



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

INCIDENT RESPONSE AND REPORTING

Effective Date: December 11, 2015

Policy #: SF-04

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I. PURPOSE:

- A. To ensure prompt assessment and response to all incidents resulting in injury to patients, employees, or visitors. To accurately document threats or actions of violence, inappropriate sexual behavior, unsafe smoking, contraband, fires and environmental emergencies. To accurately document incidents of property damage.
- B. To accurately document events and to identify staff response to the events.
- C. To identify contributing factors/conditions that led to the incident and to identify steps taken to prevent the recurrence of a similar incident.
- D. To provide accurate, timely information for an ongoing incident report database.

II. POLICY:

- A. Employees who witness or are aware of an incident are responsible for completing an Incident Report at the time they become aware of the incident.
- B. An Incident Report must be completed anytime there is an injury (regardless of severity) to patients, employees or visitors. An Incident Report must be completed in the event of damage to or loss of hospital and/or patient property. When possible, a photograph of the damaged property will be taken by Security and given to the Safety Officer.
- C. An Incident Report must be filled out when the transport blanket is used to move a patient.
- D. All Incident Reports must be filled out completely including patient's hospital number, patient's unit, date of injury, time of injury, etc. When completing an Incident Report that involves an injury (or property damage) to a patient or employee resulting from another patient, the hospital number of the patient who caused the injury must be provided in the "Description of Incident" portion of the report. The acting Supervisor's name will be stated on the report.
- E. The actual incident report will not be noted in the patient's chart.

- F. Montana State Hospital (Safety Committee will monitor and evaluate data generated by the reporting process as part of the Hospital's performance improvement activities.

III. DEFINITIONS:

- A. Incident - Any unusual or unexpected occurrence that results in injury or potential injury to patients, staff, or visitors. Threats or actions of violence, inappropriate sexual behavior, unsafe smoking, contraband, fires and environmental emergencies. Any event that results in damage or potential damage to or loss of hospital property, patient property or specified employee property.

IV. RESPONSIBILITIES:

All employees are responsible for safety and reporting safety concerns to their immediate supervisor as addressed in the Hazardous Condition Reporting Policy.

- A. Safety Officer will maintain a database of all Incident Reports at Montana State Hospital. All Incident Reports will be assigned a severity rating and categorized according to type of injury by the Safety Officer. The Safety Officer will take appropriate action to decrease the potential for repeat incidents. The Safety Officer will coordinate with Montana State Fund to ensure appropriate management of worker's compensation claims.
- B. Employees must complete an Incident Report at the time they become aware of an incident. All Incident Reports must be completed prior to the end of the shift. Employees must notify their supervisor of all incidents before the end of the shift. An Incident Report must be completed for all patient, staff or visitor injuries, regardless of severity.
- C. Licensed nurses must assess the injury and administer first-aid as necessary. Injured employees can be referred to the Medical Clinic for medical emergency. Employees can also be referred to medical providers in the community. Nurse Supervisors must be notified of all incidents before the end of the injured employee's shift.
- D. Nurse Supervisors/Immediate Supervisors must take steps to ensure all injury reports submitted to them by employees are acted upon appropriately. This includes any immediate steps taken to prevent recurrence and the generation of work orders to maintenance to alleviate any hazardous conditions. Any Hazardous Condition reports generated from an incident must be forwarded to the Safety Officer after the supervisor completes their section of the report.

- V. PROCEDURE:** An Incident Report must be completed anytime a patient, employee or visitor is injured – regardless of severity. An employee who witnesses an incident must complete the Incident Report. In the event of an unobserved injury, the employee who first becomes aware of the injury must complete an incident report.

A. Patient Injury:

1. Notification process and first response:

- a. Regardless of severity, employees must immediately notify the licensed nurse assigned to the patient's treatment unit.
- b. A licensed nurse must assess the patient's injury and administer First Aid as indicated.
- c. A licensed nurse must notify the Nurse Supervisor who will determine the necessity for further intervention; i.e., notification of physician.

2. Documentation process:

- a. An employee observing or responding to the incident must complete and sign an Incident Report Form (see attached form) and document information about the incident in the Progress Notes of the patient's medical record.
- b. The licensed nurse must document the following on the Incident Report Form and in the Progress Notes:
 - assessment
 - emergency care administered
 - persons notified and time this occurred
 - any needed follow-up
- c. Following assessment of the patient, the physician will document the following on the Incident Report Form and in the Progress Notes:
 - observations
 - treatment provided
 - plan for follow-up care
- d. The Safety Officer will review all Incident Reports and will assign severity rating and injury type. All incidents requiring hospital based services or result in death will be reported to the hospital administrator.

B. Employee Injury:

1. Notification and first response:

- e. The employee's immediate supervisor must be notified of all employee injuries at the time of the injury – regardless of severity.

- f. A licensed nurse or physician may provide care and treatment in response to an emergency condition or situation that is necessary to stabilize.
- g. The employee's Program Manager must be notified as soon as possible.

2. Documentation process:

- a. Injured employees must complete and sign the Incident Report Form (see attached) at the time of the injury. If an electronic version of the form is used, this must be immediately emailed to the safety officer.
- b. The immediate supervisor must complete the Incident Report if an injured employee is unable to do so.
- c. When a registered nurse and/or physician assess the employee, they must document their findings on the Incident Report Form.
- d. The completed Incident Report Form must be sent to the Safety Officer immediately and a copy will be sent to the supervisor stated on the report by the safety officer after the report is reviewed.

