



# Incident Reporting Training

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BBHC CQI Department – 8.2021

# Incident Reporting

Florida statutes 397.4103(2)(f)

Florida Administrative code 65D-30.004(17)

Florida Department of Children and Families CFOP 215-6


**Policy:** It is the policy of Broward Behavioral Health Coalition, Inc., (BBHC), that all contracted providers submit incident reports as per the Department of Children and Families' Operating Procedure (CFOP) 215-6.

**Purpose:** The purpose of this policy is to provide guidance as to Incident Reporting. BBHC receives, reviews, monitors and trends critical incident reports to mitigate risk and identify opportunities for system improvements so that services may be provided in an optimally therapeutic environment that ensures safety. The analysis of incidents is part of BBHC's Continuous Quality Improvement (CQI) Program.




# Procedure: Incidents to be reported are those that occur:

Involving a person-served, BBHC employee, or a licensed or contracted provider serving persons-served of the Department of Children and Families (Department) via BBHC, or involving an employee of a licensed or contracted provider serving persons-served of the Department via BBHC in the identified program areas



REPORT



Provider Tasks - Each Provider shall ensure all staff, including volunteers, successfully completes Critical Incident reporting training, prior to contact with persons-served.

A) All BBHC Subcontracted Providers shall always maintain at minimal two (2) employees properly permissioned and trained to utilize, access and report Incidents.

B) All BBHC Subcontracted Providers shall identify staff responsible for the report of Critical Incidents to BBHC, via the Department's Incident Reporting and Analysis System (IRAS).

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# Provider Tasks cont.

C) Upon notification and/or identification of the occurrence of a Critical Incident that meets CFOP 215-6 criteria, all Provider's employees shall:

- Ensure the health, safety and welfare of all individual(s) involved. This includes contacts with fire/rescue and/or the police as determined appropriate.
- Enter record of the Critical Incident into IRAS.
- Notice of interruption of access to IRAS will be forwarded by BBHC from the Department. All Providers are required to maintain at least two (2) staff with IRAS access to avoid this situation.
- Ensure contacts are made for assistance as dictated by the needs of the individuals involved.
- Ensure the guardian of the person-served, representative or relative is notified, as applicable.
- When the incident involves suspected abuse, neglect or exploitation, the employee must call the Florida Abuse Hotline to report the incident (1-800-96 ABUSE).
- Provider shall make a phone call report to 954-312-0404 for Critical Incidents.**

# Who is required to report:

## **Critical Incident Reporting Pursuant to paragraph 397.4103(2)(f), F.S.**

(a) Every Provider shall develop policies and procedures for submitting critical incidents into the Department's statewide designated electronic system specific to critical incident reporting.

(b) Every Provider shall report incidents within 24 hours of the incident occurring or the Provider being notified of the incident.

(c) Critical incidents must be reported within TWO (2) hours of the incident occurring or the Provider being notified of the incident.

## BBHC Policy: Reporting Timeframes of Critical Incidents

Within two (2) hours of becoming aware of a critical incident occurring, Providers must report any of the following Critical Incidents that occur at its facility or to a person-served by the Provider:

- Adult and Child Death
- Child-on-Child Sexual Abuse
- Sexual Abuse/Sexual Battery
- Events regarding Department/BBHC person-served or person-served of contracted or licensed service providers that have led to or may lead to media reports

The above-mentioned Critical Incidents must be reported to IRAS and a phone call to the **Critical Incident Reporting Line 954-312-0404** or **incidentreporting@bbhcflorida.org**. Both types of reporting must meet the two (2) hour timeframe.



***Critical incidents that must  
be reported within 2 hours***

- **Adult or Child Death** - An individual whose life terminates:
  - a. While receiving services; or
  - b. When it is known that the person-served died within thirty (30) days of discharge from a program.
  - c. The final classification of a death is determined by the medical examiner. In the interim, the manner of death shall be reported as one of the following:
    - Accident. A death due to the unintended actions of one's self or another.
    - Homicide. A death due to the deliberate actions of another.
    - Natural Expected. A death that occurs, because of, or from complications of, a diagnosed illness for which the prognosis is terminal.
    - Natural Unexpected. A sudden death that was not anticipated and is attributed to an underlying disease either known or unknown prior to the death.
    - Suicide. The intentional and voluntary taking of one's own life.
    - Undetermined. The manner of death has not yet been determined.
    - Unknown. The manner of death was not identified or made known.



*Critical incidents  
that must be  
reported within 2  
hours*

- **Child on Child / Adolescent-on-Adolescent Sexual Abuse** - Any sexual behavior between youth less than 18 years of age which occurs without consent, without equality, or because of coercion.
- **Sexual Abuse/Sexual Battery**
  - A person 18 years of age or older who commits sexual abuse/battery upon a person 18 years of age or older, without that person's consent.
  - A person 18 years of age or older who commits sexual abuse/battery upon a person without that person's consent
- **Events regarding Department/BBHC persons-served or persons-served of contracted or licensed service providers that have led to or may lead to media reports**

