

INCIDENT REPORTING PROCEDURE

ACTIONS	Provider	Program Manager	Agency Nurse	Director	On Call Staff	Comments
If medical incident: 1. Access Medical Attention	X	X	X		X	
2. If critical: <u>Notify Immediately</u> A. Agency Nurse B. Program Coordinator/Director C. In the case of critical incidents MSS will notify NMCS at 303-457-1001	X	X			X	
3. Non-critical: Notify NMCS Resource Coordinator within 24 hours		X				
4. Within 24 hours: Complete Incident Report/GER filling in all sections	X	X				
5. Submit Incident Report/GER to program manager as soon as possible (within 24 hours) on Therap	X					
6. Notify MSS nurse of any medical incident Notify MSS of any serious injury	X	X				
7. Review and sign GER		X	X	X		
8. Within 24 hours: <i>Forward</i> approved report to NMCS INC.		X				
9. Copy for MSS files				X		
10. Follow up: Ensure follow up and record on agency copy of incident report		X		X		
11. Serious incident investigation: Participate in investigation by NMCS Follow up Human Rights Committee (HRC) recommendations		X		X		
12. Communicate follow up to NMCS as necessary		X		X		

ACTIONS	Provider	Program Manager	Agency Nurse	Director	On Call Staff	Comments
13. Complete quarterly summary of all incidents				X		
14. Determine trends and/or problematic practices quarterly		X		X		
15. Determine necessary actions to address trends and/or problems		X		X		