BLUE WATER DEVELOPMENTAL HOUSING, INC.
POLICIES AND PROCEDURES: INDIVIDUALS SUPPORTED INFORMATION

SUBMITTED BY: Kathleen Swantek	**DATE SUBMITTED:** 01/89	**SECTION:** Individual Supported	
BOARD APPROVED ON: 02/89	**DATE REVISED:** 07/18/18, 03/18/20, 09/02/26	**SUBJECT:** Incident Report	
ANNUAL REVIEW BY EXECUTIVE DIRECTOR: 07/18/18, 03/18/2020, 3/14/22, 09/02/2026		**POLICY #:** IC-004	**PAGE #:** 1 of 5

I. APPLICATION

The provisions stated herein shall apply to all programs operated by Blue Water Developmental Housing, Inc. (BWDH).

II. POLICY

It shall be the policy of the organization that incidents shall be given prompt attention, reported immediately, and reviewed and investigated conclusively.

III. DEFINITIONS

As soon as possible: Means as time allows, but always before the end of the employee's shift.

Immediately: Means without delay; instantly.

Incident: Means an occurrence that disrupts or adversely affects the course of treatment or care of an individual, a residence, or a facility, and includes, but is not limited to:

1. Death of a recipient
2. Threats of physical violence and/or those threats requiring Duty to Warn. See St. Clair County Community Mental Health Authority (SCCCMHA) policy #06-001-0120, "Duty to Warn.". MORC and Macomb County
3. Involvement with law enforcement, including whenever they are called by employee, a recipient of services, or others, in order to report an elopement or request emergency assistance
4. Any injury to a recipient and/or other incidents which could have caused injury
5. Any medical condition which requires emergency medical treatment on-site, at a hospital, medical clinic or primary care physician
6. Suspected abuse or neglect of a recipient
7. Hospitalization of a recipient (medical and psychiatric)
8. Use of physical management
9. Physical Aggression, Behavior with Injury to Self/Others, and Behavior with Property Damage
10. Suicidal Ideation/Threat/Actions
11. Arrest and/or Incarceration of a recipient

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IV. STANDARDS

A. Employees/volunteers shall observe recipients in their care for changes in their condition, such as bruises, bumps, limping, etc.; administer appropriate first aid and/or seek medical treatment; and, report and document significant or suspicious problems.

B. Employees will be available to respond to questions put forth, verbally or in writing, when reviews or investigations are conducted by the Office of Recipient Rights, Adult/Child Protective Services, Licensing and Regulatory Affairs, Law Enforcement Agencies, and/or other Michigan Department of Health and Human Services (MDHHS) investigators/authorities.

C. Incident Reports are quality assurance documents and do not constitute a summary report. As such, Incident Reports are not maintained in the clinical record of a recipient.

V. NOTIFICATION/PROCEDURE

WHO	DOES WHAT
Employee	1. Takes immediate action to correct the situation; seeks emergency medical treatment or provides treatment, comfort and protection to the individual, as appropriate.
	2. Immediately notifies program supervisor of incidents including serious injury, attempted suicide, elopement, or suspected abuse or neglect, and as soon as possible for a non-serious injury. For incidents resulting in death follow “Death” policy IE-002.
Program Supervisor	3. Immediately notifies the appropriate division director/designee and case holder.

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Employee

4. Documents on Incident Report form including the following:

   a. The facts of the incident: Date, time, and location of incident.
   b. What happened before, during, and after the incident.
   c. Specific descriptions of injuries, if applicable. If recipient received emergency medical treatment, was it first aid at the location of the incident? Was the recipient transported to the hospital and, if so, by whom (EMS, employee, guardian)? If treated at a hospital, was the recipient treated and released or hospitalized? If hospitalized, what was the reason/diagnosis? In addition, was the injury due to a fall, accident, or other?
   d. Parties involved: Include the case numbers of any additional recipients, and names of employee, or others.
   e. Who contacted the police: Was it a recipient, employee, or others?
   f. The use of physical management: Indicate the precipitating behavior(s) that lead to the use of physical management, the positive behavior supports that were unsuccessfully tried, the name of the physical management technique, the length of time of the physical management, and a summary of the debriefing with employee and the individual involved in the use of physical management.
   g. Action taken by employee.
   h. Signatures of all employee involved with dates/times of signatures.

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Division Director	5. Reviews the Incident Report and employees' statements by the end of their working day or shift.
	6. Ensures any further action is taken to ensure individual supported receives proper treatment, if applicable.
	7. Checks the Incident Report for legibility, completeness, and appropriate dates and signatures.
Employee	8. St. Clair County documents the incident in OASIS (Incident Report module) before the end of their shift. If access to OASIS is not available, documents the incident on an Incident Report, SCCCMHA Form #057 (Exhibit A) by the end of their shift and forwards to appropriate division director.
	9. Macomb County forwards incident report to Macomb Office of Recipient Rights, supports coordinator and appropriate division director.
	10. Incident Report will remain in the home for 24 months after the incident.

VI. EXHIBITS

A. References
B. Incident Report (SCCMHA OASIS Incident Report)
C. BCAL-4607 Incident Report

REFERENCES

A. Act 258, Public Acts of 1984, as amended. Michigan Mental Health Code. Chapter 7

B. Act 266, Public Acts of 1974 – being MCL 750.520a to 5201.

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C. CMH Administrative Manual – CMH Recipient Rights Protection System, 50.001 to 50.033.

D. DMH Administrative Rules, 1987, Rules 1059, 1260, 1274, 1276, 7014, 7035, 7037, 7175, 7185, and 7253.

E. DMH Administrative Manual, Reporting, Investigating, and Review of Unusual Incidents, Injuries, and Deaths, 14-120-001.

F. Standards for Michigan Community Mental Health Services. July 1976. Sections 1.8 and 6.11 (F) (G).