



# Event Management Report Form Training

# What is an EMT and why do we have to complete one?

- EMT (Event Management Tracking Form).
- The purpose of EMTs is to enable DMH/SB40 boards to track what happens to individuals.
- BIS also uses EMTs as a means of gathering information about individual-related incidents and med errors.
- Correct information on EMTs is essential for agency tracking purposes and quality enhancement.

# So, an incident happened with a BIS client, now what?

- First, we want to make sure the client is safe, and all necessary treatment has been provided.
- Second, notify your supervisor by phone.
- Lastly, an EMT must be completed and submitted by the end of your shift.
- The management team will need to submit the EMT to DMH/SB40 Board within 24 hours.

# Who is Responsible for completing the EMT?

- The staff on shift is responsible for completing the EMT. If there was a discovery situation, the staff who discovered the event/injury will complete the EMT and submit it thru Setworks.
- EMTs must be completed by the end of your shift through Setworks.
- The staff that witnesses the incident *does not* have to be the staff to write the report, but it is preferred. Witness can fill out their own report with statement.
- The witness can provide a detailed description of the events to the reporter to complete the EMT.
- The site supervisor should be notified of the event and the manager will notify the guardian and Case Manager.

# Reasons to Complete an EMT

*From the following list of DMH definitions, choose only one incident type that best describes the event:*

Fill out an Event Report Form for any of the following categories and contact the supervisor; supervisors contacts Guardian:

**Reportable Category #1:** All events where there is a report, allegation, or suspicion that an individual has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse, or Verbal Abuse.

**Reportable Category #2:** All...

- Emergency Room Visits
- Non-scheduled Hospitalizations
- Deaths of Individuals Served by DMH
- Medication Errors that Reach an Individual (NOT documentation errors)
- Incidents of Falls
- Uses of Emergency Procedures
  - Chemical Restraint
  - Manual Restraint
  - Mechanical Restraint
  - Time Out Procedures

**Reportable Category #3:** All events where there is Law Enforcement or emergency personnel involvement when the DMH consumer is either the victim or alleged perpetrator, or Law Enforcement is support in the event.

**Reportable Category #4:** All events that result in disruption of DMH service due to fire, theft, or natural disaster resulting in extensive property damage or loss.

**Reportable Category #5:** All events where there is sexual conduct involving an individual, and it is alleged, suspected or reported that one of the parties is not a consenting participant.

**Reportable Category #6:** All events where there is any threat or action, verbal or non-verbal, which conveys a significant risk of immediate harm or injury and results in reasonable concern that such harm will be inflicted.

**Reportable Category #7:** All events where the consumer ingests a non-food item (any item that is not food, water, medication, or other commonly ingestible items).

**Reportable Category #8:** All events that result in a need for an individual to receive life-saving intervention or medical/psychiatric emergency intervention.

**DMH Event Report Form should still be filled out for the following:**

- Behavior of an **unusual nature** for the individual
- Individual escalations that result in injury of staff or individual
- Property Damage that results in an item needing replacement (including staff, consumer, and community property)
- Elopement
- Vehicle collisions or accidents where an individual is present in an involved vehicle
- Falls or drops by the individual
- Individual altercation
- Any other situations that staff deems necessary to report

**If the event is considered a DMH Critical Incident, an Addendum must accompany the DMH Community Event Report Form.**

**Critical Incidents are defined as follows:**

- Death of an individual suspected to be other than natural causes.
- Injury to an individual.
- Any incident of abuse/neglect, including abuse/neglect involving death, serious injury, and sexual abuse.
- Selling food stamps; individual offering to buy staff anything (gifts, food, household items, etc.)
- Suicide attempt resulting in an injury requiring medical intervention
- Elopement with law enforcement contacted or involved
- Criminal activity reported to law enforcement involving an individual as a perpetrator or victim when the activity occurs at a facility. If not at a facility, then the criminal activity is serious (felony, etc.)
- Fire, theft, or natural disaster resulting in extensive property damage, loss or disruption of service in department state operated facilities.

