

**SECTION - SECURITY  
ADMINISTRATIVE DIRECTIVE NO. 830  
(Replaces A.D. No. 830 dated 12/18/06)**

Effective Date: February 14, 2007

**SUBJECT: SPECIAL INCIDENT REPORTS**

**I. PURPOSE**

- A. To report and document events that have an adverse affect on the safety, care, treatment and rehabilitation of individuals.
- B. To monitor the appropriateness and effectiveness of follow-up actions.
- C. To provide data analysis for performance improvement activities.

**II. AUTHORITY**

By order of the Deputy Director, Long Term Care Services, consistent with Government Code Section 11152; Department of Mental Health Special Orders: 112, 205.03, 212.02, 227.07, 315.04, 701.01, and 720.01.

**III. POLICY**

A Special Incident Report (SIR) is a document utilized by hospital employees to accurately and effectively describe a serious (or potentially serious) incident that negatively impacts hospital operations, violates hospital policies or procedures, and or jeopardizes the safety, treatment or well-being of the Individual(s).

**IV. METHOD**

Special incidents are:

- A. Occurrences that are potentially or actually physically and/or psychologically harmful to an Individual or are inconsistent with the Individual's expected behavior, condition, treatment, or care plan.
- B. Occurrences or attending circumstances that adversely affects or has the potential of adversely affecting Individual health, safety or well-being and/or the operation of the hospital. This type of incident may, or may not, be Individual-related.

C. Behavioral:

1. When a behavior exhibited by an Individual has reached a level that is physically or psychologically harmful to the Individual or to those around him, a SIR is required. Examples include:
  - a. Sexual offenses;
  - b. Drug related problems;
  - c. Contraband in the Individual's possession;
  - d. Assault;
  - e. Unauthorized absence;
  - f. Attempted escape plan;
  - g. Abuse of Individuals;
  - h. Violation of Individual's Rights;
  - i. Any behavior that requires the use of restraint and/or seclusion;
  - j. State property damaged by Individuals;
  - k. Suicide, attempted suicide or other serious self-harm behavior;
  - l. Other matters deemed significant.
2. If in doubt, submit a written report to Management for review.

D. Medical

1. Injury:
  - a. Fractured or broken tooth.
  - b. Wound (abrasion, laceration, burn, incision, and puncture).
  - c. All medication errors as identified on the Medication Error Report Form.
  - d. Any serious injury, serious illness or death caused by or contributed to by a medical device, i.e., catheter, infusion pump, hospital bed, Individual restraint, suture material, syringe, defibrillator, wheelchair, etc.
  - e. Other injuries needing medical attention.

2. These may be involved with the items stated in Section C (Behavioral); if so, the report of the injury shall be incorporated into the behavioral report.

E. Non-Individual Incident:

1. Employees observing any non-Individual occurrence that management should be made aware of, and for which there is no other known method of reporting, shall report the occurrence on a SIR form.
  - a. The employee's supervisor shall review the SIR with final review by the Program Director or Department Head.
  - b. That report shall contain necessary information regarding findings, counseling, recommendation, etc.
  - c. The SIR shall be submitted to the Standards Compliance Department (SCD) according to the required time frames identified below.

F. Contraband:

Significant contraband items, such as weapons or drugs, located or found in an Individual's possession will be noted in his Interdisciplinary Notes, and a SIR written.

V. DOCUMENTATION PROCESS

- A. Any employee witnessing or discovering an incident that meets the criteria for an SIR, shall document the incident on an SIR. However, should the incident involve an Individual and a Level of Care (LOC) employee is present at the time/location of the incident, the LOC employee shall have primary responsibility for completing the SIR. Documentation shall include:
  1. Date;
  2. Time;
  3. Location of the incident;
  4. Name(s)/role(s) of everyone involved (Individuals, Employees, and Visitors);
  5. Severity of any injuries;
  6. Medical treatment provided;
  7. Interventions initiated;
  8. Departments notified.

## VI. REPORTING PROCESS

The SIR reporting process shall be applied according to the following levels of responsibility:

### A. Initiating an SIR:

1. Immediately contact the Nurse of the Day (NOD) to attain an SIR tracking number (Office: 934-8529 and Pager: 935-6935). At the prompt, enter 031 to leave a voice message. Staff are cautioned not to divulge confidential Individual information over the pager.
2. Document the incident on an SIR (include SIR tracking number on upper right corner of form).
3. Fax a completed copy of the SIR Face Sheet (MH2512) and the IDN (MH5624) to the NOD at 934-8629.
4. Fax a copy of the SIR to the SCD within one (1) hour of the incident at 935-7271.
5. For Individual related incidents (injuries beyond first aid), forward the original SIR to the Physician for medical treatment follow-up, the Unit Supervisor for Level I investigation follow-up, and then to the Program Director for Level II review.
6. For Non-Individual related incidents, the employee witnessing/discovering the incident will document on an SIR, forward the original to their immediate Supervisor for Level I investigation and Department Head for Level II review. The Level II reviewer will deliver the SIR Hardcopy to the SCD according to the required time frames.

### B. Incidents Occurring During Regularly Scheduled Business Hours:

1. For incidents occurring during regularly scheduled business hours (Monday to Friday 0800 to 1700), and meet the criteria for a Department of Mental Health Headquarters (DMH HQ)/Department of Health Services (DHS) reportable, all levels of review shall be completed within 4 hours.
2. For incidents that do not constitute a DMH HQ/DHS reportable, all level of reviews shall be completed within 72 hours.
3. The Program Director/Department head shall ensure all SIR originals that meet DMH HQ/DHS reportable criteria are immediately hand-delivered to the SCD, upon the Level of Reviews being completed.

