



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

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Incident Report Form User Guide / Instructions

General / Helpful Tips:

1. Qualified Vendors or Providers only need to complete the applicable section for the reportable incident. For example, if the reportable incident is an injury, the Incident Type - Medication Error and Incident Type - Death, does not need to be completed; just Incident Type - Other.
2. Electronic Signatures are not required; the Division will accept other signature formats or a typed/printed name of the person completing and reviewing the form.
3. If the answer to a question is not known at the time the incident report is being written and submitted, the Vendor or Provider should indicate "Unknown" or "Unknown at this time".
4. Please provide as much detail as possible about the incident being reported, including how and which policies were followed. For example, if your agency has a policy on finding replacement staff to cover a shift, be sure to include this information in the description and what actions you took per this policy.
5. Incidents can be verbally reported to the Division during after-hours, weekends, and holidays by calling: 602-375-1403 or 1-855-375-1403. A written incident report must be submitted to the Division no later than the next business day after the incident occurs.

Page 1:

- Indicate the date of the Behavior Plan or Person-Centered Service Plan you have on file.
- ***"Location of Incident"***: Where was the member at when the incident occurred?
 - o Community - Ex., Fry's parking lot, Community park, Circle K, etc.
 - o Other: Ex., Hospital, Urgent Care, Driving in the group home van, etc.
- ***"What services were being provided at the time of the incident"***: What services were staff providing at the time of the incident? For in-home services, it may be respite, attendant care, etc.

Page 2:

- ***"Individual / Staff Involved"***: This section is to identify the other individuals who were involved in the incident, including staff and members. Be sure to include their legal names here. Do not use nicknames.

Page 3:

- ***"Describe any symptoms the Member had before the medication incident"***: Based on your observation, describe the member's appearance, behavior, etc. Were there any concerns or complaints voiced by the member? Example: Johnny grasped his stomach with both hands and stated, "I am in pain".
- ***"Describe any new or different symptoms the Member had after the medication incident"***: Based on your observation, describe the member's appearance, behavior, etc. Were there any concerns or complaints voiced by the member? Example: Johnny seems lethargic, slumped over in his chair, yelling out, "my stomach hurts".

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- ***“Medication administered by”***: This is the person who allegedly made the medication error.

Page 5 (Incident Type - Death):

- ***“What type of day was the Member having?”***: Based on your observation, how was the member’s appearance, behavior, etc.? Example: Johnny seemed to be having a good day; he was happy and smiling.
- ***“Describe any symptoms the Member was exhibiting during the past 48 hours prior to the Member’s death?”***: Based on your observation, describe the member’s appearance, behavior, etc. Were there any concerns or complaints voiced by the member? Example: Johnny complained of stomach pain, dizziness and nausea.
- ***“Describe the environment prior to the Member’s death”***: Was there anything occurring within the immediate environment prior to the Member’s death? Example: There was work being done to the street and a large hole in the sidewalk directly in front of the group home.

Page 7 (Incident Type - Other):

- ***“What type of day was the Member having?”***: Based on your observation, how was the member’s appearance, behavior, etc.? Example: Johnny seemed to be having a good day; he was happy and smiling.
- ***“Describe the environment before the incident occurred?”***: Was there anything occurring within the immediate environment? Example: The group home AC was not working, and the home was hot.

Page 8:

- ***“Was the Member injured?”***: This question is intended to be answered for all injuries to the member, with the exception of an injury as a result of an Emergency Measure. An injury from an Emergency Measure would be reported on page 7.
- ***“Notifications”***: This section must be completed for all the notifications made at the time of the incident prior to submission of the incident report. If the incident occurs during after-hours, holidays or weekends, the Support Coordinator can be called on the next business day. If submitting the incident report during after-hours, holidays or weekends, it is appropriate to indicate on the form, “We will notify the Support Coordinator on...”.

Page 9:

- ***“Corrective Actions / Comments”***: This section is intended for the Qualified Vendor or Provider to identify what actions they took immediately to help prevent the incident from happening again. Example: Staff used under-mount tape to secure the rug from sliding on the wood floors so Johnny would not slip and fall when walking on the rug”.