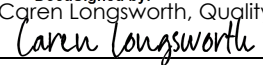





Broward Behavioral Health Coalition, Inc.	
Policy Title: Incident Reporting	
Policy Number: BBHC.0013	Contract Section (s): Contract No. JH343
Effective Date: May 16, 2013	Revision Date: 7/27/2021
Responsible Department: Continuous Quality Improvement (CQI)	
Signature Block	
Approved by: <small>DocuSigned by:</small> Caren Longsworth, Quality Improvement Manager Signature: <u></u> Date: 7/27/2021 <small>7A4D59B701D0479...</small>	
Approved by: <small>DocuSigned by:</small> Silvia Quintana, Chief Executive Officer Signature: <u></u> Date: 7/27/2021 <small>D999499950A143C...</small>	

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 analyzes the trends of critical incident reports to mitigate risk and identify opportunities for system improvements. This will allow services to 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:

1. Involving a client, BBHC employee, or a licensed or contracted provider serving clients of the Department of Children and Families (Department) via BBHC, or involving an employee of a licensed or contracted provider serving clients of the Department via BBHC in the identified program areas; or,
2. Involving any licensed public or private substance abuse provider agency licensed in accordance with Chapter 397, Florida Statutes (F.S.), and Chapter 65D-30, Florida Administrative Code (F.A.C.), and their employees. Compliance with this procedure is a condition of substance abuse licensure regardless of whether or not the provider serves any clients funded by the Department.

The Incident Reporting and Analysis System (IRAS) allows for the timely notification of critical incidents, provision of details of the incident and immediate actions taken, and the ability to track and analyze incident-related data. The IRAS is not a case management system and cannot be utilized to capture ongoing and specific case

management information, such as the progression of events and actions following the occurrence of a critical incident.

1) Provider Tasks

- 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). Each provider shall ensure all staff, including volunteers, successfully completes Critical Incident reporting training, prior to contact with clients.
- c) Upon notification and/or identification of the occurrence of a Critical Incident that meets CFOP 215-6 criteria, all Provider's employees shall:
 - i) Ensure the health, safety and welfare of all individuals involved. This includes contacts with fire/rescue and/or the police as determined appropriate.
 - ii) Enter record of the Critical Incident into IRAS.
 - iii) 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.
 - iv) Ensure contacts are made for assistance as dictated by the needs of the individuals involved.
 - v) Ensure the client's guardian, representative or relative is notified, as applicable.
 - vi) 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).
 - vii) Provider shall make a phone call report to **954-312-0404** for Critical Incidents defined below.

The incident reporting procedures do not replace:

- (1) The mandatory reporting requirements to the Florida Abuse Hotline for abuse, neglect, and exploitation reporting protocols, as required by law. Allegations of abuse, neglect, or exploitation must always be reported immediately to the Florida Abuse Hotline.
- (2) The investigation and review requirements provided for in CFOP 175-17, Child Fatality Review Procedures.
- (3) The reporting requirements provided for in CFOP 175-85, Prevention, Reporting and Services to Missing Children.
- (4) The reporting requirements provided for in CFOP 180-4, Mandatory Reporting Requirements to the Office of the Inspector General.

2) Reporting Timeframes of Critical Incidents

Within two (2) hours of becoming aware, Providers must report any of the following Critical Incidents that occur at its facility or to a client it serves:

- **Adult and Child Death**
- **Child-on-Child Sexual Abuse**
- **Sexual Abuse/Sexual Battery**
- **Events regarding Department/BBHC clients or clients 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**. Both types of reporting must meet the two (2) hour timeframe.

Critical Incidents To Be Reported

a. **Adult Death** An individual 18 years old or older whose life terminates while receiving services, during an investigation, or when it is known that an adult died within thirty (30) days of discharge from a treatment facility. For the Adult Protective Services program, deaths that are a result of the vulnerable adult's documented condition are not subject to critical incident reporting requirements. The manner of death is the classification of categories used to define whether a death is from intentional causes, unintentional causes, natural causes, or undetermined causes.

(1) The final classification of an adult's death is determined by the medical examiner. However, in the interim, the manner of death will be reported as one of the following:

- a. Accident - A death due to the unintended actions of oneself or another.
- b. Homicide - A death due to the deliberate actions of another.
- c. Suicide - The intentional and voluntary taking of one's own life.
- d. Undetermined - The manner of death has not yet been determined.
- e. Unknown - The manner of death was not identified or made known.

(2) If an adult's death involves a suspected overdose from alcohol and/or drugs, or seclusion and/or restraint, additional information about the death will need to be reported in IRAS.

b. **Child Arrest** - The arrest of a child in the custody of the Department.

c. **Child Death** - An individual less than 18 year of age whose life terminates while receiving services, during an investigation, or when it is known that a child died within thirty (30) days of discharge from a residential program or treatment facility or when a death review is required pursuant to CFOP 175-17, Child Fatality Review Procedures. The manner of death is the classification of categories used to define whether a death is from intentional causes, unintentional causes, natural causes, or undetermined causes.

