STATEWIDE INCIDENT REPORTING AFTER NORMAL BUSINESS HOURS – (weekdays 4:30 pm to 8:00 am and 24 hours on weekends & holidays)

**REPORTABLE INCIDENTS – (REQUIRED NOTIFICATION)**

|  |  |  |
| --- | --- | --- |
| INCIDENT TYPE | DESCRIPTION OF INCIDENT | WHO & HOW TO NOTIFY |
| **Death – Expected**  **Death – Unexpected**  **Death – Unexpected Injury** | Anticipated death of an individual receiving funding or services from DDS.  Sudden or unanticipated death of an individual receiving funding or services from DDS.  Death that resulted from an injury (Critical Incident). | **For anticipated deaths:** Notify or leave a voicemail for the DDS Case Manager, the appropriate Regional Health Services Director, and the individual’s guardian or legal representative.  Submit DDS Death Report Form as required.  **For sudden or unanticipated deaths:** Notify or leave a voicemail for the DDS Case Manager, the appropriate Regional Health Services Director and Regional Director and the individual’s guardian or legal representative. Submit DDS Death Report Form as required.  **For deaths resulting from an injury:** Notify or leave a voicemail for the DDS Case Manager, the appropriate Regional Health Services Director and Regional Director and the individual’s guardian or legal representative. Submit DDS Death Report Form as required and submit DDS Incident Report Form 255 to regional email or fax number below, mark as critical, and send the follow-up form within five days. |
| **Hospital Admissions** | Hospital admission of an individual supported or funded by DDS, **ONLY IF THE ADMISSION IS THE RESULT OF** **A CRITICAL INCIDENT**. (Death, severe injury, vehicle accident involving moderate or severe injury, missing person, fire requiring emergency response and/or involving a severe injury, police arrest, victim of aggravated assault or forcible rape). | **Notify** or leave a voicemail for the DDS Case Manager and the individual’s guardian or legal representative. Submit DDS Incident Report Form 255 immediately to regional email or fax number below. |
| **Missing Person** | Whereabouts unknown; supervision/pattern of behavior cause for concern; absence reported to police. | **Follow the Missing Person protocol.** Notify or leave a voicemail for the DDS Case Manager.  Submit DDS Incident Report Form 255 immediately to regional email or fax number below. |
| **Police** | Incident involving criminal investigation, arrest, or police intervention. | **Notify** or leave a voicemail for the DDS Case Manager and the individual’s guardian or legal representative. Submit DDS Incident Report Form 255 immediately to regional email or fax number below. |
| **Emergency/**  **Natural Disaster/**  **Fire/Smoke** | Emergency or disaster situation that causes structural damage or other problem(s) rendering a place uninhabitable or unsafe and requiring resident/staff relocation; fire/smoke requiring Fire Department intervention. | **Call 911 first.** Notify or leave a voicemail for the DDS Case Manager and the individual’s guardian or legal representative.  Submit DDS Incident Report Form 255 immediately to regional email or fax number below. |
| **Suspected Abuse/Neglect** | Allegation of suspected abusive or neglectful act(s) involving individual(s) supported or funded by DDS. ***PLEASE NOTE:*** All allegations of suspected abuse or neglect must be reported to the DDS Abuse Investigations Division (DDS AID). | Contact DDS AID for all Abuse or Neglect allegations, and DCF or DSS, if applicable, as listed below. First, call to report to the DDS AID Central Intake and then to DCF or DSS, if applicable. Notify or leave a voicemail for the DDS Case Manager. In addition, if a reportable incident has occurred submit a DDS Incident Report Form 255 immediately through the regional email address or fax number. |
| **Do Not Resuscitate (DNR)** | Clarification of an individual’s DNR status or to initiate or obtain information (re: process due to imminent need). | **For all DNR issues:** Notify or leave a voicemail for the appropriate Regional Health Services Director.  **For issues requiring an immediate response:** In addition to the above, notify the appropriate Regional Director. |
| **News Media** | Contacts by TV, radio, or newspapers requesting interview or information. | **Notify** the appropriate Regional Director by calling the phone number indicated. |

**Regional Directors’ Phone Numbers:**

**North Region:** (860) 310-6109

**South Region:** (860) 250-2066

**West Region:** (203) 841-9439

**Regional Health Services Directors’ Phone Numbers:**

**North Region:** (860)-372-1475

**South Region:** (860)-817-1340

**West Region:** (203)-927-1147

**Regional email addresses and fax numbers for Incident Reporting:**

**North Region:** [DDS-NR.IncidentReports@ct.gov](mailto:DDS-NR.IncidentReports@ct.gov), or fax number (860) 920-3037

**South Region:** [DDS-SR.IncidentReports@ct.gov](mailto:DDS-SR.IncidentReports@ct.gov), or fax number (860) 920-3034

**West Region:** [DDS-WR.IncidentReports@ct.gov](mailto:DDS-WR.IncidentReports@ct.gov), or fax number (860) 920-3033

***PLEASE NOTE:***An incident report must be encrypted or secure if it is emailed. Otherwise, it should be faxed.

**Abuse/Neglect Reporting:**

**Persons ages 18 through 59:** DDS Abuse Investigation Division (DDS AID) (844) 878-8923

**Persons under age 18:** Dept. of Children and Families (DCF) (800) 842-2288

***PLEASE NOTE:*** *If an incident report is emailed, it must be encrypted or secure. Otherwise, it should be faxed.*

*Revised 2/9/18*

**Persons age 60 and older:** Dept. of Social Services (DSS) (888) 385-4225