C. Visitor Injury:

1. Notification and first response:

- a. Regardless of severity staff must complete an Incident Report and notify a registered nurse or licensed practical nurse.
- b. A licensed nurse will assess the visitor's injury and administer First-Aid as indicated.
- c. The licensed nurse must notify the Nurse Supervisor who will determine the necessity for further intervention; i.e. notification of a physician.
- d. The Hospital Administrator must be notified of all visitor injuries.

2. Documentation process:

- a. Employees who observe or respond to an incident involving a visitor must complete and sign an Incident Report Form.
- b. A licensed nurse and/or physician must assess the visitor with their permission and document the following on the Incident Report Form:

- observations
- treatment given, and
- any recommended follow-up care.

c. Completed Incident Report Forms will be routed to the Safety Officer immediately.

D. Emergency Care/Transportation:

Emergency assessment and care will be the first priority for all patient, employee and visitor injuries. A licensed nurse and/or physician will be available to assess all injuries. If injuries require emergency transportation to an acute medical facility, arrangements will be made via the Nurse Supervisor or Staffing Services. The contracted ambulance service may be utilized to provide emergency transportation. In an emergency situation any MSH employee(s) may transport an employee, patient or visitor to a medical facility with the Nurse Supervisor's authorization.

E. Damage/Loss of Personal Property:

Instances of damage to or loss of personal property will be managed according to Montana State Hospital's policy #HR-13 "Reimbursement for damage/destruction of Employee Owned Property."

F. Data Collection and Analysis:

1. The Safety Officer will indicate the date when the Incident Report was received on the form and the Quality Improvement Department Administrative Assistant will enter information from each occurrence into a database. The database will include date, shift, time, location, severity and type of occurrence as well as information about patients and staff involved.
2. Information contained in the database will be summarized and reviewed by the Safety Committee and a summary report will be given to the Quality Improvement Committee.

VI. REFERENCES:

MSH Policy "Hazardous Condition Reporting Policy"
MSH Policy "Reimbursement for Damage/Destruction of Employee Owned Property"
MSH Policy "Personally Owned Articles Brought to Montana State Hospital by Hospital Personnel"
MSH Policy "Workers Compensation"

VII. COLLABORATED WITH: Hospital Administrator, Director of Nursing, Director of Quality Improvement & Public Relations, Safety Officer, and Staffing Services.

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_____/_____/_____
 Connie Worl Date
 Director of QI and PR

MONTANA STATE HOSPITAL
INCIDENT REPORT FORM
 Forward Completed Form to the Safety Officer
 For Risk Management/Quality Improvement Purposes Only

Demographic Information

Person(s) Involved:

Name _____ ID Number _____ () Patient () Employee () Other

Address (if employee) _____

Phone Number (if employee) _____

Witness(es) _____

If applicable Name and # of Patient causing injury: _____

Date of Incident _____ **Time of Incident** _____ **Location (TX Unit)** _____

Type of Incident

Violence

() Threat () Assault () Altercation () Other () Physical Intervention

Fall

() Fall from Bed/Chair () Uneven Surface () Fall while Ambulating () Unknown Cause () Rehabilitation Activity
 () Icy Surface () Wet/Liquid Surface () Other

Patient Care

() Scratched/Pinched/Hit () Lifting Patient () Saliva/Spitting () Urine/Feces

Sexual Behavior

() Sexual touching () Intercourse () Sexual Harassment/Intimidation () Nudity in public place
 () Masturbation () Oral Sex () Other

Unsafe Smoking

() Indoor Smoking () Using outlets to light tobacco () Improper disposal of lighted cigarette
 () Taking tobacco from others () Caused Fire

Contraband

() Weapon () Illicit Drugs/Alcohol () Prescription Drugs () Sexual material () Tobacco/Paraphernalia
 () Property of Other Patients () Hospital Property () Other _____

Self Inflicted Injury

() Superficial Cuts on Self () Attempted Hanging () Cigarette Burn () Serious Lacerations () Banging Head
 () Punching/Hitting Wall () Other

Exposure to Blood or Body Fluid

() Needle stick () Blood exposure () Saliva/Spitting () Urine/Feces () Semen () Open Wound

Missing or Damaged Property

() Missing or damaged patient property () Missing or damaged hospital property () Missing or damaged employee property
 () Property found after discharge () Damaged Patient Property () Damaged Hospital Property

Fire or Environmental Emergency

() Fire () False Fire Alarm Signal () Power Outage () Water Outage () Hazardous Substance Spill
 () Smoke Alarm Failure () Sprinkler System Down () Water Line Breakage

Accidents, Other, Misc.

() Lifting Object () Recreation () Repetitive Motion () Burn () Lacerations/Cuts () Pinched or Caught

Administration Use Only

Severity _____

Date Received _____

Injury Type _____

Data Base Entry? ☐

Please Turn Over and Complete Side 2

Provide a Brief Description of the Event Providing Known Facts (Who, What, Why, Where, When)

Signature & Date:

Nurse/Physician Report

Signature & Date:

What immediate corrective or follow-up action was taken?

Signature & Date:

If Patient Was Involved Was Factual Information Entered Into a Medical Record? () Yes () No

Employee – If you are going to seek medical attention, please state where and with whom:

If you seek Medical Attention a Work Release (Work Capacity Form) will be needed for you to return to work.

Name of Person Completing This Report

Name (print) _____ Title _____

Signature _____ Date _____

Printed Name of Supervisor at time of Incident: _____