(1) The final classification of a child's death is determined by the medical examiner. However, in the interim, the manner of death will be reported as one of the following:

- a. Accident - A death due to the unintended actions of oneself or another.
- b. Homicide - A death due to the deliberate actions of another.
- c. Natural Expected - A death that occurs because of, or from complications of, a diagnosed illness for which the prognosis is terminal.
- d. Natural Unexpected - A sudden death that was not anticipated and is attributed to an underlying disease either known or unknown prior to the death.
- e. Suicide - The intentional and voluntary taking of one's own life.
- f. Undetermined - The manner of death has not yet been determined.
- g. Unknown - The manner of death was not identified or made known.

(2) If a child's death involves a suspected overdose from alcohol and/or drugs, or seclusion and/or restraint, additional information about the death will need to be reported in IRAS.

d. **Child-on-Child Sexual Abuse** Any sexual behavior between children which occurs without consent, without equality, or because of coercion.

e. **Elopement**

(1) The unauthorized absence beyond four hours of an adult during involuntary civil placement within a Department/BBHC-operated, BBHC-contracted or licensed service provider.

(2) The unauthorized absence of a forensic client on conditional release in the community.

(3) The unauthorized absence of any individual in a BBHC contracted or licensed residential substance abuse and/or mental health program.

f. **Employee Arrest** - The arrest of an employee of the Department, BBHC or it's contracted or licensed service providers for a civil or criminal offense.

g. **Employee Misconduct** - Work-related conduct or activity of an employee of the Department, BBHC or its contracted or licensed service providers that results in potential liability for the Department or BBHC; death or harm to a client; abuse, neglect, or exploitation of a client; or results in a violation of statute, rule, regulation, or policy. This includes, but is not limited to, misuse of position or state property; falsification of records; failure to report suspected abuse or neglect; contract mismanagement; or improper commitment or expenditure of state funds.

NOTE: Except for Sexual Abuse/Sexual Battery these must be reported within 2 hours.

h. **Escape** - The unauthorized absence of a client who is committed by the court to a state mental health treatment facility pursuant to Chapter 916 or Chapter 394, Part V, Florida Statutes.

- j. **Missing Child** - When the whereabouts of a child in the custody of the Department are unknown and attempts to locate the child have been unsuccessful.
- k. **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; and/or denial of use of property or technology resources. This excludes instances of compromised client information.
- l. **Sexual Abuse/Sexual Battery** - Any unsolicited or non-consensual sexual activity by one client to another client, a DCF, BBHC or service provider employee or other individual to a client, or a client to an employee regardless of the consent of the client. This may include sexual battery as defined in Chapter 794 of the Florida Statutes as "oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; however, sexual battery does not include an act done for a bona fide medical purpose." This includes any unsolicited or non-consensual sexual battery by one client to another client, a DCF, BBHC or service provider employee or other individual to a client, or a client to an employee regardless of consent of the client.
- m. **Significant Injury to Clients** - Any severe bodily trauma received by a client 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.
- n. **Significant Injury to Staff** - Any serious bodily trauma received by a staff member as a result of 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.
- o. **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.
- p. **Other** - Any major event not previously identified as a reportable critical incident but has, or is likely to have, a significant impact on client(s), the Department, BBHC's or its provider(s). These events may include but are not limited to:
 - 1. Human acts that jeopardize the health, safety, or welfare of clients such as kidnapping, riot, or hostage situation.
 - 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. Theft, vandalism, damage, fire, sabotage, or destruction of state or private property of significant value or importance.

4. Death of an employee or visitor while on the grounds of BBHC or one of its contracted or licensed providers.
5. 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; or,
6. **Events regarding Department/BBHC clients or clients of contracted or licensed service providers that have led to or may lead to media reports.**

3. Guidelines for Reporting Incidents

a. Notification/Reporting and Actions Taken - Staff Discovery of an Incident.

1. Any employee of BBHC or one of its contracted or licensed providers, who discovers that a reportable critical incident, as described herein, has occurred, will report the incident as outlined in this procedure.
2. The employee's first obligation is to ensure the health, safety, and welfare of all individuals involved.
3. The employee must immediately ensure contacts are made for assistance as dictated by the needs of the individuals involved. These types of contacts may include but are not limited to: emergency medical services (911), law enforcement, or the fire department. When the incident involves suspected abuse, neglect, or exploitation, the employee must call the Florida Abuse Hotline to report the incident. The employee must ensure that the client's guardian, representative or relative is notified, as applicable.
4. Once the situation is stabilized and the staff has addressed any immediate physical or psychological service needs of the person(s) involved in the incident, the employee must report the incident to the BBHC designated Incident Coordinator. Each service provider/agency will use their internal reporting process and timeframes for notifying provider/agency leadership of incidents.
5. Critical incidents except for (Adult and Child Death, Child-on-Child Sexual Abuse, Sexual Abuse/Sexual Battery, and Events regarding Department/BBHC clients or clients of contracted or licensed service providers that have led to or may lead to media reports) must be entered into IRAS within one business day of the incident occurring.

b. Notification/Reporting and Actions Taken by the Provider's/Agency's Incident Coordinator or the Coordinator's Designee

1. Each Department licensed and BBHC contracted service providers will designate two staff to be the Incident Coordinator for the provider/agency. This person will manage the provider's/agency's incident notification process. Additional staff may be designated to enter incident information into the IRAS, at the discretion of the service provider/ agency.
2. When a supervisor is informed of a critical incident, that person shall verify what has occurred, confirm the known facts with the discovering employee, and ensure that appropriate and timely notifications and actions occurred. The service provider/agency shall develop internal procedures regarding reporting incidents to their Incident Coordinator or designee.

