

APPENDIX A7

Department of Health and Human Services Division of Mental Health and Developmental Services Substance Abuse Prevention and Treatment Agency (SAPTA)

Complaint Investigations and Critical Incident Reporting Policy

Policy: It is the policy of the Substance Abuse Prevention and Treatment Agency (SAPTA) that all critical incidents will be reported immediately to the Agency Director, or designee. The Agency Director will be responsible for notifying the Division Administrator or Deputy Administrator of the Division Mental Health and Developmental Services; the Division Administrator will report any high profile or unusual incidents to the Director of the Department of Health and Human Services. The Division Administrator or Deputy Administrator will be responsible for determining what constitutes high profile or unusual incidents.

Purpose/Reference: SAPTA has the responsibility of ensuring the safety and interests of all its contract clients, participants, employees, volunteers and visitors as a “high priority” by immediately responding to and addressing any critical incidents described within this policy, and taking appropriate measures to remediate or rectify them.

All individuals who are actively receiving or providing services from a SAPTA funded program will be required to complete a report in the event of a critical incident. All critical incidents will be reported on a Critical Incident Reporting Form (Attachment A).

Definitions and Reporting Codes: The letters in parenthesis at the end of each category are data entry codes. Critical incidents are categorized as follows:

- I. Suicide (S) - Deliberately self-inflicted death of a person receiving services.
- II. Death (D) - Death of a person receiving services not caused by suicide or death of an employee during working hours.
- III. Suicide Attempt/Threat (SA) - Act committed by a person receiving services in an effort to cause their own death or a plausible statement that they intend to hurt themselves. A threat of suicide does not have to be reported to the Agency, but should be part of the funded program’s internal incident report (substance abuse treatment programs should assure that their internal agency policies address this).
- IV. Assault/Violence/Threat (AV) - Instances in which a person receiving services assaulted someone or is assaulted, or a person receiving services makes or receives threats of harm or violence.
- V. Abuse/Neglect (AN) - Abuse is defined as any willful infliction of pain or injury upon a person receiving services by anyone else. This includes, but is not limited to:
 - Rape, sexual assault or sexual exploitation of the client;
 - The use of any type of aversive intervention;
 - Except as otherwise provided in NRS 433.5486, a violation of NRS 433.549 and;

- The use of physical, chemical or mechanical restraints or the use of seclusion in violation of federal law.

Any act which meets the standard of practice for care and treatment does not constitute abuse.

Neglect means any omission to act that causes injury to a client or that places a client at risk of injury, including, but not limited to, the failure to follow:

- An appropriate plan of treatment to which the client has consented;
- The policies of the facility for the care and treatment of clients; and
- Standard of practice, which means “the skill and care ordinarily exercised by prudent professional personnel engaged in health care.”

- VI. Eloped/Missing/AWOL (A) - Any person receiving services who is missing from a funded program’s facility. People receiving services who are discharged against medical advice (AMA) are not considered eloped.
- VII. Injury/Illness (I) - A physical injury or illness incurred while a person is under the supervision of a funded program that is serious enough to require medical attention or admission to an acute care hospital. Any accident occurring in the course of employment that results in the hospitalization of three or more employees must be reported to OSHA within 8 hours after the accident is reported to any agent or employee of the employer, per NRS 618.378.
- VIII. Legal/Criminal (L) - A person receiving services is suspected or accused of committing a crime, or program staff contact with law enforcement or media regarding alleged criminal activity by a person receiving services. Also, reports in the media regarding alleged client criminal activity.
- IX. HIPAA (H) - If there has been a HIPAA violation, this shall be noted in the incident report and the Division’s HIPAA Officer will be notified immediately following receipt of the report by SAPTA.
- X. Other (O) - Any event that adversely affects, or has the potential to affect, the health and safety of a person receiving services, provider staff or volunteers who are on-site for any purpose that does not fall into one of the other categories above. This includes, but is not limited to, the following examples:
- Evacuations, fires, floods, hazardous materials events;
 - Property damage;
 - Sexual acting out that does not meet the definition of abuse;
 - Potential media events; and
 - Potential agency liability issues.

Procedures: In the event of a critical incident involving one or more clients, staff or volunteers, SAPTA funded programs will follow the reporting procedure set forth below:

- I. All SAPTA Funded Programs: All critical incident events will be reported using the designated reporting codes indicated above on the Critical Incident Reporting Form. A typed report on the form detailing information regarding the client/program participant

and a detailed description of the event, including the names of witness(es), will be e-mailed or faxed to SAPTA as soon as possible, but in no case, later than the end of the first working day after the incident occurs. This policy/procedure does not preclude the normal course of documentation in client files.

