

CIMOR EMT – Community Event Report Form - MRDD

Instruction Sheet for the Community Event Report Form 10-1-06

1	Event Date & Time: Date and time the event began/occurred or is believed to have begun/occurred.
2	Discovery Date & Time: Date and time the event was discovered. For example, a bruise on a consumer is discovered but the date of injury is unknown. Complete this section only if different than event date & time.
3	Event Location or where discovered: Agency name or location where the event occurred.
4	Name of Provider Agency/ Organization involved in event & Vendor Number: The organization that may be responsible for the event. This is usually where the event occurred or if not at an organization, the organization with primary oversight responsibility for the individual.
5	Event Category (select one): Check the event type being reported –Incident (Includes Death) or Medication Error
6	Program Category Pertinent to Event (select one): Check the primary service the consumer was receiving at the time of event.
7	Event/Incident Type (select one) – Check the event that occurred.
	<p>Choking (requiring intervention): When food or an object has obstructed the airway and the Heimlich maneuver or other medical intervention is required to save the life of an individual.</p> <p>Violation of Consumer rights: Any suspected violation of consumer rights as established by RSMO 630.110 or where there is a suspicion or allegation of abuse or neglect.</p> <p>Consumer struck object resulting in injury: Any physical force inflicted upon an object by a consumer.</p> <p>Elopement: When a consumer’s absence raises reasonable concern for the safety of consumer or others, or concern the consumer will not return. (Record return date and time.)</p> <p>Found on floor/ground (not witnessed): Found consumer on the floor from an apparent loss of an upright or erect position of the body.</p> <p>Fall to floor/ground (witnessed): Sudden loss of an upright or erect position of the body. The fall did not result from any forcible physical actions of another person.</p> <p>Near fall (lowered to floor by staff): Sudden loss of an upright or erect position of the body. Intervention to assist and lower the consumer to the floor was provided.</p> <p>Fire: Starting a fire whether intentional or due to impaired cognition or judgment.</p> <p>Inappropriate language by staff toward consumer: Staff using profanity or speaking in a demeaning, non-therapeutic, undignified, threatening or derogatory manner in a consumer’s presence.</p> <p>Ingestion of non-food item: Ingestion of an item that is not food, water, medication or other commonly ingestible item that may constitute a hazard to health.</p> <p>Medical emergency-consumer: A medical emergency occurs while a consumer is receiving active services in a facility, program or in the community with staff. The consumer is sent to a hospital or emergency care clinic in an urgent situation and receives medical treatment. <i>This is used only when another incident type does not first describe the incident.</i></p> <p>Misuse of consumer funds/property: Staff is suspected to have misappropriated or converted a consumer’s funds or property for their own benefit.</p> <p>Physical altercation between consumers: Any physical force inflicted upon a consumer by a consumer.</p> <p>Physical altercation consumer & non staff: Any physical force inflicted upon the other when an altercation occurs between consumer and non-staff.</p> <p>Physical altercation – staff & consumer: Any physical force inflicted upon the other when an altercation occurs between a staff and consumer.</p> <p>Possession of weapon: Having on one’s person or in one’s room an instrument or an object manufactured or altered to have potential to cause injury to oneself or to another individual. This includes a lighter or matches where/when not allowed.</p> <p>Property loss/destruction: Significant or notable destruction of property.</p> <p>Sexual conduct - consumer/non-consensual: Any sexual act involving a consumer when it is suspected or alleged that one of the parties was not a willing participant. This includes those incapable of giving consent due to guardianship or other reasons.</p> <p>Sexual conduct – staff & consumer: Any suspected or alleged sexual conduct between staff and consumer including but not limited to the definition of sexual abuse.</p> <p>Suicide attempt: Any action(s) taken by an individual with the intent to kill oneself but he/she is not successful.</p> <p>Theft by consumer: The act or an instance of stealing committed by a consumer</p> <p>Vehicular accident: Consumer was involved in the collision of a vehicle with another object.</p> <p>Other – Specify any incident not described above.</p> <p>Report the following incidents only if 1) unusual and not being addressed in the personal plan; 2) there is an injury; or 3)there is an allegation/suspicion of neglect.</p> <p>Consumer self-harm: Any physical force inflicted by a consumer on self.</p> <p>Graphic threat of Harm: Any threat, verbal or non verbal, which conveys a significant risk of imminent harm or injury and results in reasonable concern that such harm will actually be inflicted.</p> <p>Seizures – A convulsion or attack of Epilepsy.</p>

