Topic: Event Report Documentation	**Department:** All programs and services (Excludes Employment Services)
Original effective date: 7/2013	**Last revision date:** 6/16/2023
Owner: Incident Manager	**Frequency of reviews:** As needed
Internal/Regulatory Reference(s) (all that apply): OPWDD Regulation-Part 624	
Related documents/Links: Event Report Form, Directions for completing the Event Report Form	

Policy

People are free from harm.

Incidents which fall under the identified categories shall be appropriately documented on the event report form as either a simple or intermediate event. Please refer to the category descriptions noted below:

Simple Events

1. **Non-Serious Injuries:** Injuries requiring no more than 1st aid and/or does not require contact with an emergency room, urgent care, or after hours facility. Includes x-rays with negative results; tetanus shots for cuts, surgical glue. Any injury of unknown origin needs to be further assessed, following the Injuries of Unknown Origin process.

2. **Unusual Behavior**: Any behavior that is unusual for the person, including changes in routines (i.e. sleep or eating patterns); changes in abilities (ADL's, other skills); changes or withdrawal from preferred activities/people/etc; incontinence that is unusual for the person; changes in memory/orientation. May also include Behavioral Upset if this is something not typical for the person.

3. **Behavioral Upset:** Any emotional response that includes verbal or physical aggression, property aggression or destruction, self-injurious behavior, and/or threats toward self or others. **NOTE: If these behaviors are addressed in a behavior support plan, and do not exceed definitions of that plan, you do not need to write an event report; document in the tracking for that plan. If the behaviors are NOT addressed in a plan, or do not fit the definitions of the plan, write an event.** If the person who is upset makes contact with or directs their behavior/threats toward another person supported, write an event report on that person as well.

4. **Fall:** Any fall, including falls caused by seizures. **An environmental assessment must be conducted to ensure no environmental factors contributed to the fall.** If an environmental factor did contribute to the fall, the environmental concern must be fixed as soon as reasonably possible.

5. **Staff Concerns:** Concerns staff members have about an person supported that do not fall under any existing category about people supported.

6. **Medication Refusal:** Any refusal of a medication by a person supported.

7. **Appointment Refusal:** Any refusal of an appointment by a person supported.

Intermediate Events

8. **Illnesses requiring hospitalization:** Any illness that requires an individual to be hospitalized or observed for 24 hours or more. The CEO must be notified.

9. **Medication Error – No adverse reaction:** The individual has no adverse reaction, but medications are not administered, a higher or lower dose of a medication than prescribed was administered, or someone else's medication was administered. This can be caused by, but is not limited to staff error, family errors, when the pharmacy has not delivered a medication, when the Doctor has not promptly renewed a script, the medication falling onto the floor and staff not noticing, the person supported making an error when they are self-medicating, counts being off, people being on outings or out with family members beyond the allowable time for an administration, staff forgetting to give medications to parents for home leaves, parents refusing to give medications when their children are home.

10. **Contact with Emergency Personnel:** Any contact with **Police, Fire, Ambulance, Emergency Room/Urgent Care/After Hours.** *If police contact is related to a possible criminal act by a person supported use the Sensitive Situation Category of the Serious Notable Occurrences.* The CEO must be notified. Note: If person supported contacted 911 AND this is addressed within a behavior support plan (BSP), staff are to follow protocol within BSP to determine if event report is necessary.

11. **Suicide Threat / Attempt – No injury or no more than 1st aid:** This category combines two of the categories on the old form. Any threat made by a person supported to kill himself or herself, or any suicide attempt or what appears to be an attempt by a person supported which results in no injury.

12. **Physical intervention by staff without an approved plan *Requires immediate nurse/nurse on-call notification:** Use of SCIP-R physical intervention techniques on an emergency basis without an approved plan. The nurse must document any medical condition that may contraindicate the use and recommend medical follow-up related to the emergency use of SCIP-R techniques on the event form.

13. **Sexual behavior acts – not abuse:** Sexual behaviors that are unusual *for the person,* but which do not meet the criteria of abuse.

14. **Vehicle accidents – no injuries:** Any vehicle accident in which no person supported in the vehicle was injured. The CEO must be notified.

15. **Theft of individual funds/property or financial exploitation less than or equal to $15.00 in value:** No IRMA entry or police notification for Theft of individual funds/property or financial exploitation under $15.00.

Instructions for Completing the Event Report Form

Event reports are used to document a variety of unusual, significant or serious events that occur in the lives of people we support. Whenever any of these types of events occurs, your supervisor should be notified immediately to begin additional follow-up, as necessary.

Any corrections that need to be made when filling out the form should be done as follows:
- Draw a single line through the error
- Write in the correct information
- Initial this correction
- Date this correction

FRONT SIDE

Name: Name of the person supported for whom the event is written. Event reports are not written on behalf of staff. When there is an event that involves more than one person an event report should be written for each person.

Site: The Arc site/program generating the report. For example, if an event occurs in the community while the person is with residential staff, the site would be the residence.

Date witnessed by staff: If the writer of the event report *saw* the event occur, the date, time and day are to be written here.

Date reported to staff: If the event was *reported* to the writer of the event, s/he should write in the date, time and day that it was reported.

Date event discovered by staff: If the event was *discovered* by a staff member (which sometimes happens days after the actual event occurred), s/he should write here the date, time and day that the discovery occurred.

Specific location of event: Write here exactly where the event occurred (i.e. in Wal-Mart; in the driveway; in the core room 7; in the kitchen; etc.)

Witnesses: Witnesses are people who actually saw the event occur. Include the full names of all those who are identified, both staff and People Supported.

REVERSE SIDE

Narrative of Event: In this section the person with the most direct knowledge is to write:
- Events that happened immediately prior to the event occurring
- Events that happened during the event
- Events that happened and actions taken immediately after the event occurred – specifically what was done to keep people safe.
- *Facts only*. This is not the place to write in opinion.

Date Noted in Chart: All events should be noted in the person's chart. Please write in the date that this documentation occurred.

Signature Line: The person who *witnessed, discovered, or took the report* of the event needs to:
- Print their name

- Sign their name
- Write in their title
- Write in the date that the form was completed

If a report is written by one person and signed by another, this must be noted on the event report with an explanation for this occurrence and both parties must sign the event report.

Additional Documentation/Follow-Up: This section is used for follow-up or additional information to be documented. This can be from the nurse, supervisor, etc.

Was the MD notified: Please document whether the person's primary care physician was notified about the event or not. If so, please write in the date and time.

Signature Lines: Anyone who added information or follow-up to the event must:
- Print their name
- Sign their name
- Write in their title
- Write in the date that the form was completed

Person Who Reviews the Form: The manager who reviews the form for completeness, accuracy or the need to upgrade the event must print their name, sign their name, write in their title, and the date it was reviewed.

Additional Information: The Event Report document is an internal, agency document and shall not be released to external parties, **UNLESS** it is related to an OPWDD Part 624 incident and a formal request for release has been submitted by a qualified party (see related Requests for Incident Report Information procedure).

Notifications made for the Event Report should be initiated in person, via telephone, or via e-mail; however, at no point should the document be shared to external parties during such notification.

Document revision record:

Revision Date	Release Date	Reason for change	Approver
5/9/23	5/12/23	Updated "Individual Served" to "Person Supported" and added Additional Information section.	D. Crosser
6/16/23	6/16/23	#10 updated.	D. Crosser