



AIFACS

AMERICAN INDIAN FAMILY AND CHILDREN'S SERVICES

Incident Report Form

All incidents must be reported within 24 hours of the incident. A separate form must be completed for each person – do not use identifying information, such as names or initials, if the incident involved another person receiving services.

Date of incident: _____ Time of incident: _____ ☐ am / ☐ pm

Location of incident: _____

Person name: _____

Program Name: _____ License Number: _____

I. Incident Type (check all that apply):

☐ Death or serious Injury (Must also be reported using the forms from the [Office of Ombudsman for Mental Health and Developmental Disabilities](#)):

- ☐ Fractures;
- ☐ Dislocations;
- ☐ Evidence of internal injuries;
- ☐ Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought;
- ☐ Lacerations involving injuries to tendons or organs and those for which complications are present;
- ☐ Extensive second degree or third degree burns and other burns for which complications are present;
- ☐ Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
- ☐ Irreversible mobility or avulsion of teeth;
- ☐ Injuries to the eyeball;
- ☐ Ingestion of foreign substances and objects that are harmful;
- ☐ Near drowning;
- ☐ Heat exhaustion or sunstroke;
- ☐ Attempted suicide; and
- ☐ All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurious behavior, a medication error requiring medical treatment, a

25 Empire Drive St. Paul, MN 55103

Phone: 651-223 - 8526

St. Paul Fax: 651- 528 -7595

McGregor Fax: 218 -768 – 2894

suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.

- ☐ Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition that requires the program to call 911, physician or advanced practice registered nurse treatment, or hospitalization
- ☐ Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team
- ☐ An act or situation involving a person that requires the program to call 911, law enforcement, or the fire department
- ☐ Unauthorized or unexplained absence from a program
- ☐ Conduct by a person against another person that: is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program
- ☐ Any sexual activity between persons that involves force or coercion
- ☐ Any emergency use of manual restraint (Also refer to Emergency Use of Manual Restraint Policy)
- ☐ A report of alleged or suspected child or vulnerable adult maltreatment (Also refer to Maltreatment of Minors or Vulnerable Adults Reporting Policy)

II. Description of incident:

III. Description of staff response to the incident:

☐ Applicable coordinated service and support plan addendum(s) were implemented for the person(s) involved.

☐ Applicable program policies and procedures were implemented as written.

Staff person(s) who responded to the incident: _____

Name and signature of reporting staff: _____ Date _____

IV. Persons Notified (within 24 hours of the incident). Please include their name, date of notification, and the time of the notification.

Case manager: _____

Legal representative or designated emergency contact: _____

Other: _____

Other: _____

Other: _____

Ombudsperson**: _____

DHS Licensing, OHFC or ICF/DD**: _____

** Notified of death and serious injuries only

V. Internal Review of Incident

Items A to C are required for serious injuries, including deaths, emergency use of manual restraint, and alleged or suspected maltreatment. Items D and E are required for ALL incidents.

A. Were the related policies and procedures followed? ☐ Yes ☐ No

If no, explain.

B. Were the policies and procedures adequate? ☐ Yes ☐ No ☐

If no, explain

C. Is there a need for additional staff training? ☐ Yes ☐ No

If yes, what training is needed, when will it be provided, and who will attend?

D. Is the Incident similar to past events with the persons or the services involved? ☐ Yes ☐ No

If yes, identify the incident patterns.

E. Is there a need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences? ☐ Yes ☐ No

If yes, identify the corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program. (Include applicable implementation dates, staff assigned to take the corrective action, and attach relevant documentation.)

For emergency use of manual restraint only: Is there a need to revise the person's service and support strategies? ☐ Yes ☐ No

Name and signature of staff completing internal review

Date