DDS Incident Reporting

**Injuries – Unusual Incidents - Restraints**

**Form 255 OH/Fam (Own Home/Family Home) Guidelines**

**General**

The form 255 OH/Fam can be used to record multiple incident types if they relate to the same overall incident. An example would be completing the Restraint Section, and , if an injury resulted from the restraint, completing the injury section as well. If there are two distinctly separate incidents, two form 255 OH/Fam’s must be completed.

**1 – Header Information**

This information must be completed for all incidents.

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| **Field** | **Instructions** |
| Name/DDS # | Enter Person’s Name and DDS Number |
| Incident Date | Enter Date of Incident (or Initial Date In of Restraint) |
| Date of This Report | Enter Date Report Completed |
| Responsible Provider/Program | Identify the Provider Agency responsible for supporting the person at the time of the incident if appropriate. If staff are directly hired by the family or individual enter Own Home or Family Home. Check the Res or Day box to indicate if the incident occurred while the individual was receiving Residential or Day Support. This information must always be completed. If the incident occurred at a location other than the actual program location the provider and program responsible for the person at the time of the incident should be recorded. |
| RDID #  | This can be entered in if known but is not required in Form 255 OH/Fam OH/FAM (required entry in CAMRIS)For DDS Data Entry Only:If a Responsible Res Support Provider is identified, enter in the appropriate ISR Support Service Provider.If a Responsible Day Support Provider is identified, enter in the appropriate Day Program RDID.If Staff is hired directly by the family enter in:FIR Code for Res SupportFID Code for Day Support |
| If not directly at Responsible Program | Check off the appropriate code or write in Other. A Responsible Provider/Program must still be entered in above. |

**2a – Injury**

This section should be completed if an actual injury is either observed or discovered. Accidents with no apparent injury must be recorded in Unusual Incidents if they are felt to be significant and/or dangerous.

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| **Field** | **Instructions** |
| Observed/Discovered | Check the appropriate selection depending on whether the injury incident was actually observed by the person reporting or the result of the injury (bruise, cut, etc.) was discovered after the incident |
| Time  | Note the Time the Injury was either observed or discovered |
| Time of Treatment | Note the time treatment (if any) was provided in response to the injury |
| Treatment Date | Note the treatment date **only** if different than the Incident date |
| Cause | Select only one cause (if multiple, select the cause of the highest level injury or complete another form 255 OH/Fam) |
| Injured By | Select one of these choices or describe in “Other” |
| Injury Type | Select only one Injury Type (if multiple, select the type of the highest level injury or complete another form 255 OH/Fam) |
| Severity of Injury | Select one indicating the highest level of severity provided for that injury incident |
| Treatment provided | Select one indicating the highest level of treatment provided for that injury incident |
| Body Part(s) | Select up to three body parts injured in the incident (if more than three, select the most severely injured) |

# 2b – Unusual Incidents

This section should be completed only if the incident involves behavior or a situation specifically covered by the Incident Types, which is dangerous, or life threatening; illegal, involves police or fire or significant behavior (extreme or worrisome behavior not normally exhibited by the individual) not already covered by a behavior program or guideline. Behaviors, which are normally recorded and tracked by approved behavior programs, do not need to be recorded here unless they meet the criteria of “dangerous” or “life threatening”.

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| **Field** | **Instructions** |
| Incident Time | Enter Time of Incident |
| Incident Type | Enter Incident Type. More than one Unusual Incident Type can be selected if they all relate to the same overall incident (ex. Police Arrest in response to a fire setting incident). Those two selections would need to be entered as two separate incidents by the DDS regional data entry person in CAMRIS however. |
| Comments | Comments section must be entered for all Unusual Incidents. |

2c – Restraints

This section should be completed for those restraint types included in the Form 255 OH/Fam including both those approved by PRC/HRC and included in the individual’s program and emergency restraints. Medical Restraints **are not to be reported**. A medical restraint can be defined as follows:

There are two types of medical restraint (A and B). Type A is physical, mechanical, or chemical restraint that is used to safely administer medical or dental services. Type B is physical, mechanical, or chemical restraint that is used to aid a healing process and prevent an otherwise acceptable behavior.

Examples of Type A

* physically holding a person’s arm to draw blood, suture, etc.
* use of a papoose board to apply sutures, casts, etc.
* chemical sedation prior to dental or MD appointment

Example of Type B

* use of chair with tray to prevent person from walking while sprained/broken ankle heals

**Restraint Log**

Use of planned restraint (a restraint tht has been reviewed by the department’s Program Review and Human Rights Committees and approved by the DDS regional director) may be recorded using a restraint log. The restraint log will allow the recording of multiple applications of planned restraints during a calendar month. The restraint log must be submitted to the individual’s case manager at the end of the month.