8	Check if event resulted in (Check all that apply)	
	<p>Injury to consumer.....</p> <p>Use of physical restraint.....</p> <p>Administration of PRN psychotropic medication...</p> <p>Hospitalization/non-injury</p> <p>Death</p> <p>None of the above.....</p>	<p>Any physical harm or damage. This does not include naturally occurring physical illnesses or death from natural causes.</p> <p>Any physical intervention technique used to restrict a consumer's movement. Specific division definitions may be found in the applicable Code of State Regulation 9 CSR 40-1.015</p> <p>Any administration of a medication (pharmacologic agent) that affects a person's mental status that is prescribed but given according to circumstances and not a scheduled time.</p> <p>The incident was not a result of an injury; however, the incident did require that the consumer be admitted as an inpatient to a hospital and assigned to a bed on a unit outside the emergency room.</p> <p>The injury received, or complications from the injury, was so severe that it resulted in the termination of life of the injured individual.</p> <p>The event did not result in one of the above.</p>
9	Persons involved, relationship, role and DMH State ID# (for consumers)	
	<p>Relationship Types:</p> <p>Consumer..... Any individual receiving services from the Department of Mental Health</p> <p>Parent/Guardian..... Individual who is legally responsible for the care and custody of the consumer</p> <p>Staff..... Agency worker/employee</p> <p>Visitor..... Individual coming to see a person or spending time in a place, whether for social, business or professional reasons.</p> <p>Volunteer..... Individual providing services, of his own free will, and receiving no compensation.</p> <p>Other If other, please specify.</p> <p>Role Types:</p> <p>Complainant..... Individual making the complaint or allegation.</p> <p>Perpetrator..... Individual that appears to be responsible for the event; the one who commits an unacceptable act.</p> <p>Reporter..... Individual responsible for completing the event reporting form.</p> <p>Victim..... Person harmed by or made to suffer from an act, circumstance, agency, or condition.</p> <p>Witness..... Individual that observed /heard the event.</p> <p>Other..... If other, please specify.</p>	
10	Injury Type (select one)	
	<p>Accident.....</p> <p>Consumer Inflicted.....</p> <p>Other Inflicted.....</p> <p>Self Inflicted.....</p> <p>Staff Inflicted.....</p> <p>Unknown.....</p>	<p>Unexpected or unintentional occurrence such as slipping on an icy surface or injuries sustained during a seizure.</p> <p>A consumer inflicts physical harm on another person</p> <p>A person that is not staff or consumer, or an animal inflicts physical harm on a person</p> <p>Deliberate action by the person that results in self-harm, such as punching a wall or lacerating the wrists.</p> <p>Staff intentionally or unintentionally inflicts physical harm on a person</p> <p>The cause of the injury is not apparent or evident.</p>
11	Injury Severity (select one) <i>Must be completed if event resulted in an injury (see #8)</i>	
	<p>No Treatment.....</p> <p>Minor First Aid.....</p> <p>Medical Intervention.....</p> <p>Hospitalization.....</p>	<p>Treatment was not needed.</p> <p>Injury was treated by individual trained and/or certified in First Aid.</p> <p>Injury is severe enough to require the treatment of the individual by a licensed physician, osteopath, podiatrist, dentist, physician assistant or nurse practitioner but not serious enough to warrant or require hospitalization. The treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a doctor's private office through treatment at the emergency room of a general acute care hospital.</p> <p>Injury is so severe that it requires medical intervention and treatment as well as care of the injured individual at a general acute care hospital. Regardless of the length of stay, this severity level requires that the injured individual be formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside the emergency room.</p>

12	Injury Description (check all that apply) If other, please specify.	
13	Injured Body Part(s) (check all that apply) If other, please specify.	
14	Medication Error Category (check one)	
	Failure to administer... Reason..... No Physician Order..... Wrong dose..... Wrong form..... Wrong medication..... Wrong person..... Wrong route..... Wrong time.....	One or more doses of prescribed medication were not distributed, dispensed or administered as prescribed by the physician. Add the reason that the medication was not administered. One or more doses of medication were distributed, dispensed or administered without the authorization of a physician. More or less of the prescribed amount of medication was distributed, dispensed or administered to the consumer. The medication was administered in a form other than ordered, e.g. tablet instead of concentrate, ointment instead of cream. A different medication than the one prescribed was distributed, dispensed or administered to the consumer One or more doses of medication were distributed, dispensed or administered to a person for whom the medication was not prescribed. The medication was distributed, dispensed, or administered to a person by the wrong route, i.e. by mouth, in ear, in eye, injection, topical, etc. The medication was not distributed, dispensed, or administered at the prescribed time. Current standard of practice is that medication should be administered within 60 minutes prior to or following the prescribed time. As an example, if a medication is prescribed for 8:00 p.m. or the h.s. medication rounds time for a facility is 8:00 p.m., then the acceptable window would allow medications to be administered as early as 7:00 p.m. or as late as 9:00 p.m.
15	Medication Error Severity Rating (select one): Must be completed if there was a medication error. Check the box that describes the severity level. <i>(DMH staff will review and confirm the severity level checked.)</i>	
	Minimal Moderate..... Serious.....	No treatment or intervention other than monitoring or observation. Treatment and/or interventions in addition to monitoring or observation. Life threatening and/or permanent adverse consequences.
16	Notified: Check persons/agencies notified, along with the person's name and date and time of notification. <i>Note: Department of Mental Health Regional Center notification required.</i>	
17	Event Description/Narrative: Describe what happened and interventions used by staff. If there was a medication error, indicate the name(s) of medications involved, including times, dosage, and reason for error.	
18	Immediate Action Taken By Agency And Action Steps To Prevent Reoccurrence (to be completed by agency management): Describe the immediate action by agency management as a result of the event. Include disciplinary and/or follow-up action taken to prevent reoccurrence of such events in the future.	
19	Signature - Reporter: Name, telephone number and agency name of individual providing the initial information to the department which results in completion of an event report. Report Date/Time: Date and time event report completed.	
20	Signature - Agency Management/Supervisor: Indicates that the report was reviewed before being sent to DMH. Report Date/Time: Date and time the event report was reviewed.	
21	Signature - Service Coordinator: Indicates that the report was reviewed. Report Date/Time: Date and time event report was reviewed.	
22	Signature - Other DMH Staff: This could include Quality Assurance, Supervisors, Director, Abuse & Neglect, or Behavioral Resource Technicians. Report Date/Time: Date and time event report was reviewed.	
23	Action/Comments (to be completed by DMH): Indicates action taken by DMH staff upon notification and if the event was a critical incident. Specifies if there is suspicion or allegation of abuse, neglect or misuse of consumer funds/property. If a death occurred, the suspected manner of death and whether or not an autopsy will be performed (if yes, must list coroner/medical examiner). Designates contacts to required entities.	