



T R U T H E R A P Y

Truththerapy LPC

Policy & Procedures for Reporting a Mental Health Incident

Unusual Incident Policy: immediately reportable to the Truththerapy LPC Administration

Below is a list of potential incidents that are reportable *when they occur on the provider premises or during service provision*.

- ◆ Consumer death/impending death;
- ◆ Suicide attempt;
- ◆ Medication/treatment errors;
- ◆ Rape/sexual assault;
- ◆ Abuse or suspected abuse;
- ◆ Self-inflicted harm;
- ◆ Violent/assaultive behavior with physical harm to self or others;
- ◆ Program closure for more than one day not due to weather conditions;
- ◆ Use of police, fire or ambulance services (does not include routine transportation);
- ◆ Individual missing/runaway for more than 24 hours (except if individual is a minor or treatment plan indicates individual's lack of ability to care for self in which case the incident should be reported as soon as the individual is determined to be missing or to have run away);
- ◆ Any major community disturbance or event which may become news worthy (not limited to on-site occurrence);
- ◆ Possession of a deadly weapon while in any facility at all levels of care.
- ◆ Misuse of individual funds;
- ◆ Individual's rights violation(s);
- ◆ Non-psychiatric admission to a hospital due to injury or serious illness (when the episode occurs on premises or during service provision);
- ◆ Outbreak of a serious communicable disease. (see attached list of Reportable Diseases)

Procedures for reporting unusual incidents:

1. **Verbal contact** with your supervisor must be made within 24 hours of the incident occurring. If the incident occurs on a weekend or holiday, your supervisor must be notified by 9:00 AM the following working day.

2. The following information must be available at the time of the verbal report by the person most closely associated with the incident (i.e. direct staff reporting the incident). Name; age; services the individual currently receiving; date, time and location of occurrence; staff/facility involved; short description of incident; medical treatment (if any); current status of individual/incident.
3. Your supervisor will assist in developing a follow-up plan of action.
4. A **written report** must be completed and faxed/emailed to your supervisor within 48 hours of the incident occurring (see page 3). The report should be completed in full.
5. Quarterly review of incidents shall be completed and documented by the individual agency either through quality assurance review.

NOTE: Any incident which may become news-worthy must be reported to your supervisor.

Any questions related to this policy, or questions regarding the need to report a particular situation, should be directed to:

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Truththerapy LPC
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Cell 706-339-3855
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**Unusual Incident Report Form**

Provider / Program Name:	Phone:
Client Name:	Phone:
Address:	DOB/Sex:
Location of Incident:	Date/Time:
Staff Members Involved:	

Type of Incident:

<input type="checkbox"/> Client Death / Impending Death	<input type="checkbox"/> Episodes creating a major community disturbance
<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Fire, Police, disaster rendering site unusable
<input type="checkbox"/> Rape Sexual Assault	<input type="checkbox"/> Outbreak of serious communicable disease
<input type="checkbox"/> Physical Assault/Abuse/Suspected Abuse	<input type="checkbox"/> Type:
<input type="checkbox"/> Possession of a deadly weapon	<input type="checkbox"/> Program Closure due to Weather
<input type="checkbox"/> Misuse of Client Funds	<input type="checkbox"/> Other:
<input type="checkbox"/> Missing Client (runaway)	<input type="checkbox"/>

Description of Event:**Notifications (Name, Date, Time)**

<input type="checkbox"/> Relative/Guardian	
<input type="checkbox"/> Physician / Hospital	
<input type="checkbox"/> Fire / Police Department	
<input type="checkbox"/> Case Manager	
<input type="checkbox"/> Other	

Further investigation / action to be undertaken:

Printed Name of Person Reporting:	Title:
Signature / Person Reporting:	Date:
Signature / Agency Director:	Date:

For Truththerapy Use Only:

Verbal Report date/time to:	By Truththerapy Staff:	Spoke with:
Hard copy date to:	By Truththerapy Staff:	

