, including physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon
  3. Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person
  4. Burglary, including forcible entry, unlawful non-forcible entry, and, attempted forcible entry of a structure to commit a felony or theft therein
  5. Rape or attempts to commit rape

**II. Per Title 17, Section 54327(h) - Pursuant to Title 22 CCR - Sec. 80061(b) (Community Care Facilities)**

When a vendor makes a report of an event to the Department of Social Services' Community Care Licensing Division the vendor shall simultaneously report the event to the regional center. Events reported shall include the following:

- A. Death of a client
- B. Any injury to any client which requires medical treatment
- C. Any unusual incident or client absence which threatens the physical or emotional health or safety of any client
- D. Any suspected physical or psychological abuse of any client
- E. Epidemic outbreaks
- F. Poisonings
- G. Catastrophes
- H. Fire or explosions which occur in or on the premises

**III. Per Title 17, Section 54327(i) - Pursuant to Title 22 CCR - Sec. 72541, 75339, 76551 and 76923**

When a long term care facility reports an unusual occurrence to the Department of Health Services' Licensing and Certification division, the long term care facility shall simultaneously report the unusual occurrence to the regional center.

**72541- Skilled Nursing Facilities and 75339- Psychology Clinics**

- A. Epidemic outbreaks of any disease
- B. Poisonings
- C. Fires
- D. Major accidents
- E. Death from natural causes or other catastrophes
- F. Unusual occurrences which threaten the welfare safety or health of patients, personnel or visitors.

**76551-Adult Day Health Care Facilities**

- A. Epidemic outbreaks of any disease
- B. Poisonings
- C. Fires
- D. Major accidents
- E. Death from natural causes or other catastrophes
- F. Unusual occurrences which threaten the welfare safety or health of patients, personnel or visitors
- G. Serious Illness or accidents
- H. Physical injury or condition, which reasonably appears to be a result of neglect or abuse

**76923- Intermediate Care Facilities/DD**

- A. Epidemic Outbreaks of any disease
- B. Prevalence of communicable disease
- C. Infestations by parasites or vectors
- D. Poisonings
- E. Fire
- F. Major Accidents
- G. Other catastrophes which threaten the safety or health of clients, personnel or visitor

**IV. Per Title 17, 56093 For Family Home Agencies a special incident is defined as:**

- A. Any occurrence or allegation of consumer abuse, neglect or exploitation;
- B. Incidents which may result in criminal charges or legal action;
- C. Incidents which may result in the denial of a consumer's rights;
- D. Poisonings;
- E. Catastrophes;
- F. Medical emergencies;
- G. Fires or explosions; and
- H. Any other incident which appears to have a negative affect on a consumer's health, safety, or well being.

## **V. Other Special Incident Reports required by SDRC**

- A. Diagnosis of communicable disease
- B. Arrest, Criminal charges against a consumer
- C. Violation of consumer's Right
- D. Prone containment/Restraint
- E. Property damage
- F. Suicide Attempts
- G. Aggressive Acts to Self/Staff/Family/ visitors/other consumers
- H. Medical Emergencies
- I. Other unusual events (media attention, death threats, etc...)

SDRC to transmit to DDS within 2 working days from the time anyone in SDRC was notified or has knowledge of the incident.

## **WHAT INFORMATION NEEDS TO BE INCLUDED IN THE SPECIAL INCIDENT REPORT?**

Within the first 24 hours, the initial report should include as much pertinent information as possible. Outcomes and investigation finding will be added to the report as the information becomes available.

### **I. When filling out the incident report please include as much of the following information as possible:**

- A. Please print or type incident reports. Reporters (the person calling or writing the report) should always include their name and phone number when making an incident report. Reports should always include a date written and the date/time/location of the incident. If the location of the incident is a specific vendor site, that should be noted.
- B. Be sure that the consumer is accurately identified with name, date of birth, UCI number, sex, and diagnosis.
- C. Be sure that the vendor name, address and phone number is included in the report.
- D. Include the names and phone numbers of witnesses to the incident.
- E. For hospitalizations or emergency room visits, include when consumer was seen/admitted, name of the physician who treated the consumer, what treatment was given, when the consumer was discharged, and what orders were given upon discharge.
- F. For a medication error/reaction, include the name of the medication, strength, dose, how the error happened, if the M.D. was notified or if the consumer had any adverse effects from the error.
- G. For all incident reports, include follow-up activities such as appointments with the consumer's primary physician, neurologist, psychiatrist, etc., Planning Team meetings, changes to Individual Service Plans/behavior plans, and whether consumer will need to be served by another vendor.
- H. For 5150s, be prepared with information regarding the consumer's past history of behaviors and psychiatric admissions, what behaviors led to the 5150, when consumer is expected to be discharged from the hospital, and whether the consumer will need to be served by another vendor.
- I. If the consumer is a victim of a crime, abuse, or rights violation, include a description of the alleged perpetrator. This includes a general physical description, name, and relationship to consumer. If the alleged perpetrator is a staff person, the incident report should include information on the status of the vendor's investigation. A final report of the investigation outcome should be submitted to SDRC upon completion of the investigation.

- J. If the police were involved in the incident, include the name(s), badge number(s), police department, and phone number(s) of the responding police officer(s).
- K. Include what action will be taken to prevent similar incidents from occurring in the future.
- L. Include what other individuals/agencies were notified of the incident (parents, conservator, guardian, licensing agency, protective services agency, etc.). For agency contacts, include the name of the contact person and their phone number.
- M. If the incident is expected to generate media interest, note this in the report.
- N. When reporting deaths, it is especially important to report the following information:
  - 1. What were the events leading up to death?
  - 2. When was the consumer last in stable health?
  - 3. What did the consumer do the day before he or she died?
  - 4. Was the consumer's activity and appetite normal? If tube fed, were feedings being tolerated normally?
  - 5. When was the last time the consumer was seen by a physician?
  - 6. When was the last time the consumer was checked by a nurse?
  - 7. When was the consumer last seen by a staff member before his or her death?
  - 8. Was any type of intervention or resuscitation attempted? If so, what was done?
  - 9. What is the presumed cause of death?

### **WHAT FORM SHALL BE USED**

San Diego Regional Center has created a Special Incident Report (SIR) form for use by SDRC Vendors and long term care facilities. Please use this form when submitting SIR's to SDRC and to Community Care Licensing. The form may be downloaded from the SDRC website, [www.sdrc.org](http://www.sdrc.org). You will need the Adobe Acrobat Reader to open the form. [Click here](#) if you need to install Adobe. The SIR form is a fillable form only. You may not make changes to the form itself but save it for easy access on your computer as a "Favorite or Bookmark". After filling out the SIR, you may save the information by going to **File**, then **Save As**, then name the form.