# Reportable critical incidents within 24 hours:

- **Adolescent Arrest.** The arrest of an adolescent.
- **Elopement.** An unauthorized absence of any individual.
- **Employee Arrest.** The arrest of an employee for a civil or criminal offense.
- **Employee Misconduct.** Work-related conduct or activity of an employee that results in potential liability for the Department; death or harm to an individual receiving services; abuse, neglect or exploitation of a vulnerable adult; or which results in a violation of statute, rule, regulation, or policy. This includes falsification of records; failure to report suspected abuse, neglect, or abandonment of a child; contract mismanagement; or improper commitment or expenditure of state funds.
- **Missing Adolescent.** When the whereabouts of an adolescent in the custody of the Department are unknown and attempts to locate the adolescent have been unsuccessful.
- **Security Incident – Unintentional.** An unintentional action or event that results in compromised data confidentiality, a danger to the physical safety of personnel, property, or technology resources; misuse of state property or technology resources; or denial of use of property or technology resources. This excludes instances of compromised information of individuals in treatment.
- **Significant Injury to Individuals in Treatment.** Any severe bodily trauma received by an individual in a program that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to address and prevent permanent damage or loss of life. Drug overdoses should be reported as a significant injury.
- **Significant Injury to Staff.** Any serious bodily trauma received by a staff member as result of a work-related activity that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to prevent permanent damage or loss of life.
- **Suicide Attempt.** A potentially lethal act which reflects an attempt by an individual to cause his or her own death as determined by a licensed mental health professional or other licensed healthcare professional.

# Other incidents that must be reported within 24 hours:

- 1. Human acts that jeopardize the health, safety, or welfare of clients such as kidnapping, riot, or hostage situation, aggression, violence.
- 2. Bomb or biological/chemical threat of harm to personnel or property involving an explosive device or biological/chemical agent received in person, by
  - telephone, in writing, via mail, electronically, or otherwise.
- 3. Medical errors.
- 4. Use of seclusion and/or restraint.
- 5. Communicable disease and/or infection control.
- 6. Contraband, including the use and/or unauthorized possession of weapons, and the unauthorized use and possession of legal or illegal substances.
- 7. Any reports of abuse and/or neglect.
- 8. Vehicular accidents involving BBHC and/or Provider staff while on BBHC and/or Provider business or involving persons served in a Provider vehicle.
- 9. Theft, vandalism, damage, fire, sabotage, or destruction of state or private property of significant value or importance.
- 10. Death of an employee or visitor while on the grounds of BBHC or one of its contracted or licensed providers.
- 11. Significant injury of a visitor (who is not a client) while on the grounds of BBHC or one of its contracted, designated, or licensed providers.
- 12. Events regarding Department/BBHC clients or clients of contracted or licensed service providers that have led to or may lead to media reports.



## Q & A

### Death:

**Q: If a provider hears a rumor of a death, what responsibility, if any, do they have for investigating or verifying the rumor?**

**A:** While they are receiving outpatient services, you are responsible for reporting the death of a person-served. Most likely after a staff member receives information that a current person-served has died, "confirmation" would come from some type of case management follow-up; with a phone call or contacting the medical examiner.

**Q: Is there a time limit beyond which a death should not be reported? For example, if a provider learns that a person-served died 6 months earlier?**

**A:** Document the death of a current person-served receiving inpatient or outpatient services. If a person-served receiving residential services dies within 30 days of discharging from services, document it. If a person-served dies after receiving outpatient services, do not document.

# “Elopement” as defined in CFOP 215-6

## Elopement

- (1) The unauthorized absence beyond four hours of an adult during involuntary civil placement within a Department-operated, Department-contracted or licensed service provider.
- (2) The unauthorized absence of a forensic person-served on conditional release in the community.
- (3) The unauthorized absence of any individual in a Department contracted or licensed residential substance abuse and/or mental health program.

# Leaving Treatment Against Medical or Clinical Advice – AMA/ACA

- **Q: When a person-served elects to leave treatment AMA and the provider discharges the person-served, should an incident reported be completed?**
- **A: It is not a reportable incident IF the Provider knew the person-served was leaving. In the definition for both “elopements” and “missing person-served” the incidents are identified as being “unauthorized”. When the provider “discharged” the person-served from the program, then the incident could no longer be considered “unauthorized”. In this sense, “authorize” means to approve, it does not mean the Provider has to agree with the decision. However, if the person-served left the program without any knowledge of the Provider, then the incident type would fit into one of the other categories (i.e., elopement, missing, or escaped).**
- **For persons-served mandated to treatment, an IRAS report needs to be made if they leave treatment against medical and/or clinical advice, prior to completing services.**



- Any severe bodily trauma received by a person-served in a treatment/service program that requires immediate medical or surgical evaluation or treatment in a hospital emergency department to address and prevent permanent damage or loss of life.

“Significant  
Injury to  
Person-  
Served” as  
identified in  
CFOP 215-6

## Significant Injury to Person-Served continued...

- **Q: Does this include persons-served that request to go to the ER and do not have any apparent injury, but are being sent to the ER for medical clearance as a precaution?**
- **A: If there are no apparent signs of injury or severe bodily trauma and it is precautionary or requested, it is not required reporting under “significant injury to person-served”. There needs to be a significant injury in order for an incident to be reported.**



# Q & A

## Other:

**Q: If an incident is reportable to the Abuse Hotline, but doesn't fall into the definition of any IRAS critical incident, should it be reported as other?**

A: Without knowing specific examples, it is difficult to answer this question, however, if the incident is likely to have an impact on the person-served, Provider and/or Department, report it.

**Q: Should reports that a person-served has brought drugs into a residential facility be reported as “other”?**

A: Yes

For More Information, please review the BBHC Policy regarding Incident Reporting located on the BBHC website, or feel free to contact the BBHC QI Department at...[CQIdepartment@bbhcflorida.org](mailto:CQIdepartment@bbhcflorida.org)

Critical Incident Reporting Line 954-312-0404 (or)  
Critical Incident Email Address [incidentreporting@bbhcflorida.org](mailto:incidentreporting@bbhcflorida.org)

**THANK YOU!!!**