



**Initial Follow-up** (Staff will document their immediate response to the incident. Examples may include, but are not limited to: first aid administered in case of injury, interventions followed in an approved plan, report filed with Protective Services):

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**Reported to Protective Services:** \_\_\_\_\_  
 (Indicate date, time and Protective Services worker reported to)

**Reported to DDS/CO as a Critical Incident:** \_\_\_\_\_  
 (Indicate date reported)

**Management Follow-up** (A management follow-up response is required on all incident reports. Further management follow-up may include initiating other service involvement, e.g., medical, services coordination):

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**The individual whose name appears in the “Name” section of this report has been informed this information may be shared with others who need to know about it and only necessary information will be shared.**

_____ Person Writing Report	_____ Position	_____ Initials	_____ Date
_____ Witness	_____ Position	_____ Initials	_____ Date
_____ Witness	_____ Position	_____ Initials	_____ Date
_____ Supervisor’s Review	_____ Position	_____ Initials	_____ Date
_____ Area Director’s Review		_____ Initials	_____ Date

## Policy and Procedure Concerning Incident Reports

### Instructions for Completion of Incident Report

The Incident Report form will be completed as follows:

1. Name: document one person's name only
2. Date Of Incident: document the date the incident occurred; if not known, write date report was started
3. Where Occurred: document the address or location where the incident occurred, as appropriate
4. Time Occurred: document the time the incident occurred; if not known, write time report was started
5. Others Involved: document others who were involved in the incident (all persons served are to be referred to by initials only); a separate report must be completed for each person
6. Others Who Witnessed Incident: document others who witnessed the incident (using initials only for persons served); any employees and members of community should be listed by name
7. Describe What Preceded Incident, if Known: give factual and objective details of what had been happening in the person's life the preceding few hours and/or prior events which may have had impact on the incident
8. Describe Incident: use concise, factual details and be specific; ask who, what, where and how and give exact quotes, if possible; if injuries were detected, describe what they look like and indicate location on the person's body, **in detail**
9. Initial Follow-up: staff will document their follow-up to the incident; examples may include but are not limited to:
  - staff's immediate response to the incident
  - first aid administered in case of injury
  - interventions followed in an approved plan
10. Reported to Protective Services: if the incident is reported to Protective Services, document the date, time and the Protective Services Worker it was reported to
11. Reported to DDS/CO as a critical incident: if the incident is reported to the Developmental Disabilities System - Central Office (DDS/CO) as a critical incident, document the date it was reported

12. Management follow-up: management staff will document their response to the incident; this is mandatory in all situations; examples may include, **but are not limited to**:

- if an **injury** was found and it is not known how the injury occurred, the management reviewer must attempt to determine the circumstances that led to the injury (at a minimum, talk to staff who worked during the past 24 hours); documentation of all staff interviewed must be completed and whether a cause can be determined
- if **restraint** was used, the management reviewer must verify whether it was done in accordance with any applicable program or the Policy and Procedure Concerning Imminent Physical Danger
- if an incident was reported to **Protective Services**, management follow-up must be completed according to the Policy and Procedure Concerning Abuse and Neglect
- the initiation of other service involvement, e.g., medical, services coordination

7/05