- II. The SAPTA Agency Director or designee will verbally notify the Division Administrator or Deputy Administrator within thirty (30) minutes of becoming aware of any critical incident that may be considered high profile or of media interest. Outside of regular work hours (Monday-Friday, 8am-5pm), the Agency Director or designee will call the Division Administrator or Deputy Administrator at home or on the pager system.
- III. The Division Administrator or Deputy Administrator will notify the Department Director of a critical incident that may be considered high profile or of media interest. Outside of regular work hours, the Division Administrator or Deputy Administrator will attempt to contact the Department Director; however, if the Director is unavailable, the assistant to the Governor will be contacted.
- IV. A copy of the incident report will be sent by the Division to the Deputy Attorney General. If the incident is considered high profile or of media interest, the Division will provide a copy of the incident to Department Director.
- V. SAPTA will determine if a formal investigation of the incident is warranted and will determine how the investigation should be conducted. If a decision is made by the Division Administrator or Deputy Administrator to have the investigation completed by staff outside of SAPTA, the Division Administrator will appoint the investigators. A typed and detailed report of the results of the investigation, along with recommendations, will be forwarded to the Agency Director; a final report will be forwarded to the Division Administrator or Deputy Administrator within ten (10) working days of the investigation being assigned. Investigators will follow established protocols and procedures in completing their report. Within five days (5) of receipt of the investigation report, the Agency will forward the investigation report to the Executive Director of the reporting program with a request for a Corrective Action Plan. The incident may be closed at the time an investigation has commenced, in which case all correspondence, corrective action and follow-up will be focused on the results of the investigation.
- VI. If a formal investigation is not warranted, a follow-up report will be sent to the Agency ten (10) working days after the initial incident report. Follow-up reports will be forwarded by SAPTA to the Division as requested by the Division Administrator or Deputy Administrator until closure of the incident is appropriate.
- VII. In the event of a client death, a copy of the coroner's report will be requested by SAPTA. If it appears that the client's death was due to other than natural causes, a detailed description of the client's service history will be included in the initial incident report, and a formal death review will be requested. A copy of all incident reports of client deaths will be forwarded to SAPTA's Medical Director and MHDS's Medical Director. After consultation between the two, the MHDS Medical Director will make the decision if further information or a more in-depth review is necessary.

In the event of an employee death or an accident which results in the hospitalization of three or more employees during working hours, the appropriate program director will notify OSHA within 8 hours of the death or accident, per NRS 618.378.

- VIII. The decision to notify law enforcement of any client incident will be made by the provider's Executive Director. If law enforcement agencies are to be notified, the notification must occur within 24 hours of the incident. In the event of stolen property from a State agency, law enforcement must be notified immediately. If confidential information, such as a client's name, is disclosed to law enforcement agencies, a formal denial of rights must be filed at the time such notification occurs.
- IX. The provider Executive Director may request assistance from MHDS through SAPTA for assistance in briefing staff involved in residential death, other unusual death, or critical incident of high profile or unusual circumstances. SAPTA will notify the Division, and Division staff trained in de-briefing will be utilized to meet with program staff and conduct the de-briefing. The de-briefing will take place no more than five days after the incident occurs. The de-briefing is intended to provide support to staff involved in difficult or unusual incidents.
- X. Suicides or high profile/unusual deaths will be reported by SAPTA to the Division, the Mental Health Commission, and to the Department at the closure of the incident.
- XI. Each provider will develop specific written procedures to implement this policy or will incorporate this policy into their existing policy and procedures manual. Programs will also incorporate into their policy manuals any regulations or procedures set forth by their accrediting bodies specific to the reporting or investigating of critical incidents and client deaths.

Attachments: Forms are provided on the following pages.

Mental Health and Developmental Services
Substance Abuse Prevention and Treatment Agency (SAPTA)
Critical Incident Reporting Form
Quality Assurance

CONFIDENTIAL

Program Name: _____ Incident #: _____
SAPTA Use Only _____

[] Description of the event (initial report) [] Follow-up information

Event Date: _____ Event Time: _____ Reporting Code: _____

Reported to: _____ Location: _____

Client/Participant Identifier: _____ [] Prevention Service Status: _____

Birth date: _____ [] Treatment Service Status: _____

Summary of contacts made by the program (Check all that apply):

- [] Notified 911/Police [] Notified Legal Guardian [] Notified Coroner
[] Notified SAPTA [] Notified DCFS [] Other (explain below)
[] Notified BHCQC

Other actions taken by CEO or designee: _____

Known witness(es) to the event: _____

Name (Employee Identifier): _____

Position within the program: _____

Description of the event (please include what happened, where it happened, when it happened and how it happened). Please include any observations made by staff interventions. Use additional sheets if necessary.

Signature of Person Completing Form _____ Date _____

Signature of Program Director _____ Date _____

Signature of Agency Director _____ Date _____

Mental Health and Developmental Services
Substance Abuse Prevention and Treatment Agency (SAPTA)
Critical Incident Reporting Form
Quality Assurance

CONFIDENTIAL

Program Name: _____ Incident #: _____
SAPTA Use Only _____

PARTICIPANT INFORMATION

Please complete pertinent information for each person involved in the incident, regardless of whether the person is a client, staff or other. DO NOT REPEAT the information given on Page 1 of this form.

Name or Identifier: _____ Birth Date: _____

Gender: Male Female Service Status: _____

Ethnicity: _____

Diagnosis

Axis I: _____

Axis II: _____

Medications: _____

Name or Identifier: _____ Birth Date: _____

Gender: Male Female Service Status: _____

Ethnicity: _____

Diagnosis

Axis I: _____

Axis II: _____

Medications: _____