***Don't forget to check the relevant boxes, if any!***

# What about Medication Errors?

**8. Individual's Name:**

<b>Error Type</b> (Select One)	<input type="checkbox"/> <b>Administration</b> - when there is an incorrect selection and a med is given/not given, in the wrong dosage, form, quantity, route, etc. <input type="checkbox"/> <b>Complex</b> -when a combination of error type occur (administration, dispensing, prescribing) <b>Dispensing</b> - Pharmacy, when the incorrect drug, dosage, form, concentration, quantity is formulated and provided for use. <b>Prescribing</b> - Physician, incorrect selection of drug, dosage, form, quantity, route, etc, or instructions for use of a drug are wrongly ordered.			
<b>Error Category</b> (Select One)	<input type="checkbox"/> Failure to Administer <input type="checkbox"/> Wrong Dose	<input type="checkbox"/> Wrong Form <input type="checkbox"/> Wrong Medication	<input type="checkbox"/> Wrong Person <input type="checkbox"/> Wrong Route	<input type="checkbox"/> Wrong Time <input type="checkbox"/> Other _
<b>Error Severity</b> (Select One)	<input type="checkbox"/> <b>Minimal</b> : No treatment or intervention other than monitoring or observation <input type="checkbox"/> <b>Moderate</b> : Treatment and/or interventions in addition to monitoring or observation <input type="checkbox"/> <b>Serious</b> : Life threatening and/or permanent adverse consequences			
<b>Error Reason</b> (Select One)	<input type="checkbox"/> Consumer Not Available <input type="checkbox"/> Error in Transcription <input type="checkbox"/> Forgot to Give <input type="checkbox"/> Other:	<input type="checkbox"/> Given to Wrong Consumer <input type="checkbox"/> Incorrect Dose Calculated <input type="checkbox"/> Medication Not Available	<input type="checkbox"/> Mislabeled <input type="checkbox"/> New Order Not Flagged <input type="checkbox"/> New Order Overlooked	<input type="checkbox"/> No Physician Order <input type="checkbox"/> Not Read Correctly <input type="checkbox"/> Stated Allergy

## Notes Regarding Medication Errors:

- Medication errors are completed on paper forms in each location.
- If the medication error occurs when the consumer is not in care, it is not an error that we report.
- Managers/Directors will be responsible for determining the severity of the Med error.
  - Most med errors will be determined 'Minimal' unless medical treatment and/or intervention is required
  - Contacting the doctor regarding the med error is not considered medical treatment and/or intervention unless the physician gives an order to counteract the med error (i.e., ER visit, change in dosage schedule, etc.)
  - Missing a dosage
  - Giving an individual the wrong meds
  - Giving too much medication
  - Giving discontinued medication



Event Date & Time    /    /    :    AM PM    Consumer ID:    I

<b>Physician Written Order</b> <small>(Record only meds in error as they appear on order)</small>	<input type="checkbox"/> Optional- see attached physician order & indicate meds in error only.	
<b>Error End Date</b>	Date:    Time:    : <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(Use only if different from Event Date and Time.)</small>	
<b>Medication Name in Error/Dosage/Form</b> <small>(Print or Type)</small>	<b>Quantity</b> <small>Amount given (0-If med was not given to individual)</small>	<b>Variances</b> <small>How many <u>consecutive</u> times did the error occur?</small>

- Don't forget the top line of information that needs to be entered from the front of the form.
- The Physician's Written Order should be written exactly how it is on the MAR
- Be sure to follow the chain of command within the home.
- If this is an abuse/neglect incident, the Manager will notify the ISL Director **immediately by phone.**
- Quantity is the amount of med given. Variance is how many times the error occurred.
- A follow up email must be sent out to both Site Supervisors, Community RN, ISL Manager, Director, and Executive Director providing summary of error.
- The guardian and Support Coordinator should be notified separately by the ISL Manager or Department Director.

8. Print or Type - Describe what happened, interventions used by staff & follow up action.

Follow Up Action:

Regular EMT



9. Print or Type - Describe med error & follow up action.

Medical Follow Up:

Med Error EMT



**The narrative in the next section is the most important piece of the EMT.**

- Select the words carefully; write in *clear, concise, professional terms*, and pay attention to the *spelling and grammar*. Do not use abbreviations or symbols.
- Document only the basic situation and keep the description to a minimum. When in doubt, ask someone else to read the narrative before finalizing the EMT description.

