



# **INCIDENT REPORTING**

## **ABUSE REPORTING**

**1 CEU**

## INTRODUCTION

In accordance with Florida Statute (FS) 397.419 (2) (f) and Chapter 65D-30 of the Florida Administrative Code (F.A.C.) public or private substance abuse service providers, licensed by The Department of Children and Families, must create and maintain an internal quality improvement program which includes policies and procedures for Incident Reporting.

Chapter 65D-30 FAC states:

*“Incident Reporting Pursuant to paragraph 397.419(2)(f), F.S. is required of all providers and shall be conducted in accordance with Children and Families Operating Procedure 215-6.”*

Florida Statute 397.419 (2) (f) requires incident reporting policies and procedures be created and:

*“...include verification of corrective action, provision for reporting to the department within a time period prescribed by rule, documentation that incident reporting is the affirmative duty of all staff, and a provision that specifies that a person who files an incident report may not be subjected to any civil action by virtue of that incident report.”*

## INTERNAL INCIDENT REPORTING

All DCF Licensed substance abuse providers are required to develop internal procedures regarding reporting incidents to their Incident Coordinator or assigned representative (IC/AR). All staff members are required to document unusual events/incidents that occur involving a patient and/or staff member on an Incident Report Form (IRF) and to notify a supervisor immediately. Unusual events/incidents include, but are not limited to, the following:

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| <ul style="list-style-type: none"><li>• Altercation/verbal between either two patients and/or a patient and a staff member</li><li>• Violent threat to self or others</li><li>• Violent action toward self or others</li><li>• Property loss / stolen property / damage</li><li>• Vehicular accident</li><li>• Medical problem / seizure</li><li>• Employee injury</li><li>• Self destructive behavior</li><li>• Psychiatric emergency (Baker Act)</li><li>• Abuse / neglect</li></ul> | <ul style="list-style-type: none"><li>• Altercation/physical between either two patients and/or a patient and a staff member</li><li>• Procedure break</li><li>• Weapon</li><li>• Contraband</li><li>• Alcohol / drug use</li><li>• Bio-hazardous material</li><li>• Patient leaving against clinical advice</li><li>• Rule violation</li><li>• AWOL</li><li>• Medication error</li></ul> |
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## INTERNAL REPORTING PROCEDURE

*Please consult your organization's Incident Reporting Policy and Procedure manual for the organization-specific course of action to be taken.*

A standard (sample) procedure is outlined below:

- The staff member most immediately involved in and/or observing a particular incident shall complete an IRF as soon as possible and no later than 24 hours from the occurrence of the incident and give the completed IRF to their supervisor immediately.
- The supervisor shall immediately review the IRF and submit a copy to the IC/AR.
- The supervisor shall complete the investigation portion of the IRF within 24 hours of receipt of the form and forward the IRF to the IC/AR.
- The IC/AR shall complete the "Corrective Action/Follow-up" portion of the IRF within 24 hours of receipt of the form.
- The IC/AR will review the completed IRF and ensure all information was obtained and documented accurately and that all follow-up and corrective action has been completed.
- The IC/AR will forward the IRF to the appropriate outside agencies, if required.
- The IC/AR shall maintain all IRFs and subsequent investigation in a *confidential file*. While any event involving a patient needs to be described in their chart, an IRF is NEVER to be made a part of any patient's medical record.
- Appointed staff will notify patient of any adverse outcomes and note this in the IRF.
- In an unusual incident involves a patient with an appointed guardian, the guardian is to be notified of the unusual incident by appointed staff member within 24 hours.
- Data from the IRF will be entered into a database for tracking and trending purposes.

## INTERNAL DOCUMENTATION

Each employee involved in, witness to, or informed of any unusual event/incident or occurrence involving a patient, visitor or other staff member has an affirmative duty to complete an IRF.