# Restraint Form 255 OH/Fam fields

| **Field** | **Instructions** |
| --- | --- |
| Final Date Out | Enter a final date out only if the incident took place over the course of two days (ex. Incident began at 11:55 PM and ended at 12:10 AM) |
| Time In/Time Out | Enter the time the first restraint was started and the time the final restraint was completed for that incident. If there were short breaks between restraint applications, (10 minutes or less) this should still be treated as one incident of restraint.If individual is released from restraint for exercise for 10 minutes every hour per DDS Policy, the entire incident (including exercise breaks) should be treated as one incident of restraint. |
| Restraint(s) | Up to four restraint types may be selected for that incident. At least one must be selected. |
| Behavior(s) | Up to four behaviors (which necessitated the restraint) may be selected for that incident. At least one must be selected. |
| Status | Check PRC/HRC approved if restraint was approved and is part of individual’s behavior plan. Otherwise check Emergency |
| Injury Caused by Restraint | Enter “Yes” if an injury occurred as either a direct or indirect result of the restraint application. If the injury occurred as a result of the behavior necessitating the restraint, enter “No”.If a severe Injury occurred, the Injury section of the form 255 OH/Fam must be completed. |
| Monitoring | Indicate whether monitoring occurred during course of restraint consistent with DDS Policy |
| Exercise | Indicate whether individual was released to allow exercise for the time period specifiedIf individual is released from restraint for exercise for 10 minutes every hour per DDS Policy, the entire incident (including exercise breaks) should be treated as one incident of restraint. |
| Person(s) applying restraint | List the name(s) of staff applying the restraint(s) |
| Person in charge during restraint | Name of immediate supervisor/employer on site during restraint as applicable |
| Authorizing Signature(s) | Signature of Supervisor/employer reviewing the form. |
| Person(s) removing restraint | Name of person(s) who removed the restraint(s) |
| Trauma CheckDELETE?? | If the incident was an **emergency restraint** enter the name of the individual completing a trauma check on the person restrained. |

# Restraint Log fields

| **Field** | **Instructions** |
| --- | --- |
| Incident Date | Enter date restraint was initiated |
| Final Date Out | Enter a final date out only if the incident took place over the course of two days (ex. Incident began at 11:55 PM and ended at 12:10 AM) |
| Time In/Time Out | Enter the time the first restraint was started and the time the final restraint was completed for that incident. If there were short breaks between restraint applications, (10 minutes or less) this should still be treated as one incident of restraint.If individual is released from restraint for exercise for 10 minutes every hour per DDS Policy, the entire incident (including exercise breaks) should be treated as one incident of restraint. |
| Restraint(s) | Up to three restraint types may be recorded for that incident. At least one must be recorded. |
| Behavior(s) | Up to three behaviors (which necessitated the restraint) may be recorded for that incident. At least one must be recorded. |
| Injury Caused by Restraint | Enter “Yes” if an injury occurred as either a direct or indirect result of the restraint application. If the injury occurred as a result of the behavior necessitating the restraint, enter “No”.If a severe Injury occurred, the Injury section of the form 255 OH/Fam must be completed and/or reported to the Case Manager. |

# 3 – Comments – Reporter Information – Abuse/Neglect Suspected

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| **Field** | **Instructions** |
| Summary/Comments | This section must be completed for severe injuries, unusual incidents and emergency restraints. It is optional for all other incidents. Include events surrounding the incident and interventions attempted. If additional comments are attached, check “also see attached” box. |
| Reporter’s Name/Title | Write in Reporter’s Name and Title |
| Reporter’s Relationship | Select incident reporter’s relationship to the Individual who is the subject of the Incident Report. |
| Entered into log book/notes as applicable | Check this if incident was entered into other supporting documentation. |
| Abuse/Neglect Suspected | Indicate if Abuse or Neglect was suspected in the incident being reported and, if “Yes”, the date the Abuse Report was completed (see DDS Abuse/Neglect procedures I.F.PO.001; I.F.PR.001 and I.F.PR.002) and which mandated investigating agency it was sent to. The mandated investigating agencies are:**OPA** (Office of Protection and Advocacy)**DCF** (Dept. of Children and Families)**DSS** (Dept. of Social Services)**DPH** (Dept. of Public Health)**Other** (Specify) |
| Person Completing Form Signature | The Signature of the person completing the form. |

**4 – Supervisor Review and Follow Up** (For Provider Staff only)

The Supervisor should review and follow up on all Severe Injuries, Unusual Incidents and Emergency Restraints. The supervisor should also follow up in any incidents where abuse or neglect are suspected.

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| **Field** | **Instructions** |
| Supervisor Review | Enter Date Supervisor Reviewed this incident. Describe any follow up actions, including other parties notified, related to this incident. |
| Check Boxes | Check the appropriate boxes to indicate specific follow up action of if additional follow up information is attached to the Form related to this incident. |
| Other Review | This can be used if another person in addition to the supervisor (ex. Nurse) reviewed this incident. For Moderate and Severe Injuries, an RN must sign this sectionEnter Date of Review and any follow up comments |
| Critical Incident | If the incident was determined to be “Critical” in nature, immediate notification to the DDS Regional Administration is required. Check the “Yes” box and indicate the date notification took place.  |
| Distribution | Check the appropriate box for distribution of the Form 255 OH/Fam |