

Sullivan County Department of Public Health

<u>Title:</u> Accident or Incident Reporting	Original Approval: 10/03
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Statement/ Purpose:

To promote employee and patient safety, comply with applicable laws, and meet quality standards by ensuring all accidents/incidents are appropriately documented and monitored and trends are identified to minimize and/or prevent future accidents/incidents.

Authority:

Public Health Law, Section 2805-1; OSHA Standard 1910.1030; 10 NYCRR, Section 751.10; NYS Labor Law, Article 2, Section 27; 12 NYCRR 300.37; Public Employee Safety & Health, Section 27-a

Application:

All SCDPH staff

Terminology:

Accident/Incident: A deviation in the normal course of events involving patient care and safety, or employee safety. (I.e. patient/employee fall, injury).

Accident/Incident Report: Formal written description of an unusual occurrence, particularly an error or accident that has or may have adverse consequences.

Trend: Three or more of the same category of incident/variance/occurrence within one quarter (3 months) OR a gradual increase in the number of accidents/incidents within the same category and within a period of time longer than 3 months.

Quality Assurance: a process of meeting quality standards and assuring that care reaches an acceptable level and a reactive, retrospective effort to examine why a facility failed to meet certain standards.

Responsible Party:

Director of Patient Services

Cross-Reference:

Quality Standards; Abuse and Neglect Reporting; Sullivan County Exposure Control Plan for Bloodborne Pathogens; Sullivan County Department of Risk Management & Insurance-Claimant Information Packet; Fire Drill and Fire Incidents Policy; Sullivan County Vehicle Policy; Adverse Event Reporting via NYPORTS Policy; Sullivan County Workplace Violence Prevention Policy; Sullivan County Public Health Services Safe Environment Policy

Procedure:

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1. An Accident/Incident Report is to be completed for every accident/incident, irrespective of any additional documentation required pursuant to other applicable policies/procedures. Completed reports are given to the Administrative Assistant, who forwards them to the Director, who lastly forwards to Risk Management when appropriate.

A. Staff members

- The first employee observing, discovering, or directly involved in an accident/incident must complete the “Accident/Incident Report” by the end of their working shift and submit to their supervisor to complete and pass on to Administrative Assistant. All sections are to be completed as appropriate. This should be done as quickly as possible.
- When an accident/incident occurs requiring immediate action that may include, but is not limited to, medical device/equipment malfunction, patient injury or death, or interruption of vital services, the staff member will notify his/her immediate supervisor, or the supervisor on-call (off hours) of the accident/incident immediately. If appropriate, report accident/ incident to appropriate law enforcement or coroner.
- If an employee has been injured (or there is a possibility of a work-related injury/illness), the employee must immediately call the CorVel Employee Injury Call Center at 1-845-456-8910 to speak with a triage nurse and report injury. All staff have been given business cards with the CorVel Employee Injury Call Center number. The supervisor will inform Administrative Assistant of injury and the CorVel Worker’s Compensation forms will be given to be completed to either the supervisor or employee, if available. The completed packet is then submitted to the Administrative Assistant who will send it to the Risk Management Department in the Government Center. This should be done within 48 hours of injury. If any additional forms need to be filled out and/or additional information is needed, Risk Management will advise the Administrative Assistant, who will then advise the appropriate Supervisor.
- If there was an employee injury, it is important that the employee be directed to tell his/her doctor or hospital that the injury was sustained at work – the employee is not responsible for any medical bills resulting from a compensable work injury.

B. Department Manager/Immediate Supervisor

- If the incident did NOT involve any injury to the employee (and/or there is no possibility of a work-related injury/illness), the Supervisor conducts a comprehensive investigation and summarizes his/her investigation on the Accident/Incident Report Form. The form is forwarded to the Administrative Assistant—who then forwards to the Department Director (and DPS when necessary)—within 5 business days from the time of the initial accident/incident.
- For an Adverse event that occurs with the use of a medical device/equipment, the Department Manager or immediate Supervisor will refer to the Medical Device Reporting Manual. A report will be submitted semiannually as mandated by the Department of Health and Human Services, the Department of Health and the Food and Drug Administration.

C. Director

- Review the Accident/Incident Report form and advise the Supervisor of any additional recommendations. All additional recommendations are to be completed within the 10 business days of the initial incident
- If satisfied with the investigation report, the Director can sign the report and retain for quarterly monitoring and review for trends for quality assurance

D. QI Coordinator

- Reviews and tracks and trends all information received from the Accident/Incident Reports
- Meets quarterly with the Department Director, Director of Patient Services, and the Administrative Assistant

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to discuss Accident/Incident Reports

- Prepares a quarterly report that summarizes significant findings for presentation to the Professional Advisory Committee or Health Services Advisory Board.

E. Professional Advisory Committee (PAC)/Health Services Advisory Board (HSAB)

- Reviews the quarterly report summary
- When deemed necessary, mandates follow-up interventions by delegated Agency staff to address concerns or problematic trends
- Any accidents/injuries related to the home care agency will be directed to the PAC. Any other accidents/injuries will be directed to the HSAB.
- The QI coordinator designee considers additional process changes or modifications proposed by the PAC or HSAB

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ACCIDENT/INCIDENT REPORT

Definition: An incident is any happening which is not consistent with the routine operation of the agency or routine care of a particular patient or in a clinic setting. It may be an accident or a situation which might result in an accident and/or injury. Included are falls, fire, loss, theft, treatment/medication errors, unsafe conditions, or equipment malfunctions.

Name of person (s) involved in the accident/incident: _____ Signature: _____

Date and time of incident: ___/___/___ : ___AM PM

Location of the accident/incident: _____

Nature of the accident/incident: auto accident, trauma, fall, be specific: _____

Was any staff present at the time of the accident/Incident? YES__ NO__ If yes, name & title:

Describe accident/incident: _____

Was treatment required? YES ___ NO ___ If yes, When? ___ By whom? _____ Refused medical care? YES___NO___

Describe the treatment: _____

Was a physician notified? YES ___ NO ___ If yes, describe physician treatment: _____

Was the patient's family notified: YES ___ NO ___ If yes, when? _____ Whom? _____

Name, Date, and Time immediate Supervisor notified: _____ /___/___ : ___AM PM

Other pertinent information: Describe how you feel the accident/incident could have been avoided:

Supervisor's Section:

Summarize the investigation conducted to determine the cause of the accident/incident:

Supervisor's interventions: _____

Recommendations/Actions to prevent similar, future accident/incident: _____

Name: _____ Signature: _____ Date: _____

Director's Section:

Additional recommendations/actions to prevent similar, future accident/incident: _____

Name: _____ Signature: _____ Date: _____

This form is not a part of the medical record. Its contents are NOT to be divulged or a copy released without the Director's approval.