- If a staff member is uncertain as to whether an event should be documented and reported, the Supervisor or IC/AR can advise. If in doubt, an IRF SHOULD be completed.
  - If more than one staff member is involved in or witnessed the unusual event, each staff member MUST complete a separate report and follow the organization's Incident Reporting Procedure.
  - If more than one client is involved in the unusual event, a separate IRF for each client MUST be completed. Only one client is to be named on each report for confidentiality purposes. For example, if client John Doe was in an altercation with Joe Soap two separate Incident Reports would have to be completed. On John Doe's report it would state that John Doe was in an altercation with *another client or peer*. On Joe Soap's report it would state that Joe Soap was in an altercation with *another client or peer*.
  - When entering narrative documentation on the form, only concise OBJECTIVE statements of fact are to be written. Avoid making personal assumptions and expressing personal opinions.
  - Any area of the IRF not requiring a response specific to the incident must be marked as "N/A" (Not applicable).
  - IRFs are confidential reports and are NEVER part of a client's medical records.
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# EXTERNAL REPORTING PROCEDURE

## The Department of Children and Families

In addition to documenting and reviewing/resolving incidents through an internal Quality Improvement Process, it is the responsibility of all DCF licensed substance abuse providers ***to promptly report within one business day all critical incidents*** in accordance with CFOP 215-6.

Each Department licensed or contracted service provider will designate one staff person to be the Incident Coordinator (IC) for the provider/agency. This person will manage the provider's/agency's incident notification process.

The Department of Children and Families has created an online incident reporting tool that enables the Department to collect and analyze information about critical incidents that occur in substance abuse and mental health facilities. This is called ***The Incident Reporting and Analysis System (IRAS)***. In some cases, critical incidents that occur outside of facilities, such as the death of an individual served, must also be reported.

Providers who must report critical incidents through IRAS include:

- *Licensed Substance Abuse Providers*—(including all providers who are licensed to provide substance abuse prevention and treatment under FS Chapter 397 and CH 65D-30 of the FAC.
- Private (non-contracted) substance abuse providers licensed by the Department are required to submit incident reports to IRAS directly. Private (non-contracted) designated receiving facilities **are not required to report** incidents to IRAS unless they are licensed by the Department as substance abuse providers.
- Managing Entities (MEs)—“The department contracts for behavioral health services through regional systems of care called Managing Entities (MEs).
- Private (non-contracted) designated receiving facilities are NOT required to submit incidents to IRAS unless they are licensed by the Department as substance abuse providers.
- State mental health treatment facilities are NOT required to submit incidents to IRAS

**According to CFOP 215-6 Critical Incidents to be reported include:**

- Child-on-Child Sexual Abuse
- Child Arrest
- Child Death
- Adult Death
- Elopement
- Employee Arrest
- Employee Misconduct
- Escape
- Missing Child
- Security Incident – Unintentional
- Significant Injury to Clients
- Significant Injury to Staff
- Suicide Attempt
- Sexual Abuse/Sexual Battery

*Please see CFOP 215-6 attached as Appendix A for full details on the above critical incidents.*

**CFOP 215-6—Guidelines for Reporting Incidents—Staff Discovery of Incident**

Any employee of the licensed provider who discovers that a reportable critical incident (as outlined in CFOP 215-6) has taken place will take the following action:

- Ensure the health, safety, and welfare of all individual(s) involved.
- Ensure contacts are made for assistance as dictated by the needs of the individuals involved (911, law enforcement etc.) 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.
- Once the situation is stabilized the employee must report the incident to their supervisor and follow protocol. The supervisor will report to the IC/AR. **Each service provider/agency will use their internal reporting process and timeframes for notifying provider/agency leadership of incidents. All critical incidents must be entered into IRAS within one business day of the incident occurring.**

### **CFOP 215-6—Guidelines for Reporting Incidents—Actions to be taken by Provider’s IC/AR**

This person will manage the provider’s/agency’s incident notification process.

- 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 internal reporting procedures and timeframes have been adhered to.
- If the incident qualifies as a critical incident in accordance with *CFOP 215-6*, the IC/AR will review for accuracy and forward the incident to the DCF via the **IRAS**.
- The licensed service provider 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.

### **CFOP 215-6—Guidelines for Reporting Incidents—Actions to be taken by DCF**

The actions to be taken by the DCF representative is outlined in *CFOP 215-6 as follows*:

“(1) The Department’s Incident Coordinator or designee at the Circuit/Region level 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 Department’s Incident Coordinator or designee will make a determination regarding any required notifications that should be sent to Department leadership. The Department’s Incident Coordinator or designee is responsible for ensuring appropriate notification is provided and serves as the contact person regarding the IRAS. In addition to Department’s leadership staff, the Department’s Incident Coordinator or designee will notify the Circuit/Region Public Information Officer within two (2) hours of any incident that may have Department impact or media coverage.