# Follow Up Action

Follow Up Action:	←
<input type="checkbox"/> See addendum for additional description.	
Medical Follow Up:	←
<input type="checkbox"/> see attached addendum for additional description	

- Follow Up/Medical Action should be whatever was done by the agency or supervisor in response to the incident.
  - Staff will monitor...
  - Team will review...
  - Supervisor will re-train, re-education, review, schedule ,etc.
  - If a physician or Behavior Therapist needs to be informed that can also be included in the follow up action.
  - If it is a case of Abuse & Neglect the ISL Director will complete the follow up action.
- Do not write anything that cannot be guaranteed to happen. For example, some things *not* to put on an EMT include:
  1. Specific Employee disciplinary actions (these may change based on additional information gathered after the CERF is completed, etc.)
  2. The phrase ‘BIS will conduct an investigation...’. It is possible that BIS will not, but DMH will expect one—and a report to go with it—if written.

## Tips for Writing an EMT:

### ***If Documenting an Injury:***

- Be sure to include how the injury occurred, if known, any first aid that was provided including pain medications that may have been administered and directions from nursing and/or supervisors.
- If incident includes staff injury, ISL Manager & ISL Director must be notified by phone. HR Director must be notified of incident via phone or email.
- If staff injury, must complete Workman's Comp. Packet OR complete Refusal of Medical Treatment Form.

### ***If Documenting a Medication Error:***

- Be sure to include information about the medication, time it was missed and dosage amount in the appropriate place.

### ***If Documenting a Behavior:***

- Be sure to use the ABC format when describing behaviors.
  - Antecedent - what occurred directly before the behavior.
  - Behavior –do not document emotions, write down concrete observable actions.
  - Consequence – what happened directly after the behavior occurred.

# Helpful Hints with Words for Writing Incidents Reports

WORDS TO NOT USE/THINGS NOT TO DO	WORDS TO USE/SUGGESTIONS
Staff told	Staff prompted
Staff sent client to room	Staff redirected client to have some down time or time to themselves
Staff took something away from client, either object or activity	Staff should NOT take things away from clients unless they are harming themselves or others
RESTRAINED	Staff prompted with physical guidance or used MANDT techniques to ensure safety
Grabbed	Placed/slid/touched
DO NOT TURN YOUR BACK TO SOMEONE WHO IS ANGRY	Always be prepared and aware of your surroundings
When clients are not getting along	Separate them

- Do not write incident reports if you are angry or upset. Calm down take your time and give full detail without being negative about the client. Choose your words wisely.
- List all attempts of redirection-verbal prompts, attempted to channel into activity, redirected to go for a walk, engaged inside dialogue, etc.
- Write an accurate report with dignity and respect
- Use this process to ask “What can be done differently next time...”
- Remember to remain objective. Do not use words such as “it was great day”, they were having “bad” behaviors. Write what happened.

# EMT Procedures (Admin.)

## Incident/Event Report Forms Procedure:

- When an incident report must be filled out, the site Manager needs to notify the Department Director according to the communication policy. The staff are to fill out an incident report in Setworks.
- The Setworks system generates an alert email every night at 5am to the Department Directors, Executive Directors, RN and BCBA's that an incident report was done. Each person is responsible for reading the report and follow up as necessary based on their position.
- Staff go into Setworks select the menu top right and scroll down for incident report. Next go to the bottom left and click add new. Staff are to complete all sections of the form.

- **Here is a list of incidents that require an Event Report Form to be filled out.**
  - a. Ingestion of a non-edible food item
  - b. Destruction of staff property
  - c. Elopement
  - d. ER Trip
  - e. Fall
  - f. Fire
  - g. Consumer Found on Floor
  - h. Misuse of Funds
  - i. Injury to Consumer- Unknown or known Origin
  - j. Med Error
  - k. Near Fall
  - l. Physical Abuse
  - m. Neglect
  - n. MANDT Restraint
  - o. Sexual Abuse
  - p. Theft
  - q. Threat/Harm
  - r. Vehicular Accident
  - s. Extensive Property Damage- any item that must be replaced
  
- 1. The site Manager must contact the guardian of the individual within 24 hours and document this contact on the Event Report Form as indicated. Guardians should be notified within 2 hours of the incident.

