INCIDENT REPORTS

An incident is defined as an occurrence, which could potentially impact the health and well being of an individual enrolled with the Division or while in the community. Some examples of incidents include but are not limited to: Death of individual, potentially dangerous situations due to neglect of the individual, allegations of sexual, physical, programmatic verbal/emotional abuse, suicide threats and attempts, individual/client missing, accidental injuries which may or may not result in medical intervention, violation of an individuals rights as discussed in Article 9, provider and/or member fraud, complaints about a community residential setting, resident or the qualified vendor, allegations of inappropriate sexual behavior, use of behavior management techniques not part of a behavior plan, theft or loss of individual's money or property, use of emergency measures, medication errors, community disturbances in which the individual or the public may have been placed at risk, serious work related illnesses or injuries (Affinity Family Care employees), Environmental circumstances which pose a threat to health, safety or welfare of individuals such as loss of air conditioning, loss of water, or loss of electricity, unplanned hospitalization or emergency room visit in response to an illness, injury, medication error, client or provider drug use or possession of drugs, theft or loss of an individual's money or property, unsafe/unsanitary living conditions, deterioration in the individual's physical or mental health, any unexplained marks, bruises, scratches or signs of potential abuse, and any marked changed in the individual's abilities, moods or level of understanding, and any 911 or emergency calls.

AFFINITY FAMILY CARE has a policy for direct staff/employee reporting and client family reporting. If an employee should suspect, observe, witness any of the above incidents, you must notify an AFFINITY FAMILY CARE supervisor immediately by phone and submit a completed incident report within 24 hours. An AFFINITY FAMILY CARE supervisor will review all incident reports, inform DDD Support Coordination immediately and file all appropriate paperwork.

If a client family sees or suspects that a direct staff employee is engaging in any of the above incidents, especially to an AFFINITY FAMILY CARE client, the family must call an Affinity Family Care supervisor immediately and then submit a completed incident form. The supervisor will review all incident reports and determine the need for further review, investigation and reporting. Upon completion of the investigation, if the Affinity supervisor finds fault with the direct staff employee, corrective action and/or termination will be taken immediately. Any violation of abuse or neglect of a client by direct staff is grounds for immediate termination. Given the severity of the infringement/allegation of the incident, appropriate official and law enforcement agencies will be notified as well.

For injuries or emergencies of both you and the client you work with, there is an incident report that must be completed. All injuries and emergencies must be reported to AFFINITY FAMILY CARE management within 24 hours or immediately if medical treatment was necessary. An incident form must be submitted within 24 hours of incident. Utilize the after hours emergency number for all incidents/emergencies requiring medical treatment. The emergency number is (602) 826-0263 or you can contact our office at (480) 558-3600 and push option #1.

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ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

INCIDENT REPORT

Confidential Information

Please Print

- Division staff may use this form to ensure all pertinent incident information is gathered.
- Providers may use this form or write all pertinent incident information on a separate report to the Division.

INDIVIDUAL'S NAME *(Last, First, M.I.)*	FOCUS ID NO.	BIRTHDATE

INDIVIDUAL'S ADDRESS *(No., Street, City, State, ZIP)*	FOSTER CARE
	☐ Yes ☐ No

PROVIDER NAME AT TIME OF INCIDENT *(Qualified Vendor, Individual Independent Provider, Provider Site Name)*

NAME AND LOCATION OF INCIDENT *(Site Name, No., Street, City State, ZIP)*	DATE OF INCIDENT	TIME OF INCIDENT
		☐ PM ☐ AM

STAFF/WITNESS(ES) INVOLVED IN INCIDENT *(Last, First, M.I.)*	PHONE NUMBER	IMMEDIATE SUPERVISOR
1.	( )	☐ N/A
2.	( )	☐ N/A

DESCRIBE INCIDENT THOROUGHLY. *(What happened before, during and after the incident. Include all known facts, causes of injury and emergency measures, if applicable. Write clearly, objectively and in order of occurrence, without reference to the writer's opinion.)*

WHAT HAPPENED BEFORE THE INCIDENT?

WHAT HAPPENED DURING THE INCIDENT?

WHAT COULD HAVE PREVENTED THE INCIDENT?

INDIVIDUAL'S NAME *(Last, First, M.I.)*	DATE OF INCIDENT

TYPE OF MEDICAL INTERVENTION *(Doctor's visit, urgent care, emergency room, hospitalization)*

LOCATION OF MEDICAL INTERVENTION *(Site location and address)*

NOTIFICATIONS

Serious incidents, as described in the Division's Policy and Procedures Manual Administrative Directive 76, are to be reported and written as soon as possible, but no later than 24 hours after the incident.

All other incidents, as described in the Directive, must be reported to the District office by the close of the next business day following the incident.

PARENT/GUARDIAN NOTIFIED *(If Yes, name of person notified. If No, explain why)* ☐ Yes ☐ No ☐ N/A	NOTIFIED BY WHOM *(Last First, M.I.)*	DATE/TIME OF NOTIFICATION ☐AM ☐PM
SUPPORT COORDINATOR NOTIFIED ☐ Yes ☐ No ☐ N/A		☐AM ☐PM
CHILD/ADULT PROTECTIVE SERVICES NOTIFIED ☐ Yes ☐ No ☐ N/A		☐AM ☐PM
TRIBAL SOCIAL SERVICES NOTIFIED ☐ Yes ☐ No ☐ N/A		☐AM ☐PM
POLICE NOTIFIED ☐ Yes ☐ No ☐ N/A		☐AM ☐PM

PRINT NAME OF PERSON COMPLETING THIS FORM	SIGNATURE OF PERSON COMPLETING FORM	DATE

CORRECTIVE ACTION/COMMENTS

WHAT STEPS ARE BEING TAKEN TO PREVENT THIS FROM HAPPENING AGAIN?

PRINT SUPERVISOR'S NAME	SIGNATURE OF SUPERVISOR	DATE

Equal Opportunity Employer/Program ◆ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disability Act of 1990 (ADA), *Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975,* the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.