(3) The entry of the incident into IRAS does not substitute for a direct phone call to the Department’s leadership staff when the incident type or severity of the incident warrants such contact. This determination is to be made by the Department’s Incident Coordinator or designee in consultation with other Department leadership staff, as needed.

(4) The Department’s Incident Coordinator or designee should submit incidents in IRAS even in cases where there is missing information not readily available. When the information is obtained, the Incident Coordinator or designee should submit an update in IRAS as soon as possible.

(5) The Department's Incident Coordinator or designee shall ensure all necessary information is entered into the IRAS in order to have a complete notification. The incident report is considered to be "complete" when the initial notifications have been made and sufficient information regarding the incident has been submitted. Additional information, such as from an autopsy or medical examiner report regarding an incident can be submitted into the IRAS after the incident has been determined to be "complete."

(6) Each Circuit/Region shall develop an internal process for reviewing and analyzing trends regarding critical incidents within their Circuit/Region across all Department program areas. Each service provider/agency including Managing Entities will establish a system for reviewing critical incidents to determine what actions need to be taken, if any, to prevent future occurrences and a follow-up process to assure such needed actions are implemented."

#### **NOTE**

**The entry of the critical incident into IRAS DOES NOT substitute for a direct phone call to the Department's leadership staff when the incident type or severity of the incident warrants such contact.**

**These incident reporting procedures do not replace exploitation reporting protocols, as required by law. Allegations of abuse, neglect, or exploitation must always be reported immediately to the Florida Abuse Hotline.**



# ABUSE REPORTING

## PATIENT NEGLECT AND/OR ABUSE

In addition to completing an Incident Report Form, Any incident of suspected abuse must immediately be reported.

### Mandatory Reporting

- **Any person**, including professionally mandatory reports, should contact the Florida Abuse Hotline when they know or have reasonable cause to suspect that a child or vulnerable adult has been abused, abandoned, neglected, or exploited. The Hotline has counselors available 24 hours a day, 7 days a week.
- 39.201 Florida Statute - Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death;

By Florida Statute 39.201, a therapist or case manager “who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, shall report such knowledge or suspicion” to the DCF Abuse Hotline. As a mandated reporter, a therapist or case manager who fails to call in an abuse report is in violation of the law.

### **Definitions:**

*Vulnerable Adult* - A person 18 years of age or older, whose ability to perform the normal activities of daily living, or to provide for his or her own care or protection is impaired due to a mental, emotional, long term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging.

*Abuse* - Any willful act or threatened act by a relative, caregiver, or household member which causes or is likely to cause significant impairment to a vulnerable adult’s physical, mental, or emotional health. Abuse includes acts and omissions.

*Exploitation* - A person who stands in a position of trust and confidence with a vulnerable adult knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

OR

That a person who knows or should know that the vulnerable adult lacks the capacity to consent, obtains or uses, or endeavors to obtain or use, the vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

*Neglect* - Failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of a vulnerable adult, including but not limited to food, clothing, medicine, shelter, supervision and medical services, which a prudent person would consider essential for the well-being of a vulnerable adult. The term "neglect" also means the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect or exploitation by others. "Neglect" is repeated conduct or a single incident of carelessness, which produces or could reasonably be expected to result in serious physical or psychological injury, or a substantial risk of death.

*Sexual Abuse* - Acts of a sexual nature committed in the presence of a vulnerable adult without that person's informed consent. Sexual abuse includes, but is not limited to the acts defined in s. 94.011(1)(h), Florida Statutes, fondling, exposure of a vulnerable adult's sexual organs, or the use of a vulnerable adult to solicit for or engage in prostitution or sexual performance. Sexual abuse does not include any act intended for a valid medical purpose or any act that may reasonably be construed to be normal caregiving action or appropriate display of affection.

**To Report Abuse:**

**Phone 80096ABUSE (22873) • TDD 8004535145**

**Fax 8009140004 URL <http://reportabuse.dcf.state.fl.us>**