1. If any of the incidents have occurred below the Department Director, guardian and SLRO must be notified immediately by phone call.
  - a. Emergency Room Trip
  - b. Vehicular Accident
  - c. Sexual abuse
  - d. Fire
  - e. Abuse and neglect
  
1. If the incident is a critical incident the Department Director will immediately contact SLRO. If after hours or weekends the emergency phone number will need to be called. The Department Director will also make immediate notification to the Executive Director.
  
1. If staff fails to complete or notify the site Manager about a reportable incident progressive disciplinary action will occur up to and including termination.
  
1. If the incident is suspect abuse/neglect/misuse of funds the abuse/neglect policy and procedure should be followed as well.



## *Incident involving client and staff*

### Worker's Compensation or Not?

1. Ask staff
  - a. Are they ok?
  - b. Do they feel they need medical attention?
  - c. Can they complete their shift?

If they answer **NO** to medical attention, continue to number 2.

If they answer **YES** to medical attention, continue to numbers 3-5.

2. **NO, to medical attention:** Complete the following paperwork and send it to HR Director ASAP via either confidential fax line (314-942-1382) or by bringing it up to the office. *Items should be received within 24 hours of the event.*
  - a. **Completed by Staff-** "INJURY REPORTING Authorization to Obtain Information (MEM)" form
  - b. **Completed by Staff-** "Incident Report Form"
  - c. **Completed by Staff-** "Non-injury Statement" form
3. **YES, to medical attention:** Complete the following paperwork and send it to HR Director ASAP (w/in 24hrs), via either confidential fax line (314-942-1382) or by bringing it up to the office. **The following items must be received before the injured staff member can be seen by a medical professional:**
  - a. **Completed by Staff-** "INJURY REPORTING Authorization to Obtain Information (MEM)" form
  - b. **Completed by Staff-** "Incident Report Form"
  - c. **Completed by Supervisor-** "Worker's Compensation Questionnaire" form
4. **Once forms are completed:**
  - a. See Approved Urgent Care Facilities- in binder
    - i. Inform staff that they must submit to a drug and alcohol test
    - ii. Contact (from the provided Concentra Urgent Care Location List) the location of their choice- to let them expect the employee and that they need to have a drug and alcohol test completed, prior to seeing a doctor.
    - iii. Urgent Care may have these questions:
      1. Claim #- if they ask, say will be provided later
      2. Type of Drug Test- "5 rapid panel"
  - b. Notify HR Director (at 314-395-9375 ext. 1030 during work hours, or site supervisor during non-work hours)
    - i. **If requires a hospital visit, must reach out to HR (Jamie) or Dawn- at any time.**
5. The HR Director will review the information and speak to the employee about options for treatment. Minor injuries will be sent to an Urgent Care facility within the first 48 hours of the event, depending on its severity.

# *Grow- Day Program*

## **Incident/Event Report Procedure:**

- Any time a reportable event occurs, Day Program Staff or Managers will alert the Director.
- The staff are to fill out an incident report in Setworks.
- The Setworks system generates an alert email every night at 5am to the Directors, Executive Directors, RN and BCBA's that an incident report was completed. Each person is responsible for reading the report and following up as necessary based on their position.
- Staff go into Setworks select the menu top right and scroll down for 'Incident Report'. Next go to the bottom left and click 'Add New'. Staff are to complete all sections of the form.
- Here is a list of incidents that require an Event Report Form to be filled out.
  - Ingestion of a non-edible food item
  - Destruction of staff property
  - Elopement
  - ER Trip
  - Fall
  - Fire
  - Consumer Found on Floor
  - Misuse of Funds
  - Injury to Consumer- Unknown or known Origin
  - Med Error
  - Near Fall
  - Physical Abuse
  - Neglect
  - MANDT Restraint
  - Sexual Abuse
  - Theft
  - Threat/Harm
  - Vehicular Accident
  - Extensive Property Damage- any item that must be replaced

