Broward Behavioral Health Coalition, Inc.	
Policy Title: Incident Reporting for Respite Providers	
Policy Number: BBHC. 0093	**Contract Section (s): Contract No. JH343**
Effective Date: March 8, 2021	**Last Review Date**: 7/30/2024
Responsible Department: Continuous Quality Improvement (CQI)	

Approved by: Caren Longsworth, Director of Quality Improvement

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

Purpose: This policy provides guidance on 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.

Procedure: Incidents to be reported are those that occur:

1. Involving a Respite Provider, Transitional Living Facility or Housing contracted provider serving persons served of the Department of Children and Families (Department) via BBHC, or involving an employee of contracted provider serving persons served of the Department via BBHC; or,
2. Involving a corporation organized and existing under the laws of the State of Florida.

1) <u>Provider Tasks</u>

a. All BBHC Respite Provider, Transitional Living Facility or Housing contracted providers shall identify staff responsible for the report of Critical Incidents to BBHC. Each provider shall ensure all staff, including volunteers, successfully completes Critical Incident reporting training, who are in contact with the person served.

b. 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. Ensure the guardian of the person served, representative or relative is notified, as applicable.

   iii. Notify the persons served Network Provider of the incident within 24 hours of the incident occurring.

iv. 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).
v. The provider shall make sure to notify BBHC staff and provide a detailed summary to the BBHC CQI department email at CQIdepartment@bbhcflorida.org within 24 hours of the incident occurring.

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.

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 from 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.

****Once the cause of death is determined or confirmed, the Provider must update the IRAS portal and BBHC with this information.**

(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 BBHC staff and BBHC QI department at CQIdepartment@bbhcflorida.org.

b. **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.

****Once the cause of death is determined or confirmed, the Provider must update the IRAS portal and BBHC with this information.**

(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.

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

d. **Elopement/Missing Person**

(1) The unauthorized absence beyond twenty-four hours.

e. **Employee Arrest** - The arrest of an employee for a civil or criminal offense.

f. **Employee Misconduct** - Work-related conduct or activity of an employee; death or harm to a person served; abuse, neglect, or exploitation of a person served; 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.

Any incidents involving fraud, waste and abuse should ALSO be reported to the Office of Inspector General (OIG) at IG.Complaints@myflfamilies.com. This includes, but is not limited to the following:

♦ Any violation or suspected violation of any federal, state, or local law, rule, or regulation committed by an employee or agent of an agency or independent contractor that creates and presents a substantial and specific danger to the public's health, safety, or welfare.
♦ Any act or suspected act of gross mismanagement, malfeasance, misfeasance, gross waste of public funds, suspected or actual Medicaid fraud or abuse, or gross neglect of duty committed by an employee or agent of an agency or independent contractor.

g. **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.

h. **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 person served information.

i. **Sexual Abuse/Sexual Battery** - Any unsolicited or non-consensual sexual activity by one person served to another person served, an employee or other individual to a person served, or a person served to an employee regardless of the consent of the person served. 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 person served to another person served, an employee or other individual to a person served, or a person served to an employee regardless of consent of the person served.

j. **Significant Injury to Persons Served** - 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. Drug overdoses should be reported as a significant injury.

k. **Significant Injury to Staff** - Any serious bodily trauma received by a staff member because 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.

l. **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.

m. **Other -** Any major event not previously identified as a reportable critical incident but has, or is likely to have, a significant impact on person served(s). These events may include but are not limited to:

1. Human acts that jeopardize the health, safety, or welfare of persons served 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 or biohazard exposure.
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 person served) while on the grounds of BBHC or one of its contracted, designated, or licensed providers.
12. 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.

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 person served it serves:
- **Adult and Child Death**
- **Child-on-Child Sexual Abuse**
- **Sexual Abuse/Sexual Battery**
- **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)**

All other incidents must be reported within 24 hours. All incidents must be reported to BBHC staff, and a copy of the report should be sent to the BBHC QI department at CQIdepartment@bbhcflorida.org

3) Guidelines for Reporting Incidents

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

1. Any employee who discovers that a 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 contacts may include 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 guardian of the person served, 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 staff. Each service provider/agency will use their internal reporting process and timeframes for notifying provider/agency leadership of incidents.

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

1. 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.
2. 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 staff.
3. 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.

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 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.

REFERENCES:
CFOP (DCF Operating Procedure) 215-6 'Incident Reporting and Analysis System'
Commission on Accreditation of Rehabilitation Facilities (CARF) standards

ATTACHMENTS:
Respite Incident Reporting Template

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**
Reviewed, corrected numbering.	7/27/2021
Additional reportable incidents were defined and/or added to this policy, and a reference to CARF standards.	8/16/2021
Reviewed, added requirement for respite providers to notify the network provider serving the person served of any critical incidents, and to send a copy of the incident report to the BBHC CQI Department.	7/29/2022
Reviewed, made grammatical changes, changed client to person served, updated job title.	8/4/2023
Reviewed, added verbiage regarding OIG reports for incidents involving fraud, abuse, and waste. Added verbiage regarding biohazard exposure. Made grammatical changes.	7/30/2024

The Director of Quality Improvement and Chief Executive Officer are responsible for all content in this policy.