C. Incidents Occurring Outside of Regularly Scheduled Business Hours:

1. For incidents meeting the criteria for a DMH HQ/DHS reportable, all levels of review shall be completed within 4 hours of the next working day.
2. For incidents that do not constitute a DMH HQ/DHS reportable, all levels of review shall be completed within 72 hours of the next working day.
3. The Executive Officer of the Day (EOD) shall be responsible for completing the level of reviews when necessary. In circumstances where it would be more appropriate for the level of review to be completed by a Program Manager or Department head, the EOD shall be responsible for ensuring the appropriate paperwork has been delivered to the applicable department prior to the next working day.
4. The EOD shall notify the Director of SCD anytime the level of review has been forwarded to Program Manager or Department head for completion.

D. NOD:

1. Provide SIR tracking number to employee.
2. Type SIR Synopsis into the SIR Folder located on the "I" Drive.
3. Respond to incident as necessary.
4. Address incident and follow-up in 24 hour report.

E. EOD:

1. For serious incidents meeting the criteria for a DMH HQ or DHS reportable after-hours, weekends, and holidays, the EOD will be responsible for contacting the Executive Director and the SCD Director and briefing them of the incident. The Executive Director will determine if immediate telephone notification to DMH HQ is required. The SCD Director will determine if immediate notification to DHS is required, and either of the two may authorize the EOD to initiate notification. Generally, there is no need to notify DMH HQ or DHS at night, weekends, or holidays, unless it is felt the occurrence is likely to pose a significant negative impact to the hospital operations or may cause continued harm or death.
2. For incidents reported to DMH HQ or DHS, a preliminary report of investigation and findings shall be prepared by the EOD and made available to the Executive Director and the SCD Director by the beginning of the next business day.

F. Executive Management:

1. Review SIR synopsis daily (located on I-Drive/SIR Folder).

2. Ensure all SIR originals are delivered to the SCD according to the above outlined time frames.
3. Receive a copy of the SIR from the SCD regarding any incident that is reported to DMH HQ/DHS and impacts their department.
4. Ensure their departments provide any applicable follow-up and or Plan of Correction to the SCD.
5. The SCD Director shall meet and brief the Executive Director regarding all SIRs that require reporting to outside agencies. All SIRs that are reported to an outside agency shall contain the necessary information prior to its submission.
6. The Executive Director or designee shall immediately notify the Deputy Director of Long Term Care Services or designee by telephone of all unexpected deaths that are not immediately identified as natural; all AWOLs/Escapes, and any other major incident that may be of concern to the local community, elected officials or media.
7. The SCD shall electronically transmit the Special Incident Brief to DMH HQ Hospital Operations and/or DHS State Facilities Unit.

## VII. INVESTIGATION OR PROSECUTION

### A. Program Investigations:

Program Management assigned to the Clinical Administrator is responsible for reviewing and/or investigating all SIRs occurring on the intermediate care units and the residential recovery units.

1. The Program Director will address problematic issues that appear relevant to the cause of the incident and shall reconcile any contradictory information.
2. A Plan of Correction for preventing reoccurrence will be provided when appropriate.

### B. Medical Unit Investigations:

Program Management assigned to the Medical Director is responsible for reviewing and/or investigating all SIRs occurring on the acute unit(s).

1. The Program Director will address problematic issues that appear relevant to the cause of the incident and shall reconcile any contradictory information.
2. A Plan of Correction for preventing reoccurrence will be provided when appropriate.

C. Hospital Police Services Investigations:

Hospital Police Services is responsible to review and/or investigate all special incidents where a crime may have been committed. Findings from these investigations shall be made available to the Executive Director and the SCD Director for purpose of providing an accurate report to DMH HQ and/or DHS.

1. Such incidents include, but are not limited to: assaults, battery, bribery, escapes (and attempts), extortion, homicide, stealing, homicide, suicide, etc. When an incident involving a criminal act has occurred, treatment staff will request a hospital police officer to respond to the unit to initiate a police report. When available, the hospital police report number will be included in the SIR.
2. The attending physician may defer the interview of any Individual by the Police Services by providing documentation in the Individual's medical record providing medical/psychiatric reasons.

D. Special Investigations:

The SCD shall further investigate all incidents resulting in DMH HQ/DHS being notified and/or in response to requested follow-up.

E. Referral for Prosecution:

1. All cases identified for prosecution by the hospital's Police Chief shall be forwarded to the Executive Director for review and approval.
2. All cases approved for prosecution by the Executive Director shall be forwarded to the Hospital's Police Chief for follow-up with the District Attorney.
3. Should the prosecution request a psychiatric evaluation, it will be submitted within three (3) business days.

All investigations are subject to review by the Executive Director. Any investigation related to a DMH HQ/DHS reportable event is subject to review by the SCD Director.

VIII. DATA ENTRY

Data entry for all SIRs shall be completed by the SCD.

IX. RETENTION

SIRs involving Individual-related events will be forwarded to the Health Information Management Department for retention, whereas, all others will be returned to the appropriate Program Manager or Department Head for deposition. All SIRs not involved in pending or open litigation shall be destroyed after a retention period of eighteen (18) months.

X. TRAINING

All employees shall receive training on the SIR process during New Employee Orientation. Refresher training shall be provided to appropriate employees as part of their annual training program.



---

W. T. VOSS  
Executive Director

Cross Reference(s):

- A.D. 302 Patient Escape and Notification Policy
- A.D. 528 Patient Death
- A.D. 768 Department of Health Services Reportable Events
- A.D. 770 DMH Headquarter Reportable Events
- A.D. 818 Contraband
- A.D. 976 Duty to Warn, Inform and Report Abuse and Serious Threats
- Nursing Procedure Manual