



Policy Incident Report

1. Scope

This policy for CANA employees/volunteers.

2. Terms and Definitions

| Term | Definition |
|------|------------|
| | |

3. Policy Details

All incidents must be reported within 24 hours of the incident or within 24 hours of when CANA became aware of the incident.

4. Procedures

A. A separate form must be completed for each person – do not use identifying information, such as names or initials, if the incident involved another client receiving services.

Date of incident: Time of incident: am / pm

Location of incident:

Person name:

CANA-Center for Africans Now in America ||
6000 Bass Lake Road, Suite 206, Crystal, MN 55429
763-533-4986 || 952-707-9684 (F) || 952-356-2953 (C)

Incident Report Policy
Updated 2016

Program Name: License Number:

B. Incident Type (check all that apply):

- Death or serious injury (Must also be reported using the forms from the Office of Ombudsman for Mental Health and Developmental Disabilities)
- Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition that requires the program to call 911, physical treatment, or hospitalization
- Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team
- An act or situation involving a client that requires the program to call 911, law enforcement, or the fire department
- Unauthorized or unexplained absence from a program
- Conduct by a person against another person that: is so severe, pervasive, or objectively offensive that it substantially interferes with a person’s opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program
- Any sexual activity between persons that involves force or coercion
- Any emergency use of manual restraint (Also refer to Emergency Use of Manual Restraint Policy)
- A report of alleged or suspected child or vulnerable adult maltreatment (Also refer to Maltreatment of Minors or Vulnerable Adults Reporting Policy)
- Other (for internal documentation purposes only; not required to report):

C. Description of incident:

D. Description of staff response to the incident:

Applicable coordinated service and support plan addendum(s) were implemented for the client(s) involved.

Applicable program policies and procedures were implemented as written.

Staff person(s) who responded to the incident:

Print name of reporting staff Signature of reporting staff Date

No external notifications made (only if incident does not meet criteria for a required Incident Report).

E. Persons Notified (within 24 hours of the incident)- Completed by Program Manager

For incidents that do not meet the criteria for a required Incident Report (i.e. those marked as "Other"), notification of other parties is not required, but may be completed if desired.

Case manager:

Name Date Time

Legal representative or: _____ designated emergency contact Name Date Time

Common Entry Point – see VA policy for phone numbers: _____

(Notified of suspected maltreatment only) Date Time

Ombudsman – 651.757.1800:

(Notified of death and serious injuries only) Date Time

DHS Licensing – 651.296.3971:

Office of Health Facility Complaints notified for ICF/DD Date Time

(Notified of death and serious injuries only)

Other:

Name Date Time

Other:

Name Date Time

Other:

Name Date Time

V. Additional Program Manager Comments:

Name of Program Manager

Signature of Program Manager

Date