3. If the incident qualifies as a critical incident according to the definitions contained in this procedure, the provider's/agency's Incident Coordinator will review the incident information and clarify or obtain any necessary information before forwarding the incident report to the BBHC designated Incident Coordinator or designee. The provider's/agency's Incident Coordinator will provide the information regarding the incident to the Department's Incident Coordinator or designee via the IRAS.
4. The service provider/agency will ensure timely notification of critical incidents is made to appropriate individuals or agencies such as emergency medical services (911), law enforcement, the Florida Abuse Hotline, the Agency for Health Care Administration (AHCA), or Center for Mental Health Services (for licensed mental health facilities), as required. The IRAS reporting process does not replace the reporting of incidents to other entities as required by statute, rules or operating procedure.

c. Notification/Reporting and Actions Taken by BBHC's Incident Coordinator(s) or Designee

1. The BBHC Incident Coordinator or designee will review the incident information and clarify or obtain any necessary additional information from the applicable service provider and make revisions, as necessary.
2. The BBHC Incident Coordinator or designee will make a determination regarding any required notifications that should be sent to Department leadership.
3. The BBHC designated Incident Coordinator immediately notifies the BBHC leadership when the incident type or severity of the incident warrants such contact.

As part of the delegated management of reported critical incident reports, BBHC provides training and technical assistance based on need to the BBHC subcontracted providers, to ensure compliance with the DCF Incident Reporting Policy, CFOP 215-6. This includes ensuring reports are submitted for all required types of critical incidents within required timeframes as per CFOP 215-6. BBHC also ensures all reported critical incidents are submitted via the DCF Incident Reporting and Analysis System (IRAS) which provides the ability to track and analyze incident related data.

BBHC will generate a monthly report that reflects all critical incidents submitted within the reporting month, as well as drill down of types of incidents, provider, and level of risk, follow up action taken and outcomes. The BBHC QI Department reports and ensures that appropriate follow up action and provider training and/or technical assistance is conducted, as is indicated.

If BBHC staff becomes aware of any incident not already reported, the BBHC staff will promptly report the incident in accordance with the guidelines set forth in CFOP 215-6.

NOTE: If DCF notifies us of a technical issue with IRAS, providers should submit their critical incidents to: incidentreporting@BBHCFLOIDA.ORG. However, the provider is still responsible for entering the incident in IRAS.

REFERENCES:

CFOP (DCF Operating Procedure) 215-6 'Incident Reporting and Analysis System

ATTACHMENTS:**DEFINITIONS:**

a. **Abuse** - Any willful or threatened act or omission that causes or is likely to cause significant impairment to a child or vulnerable adult's physical, mental, or emotional health.

b. **Department** - The Department of Children and Families.

c. **Hospital** - A facility licensed under Chapter 395, F.S. This includes facilities licensed as specialty hospitals under Chapter 395, F.S.

d. **Incident Coordinator** - The designated Department or provider/agency staff whose role is to add and update incidents, create and send initial and updated notifications and change the status of an incident. Department Incident Coordinators are designated by their respective Circuit/Region/Headquarters leadership.

e. **Neglect** -The failure or omission on the part of the caregiver to provide the care, supervision and services necessary to maintain the physical and mental health of a child or vulnerable adult; or the failure of a caregiver to make reasonable efforts to protect a child or vulnerable adult from abuse, neglect, or exploitation by others.

f. **Restraint** - Any manual method or physical or mechanical device, materials, or equipment attached or adjacent to the individual's body so that he or she cannot easily remove the restraint, and which restricts freedom of movement or normal access to one's body.

g. **Seclusion** - The physical segregation of a person in any fashion, or involuntary isolation of a person in a room or area from which the person is prevented from leaving. The prevention may be by physical barrier or by a staff member who is acting in a manner, or who is physically situated, to prevent the person from leaving the room or area.

REVISION LOG

REVISION	DATE
Concordia Behavioral Health's name changed to Carisk Behavioral Health (Carisk)	4/17/19
Addendum- Provider Tasks, Reporting Timeframes, and Reportable Critical Incident Definitions	4/17/19
Redaction bullets 4 and 5 of Notification/Reporting and Actions Taken by BBHC's Incident Coordinator(s) or Designee	3/20/2020
Moved responsibility from Carisk to BBHC	6/6/2020
Reviewed, minor grammatical and formatting errors corrected	7/27/2021

The QI Manager and Chief Executive Officer are responsible for all content in this policy.