- The Manager or Director must contact the guardian of the individual. Guardians should be notified within 2 hours of the incident.
- If any of the below incidents have occurred the Director, guardian and SLRO must be notified immediately by phone call.
  - Emergency Room Trip
  - Vehicular Accident
  - Sexual abuse
  - Fire
  - Abuse and neglect
- If the incident is a critical incident the Director will immediately contact SLRO. If after hours or weekends the emergency phone number will need to be called. The Director will also make immediate notification to the Executive Director.
- If staff fails to complete the EMT or notify the Manager about a reportable incident progressive disciplinary action will occur up to and including termination.
- If the incident is suspect abuse/neglect/misuse of funds the abuse/neglect policy and procedure should be followed as well.

# The EMT is complete, now what?

If it is a Med Error or injury to the client, the Community RN should also be included on this email.

If a staff injury is involved (i.e., Workman's Comp) then the HR Director should also be copied on the email. If staff refuse medical treatment complete Refusal of Treatment Form.



## Non-injury Statement

<b>Employee Name:</b>	<b>Employee Social Security Number:</b>
<b>Employee Date of Birth:</b>	<b>Incident report completed? Yes / No</b>
<b>Incident date:</b>	<b>Attached to form? Yes</b> <b>Incident: (please summarize)</b>

Due to the fact that this is an incident requiring no treatment, I am refusing any medical treatment \_\_\_\_\_ Yes

I do not require any medical attention. I will continue my current work schedule without requiring any modifications. \_\_\_\_\_ Yes

I have completed this form to the best of my knowledge and verify that any information given is true and accurate. I have withheld nothing that would, if disclosed, affect these statements. I understand that my employment may be terminated if any of the above information is found to be false. I hereby acknowledge that I have reviewed and read this statement and understand it.

*In the event that I need to seek medical attention after my initial refusal regarding this specific incident, I understand that I will be required to submit to a hair follicle drug and alcohol test, which may require me to cover the difference in cost to the standard drug and alcohol test required during the initial assessment phase of the first 24 hours of any injury.* \_\_\_\_\_ Yes

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Quick Guide to Work Injuries

Injured staff – requesting medical attention	Injured staff – declining medical attention
Ask staff if they are ok or in need of medical attention. If yes, continue to next step	Ask staff if they are ok or in need of medical attention. If no, continue to next step.
1) MEM auth form (signed or electronic)	
2) Incident report form or (insurance based clients) EMT form (DMH clients)	2) Incident report form or (insurance based clients) EMT form (DMH clients)
1) WC injury questionnaire: completed by Site Supervisor; if site supervisor not available injured employee can complete it. Written statement must be provided by injured employee	3)WC medical treatment refusal form
7) Send employee to approved Urgent Care facilities	4)Turn in all completed items to Jamie, HR Director 24-hours of incident
<ul style="list-style-type: none"> <li>Inform staff that they must submit to a drug and alcohol test</li> </ul>	
<ul style="list-style-type: none"> <li>Contact the Concentra Urgent care of their choice to let them know to expect the employee and that they need to have a drug and alcohol test completed prior to seeing a doctor</li> </ul>	
Turn in all completed items to HR Director 24-hours of incident	

# How Many Forms?

- General Rule: One incident, One EMT
- However, if more than one person was injured or directly involved in the incident or multiple guardians need to be contacted, then an EMT must be completed for each individual (i.e. a vehicle accident where 3 people were injured, there will be a report completed for each person, if 2 people elope together, both guardians contacted, therefore 2 reports, etc.).

# Some Final Thoughts

- The witness to the event must initiate the EMT process prior to the end of the scheduled shift. This may be completed by writing a statement, reporting the details of the event via telephone to the ISL Manager or ISL Director, etc.
- Proper EMT documentation is an important part of everyone's job.
- Accuracy is essential.
- All reporting of the event must be detailed.
- The proper chain of command must be notified when an EMT is completed.

Questions?

Examples.

