

# Alabama Department of Mental Health



## Mental Health and Substance Use Incident Management Plan MHSU

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*Revised: 2024*

**State of Alabama Department of Mental Health Incident Management Plan**  
**MHSU**

**Introduction**

This Plan presents the criteria components required to ensure a cohesive and systematic application of the Alabama Department of Mental Health (ADMH) Incident Management Plan by all ADMH inpatient, Certified Mental Health and Substance Use (MHSU) providers.

**Purpose**

The Alabama Department of Mental Health (ADMH) assumes the responsibility of fostering a culture of safety that minimizes risks that affect individuals served within its facilities, and by certified MHSU DIVISION Providers. The plan is designed to support the provision of a safe, wholesome and hazard-free environment that would enhance the quality of life of individuals served in ADMH facilities and by certified Community Providers. Timely, accurate reporting and appropriate response to undesired incidents contributes to ADMH's ability to ensure safety across the continuum of care. Employees are encouraged to accept personal responsibility for providing quality recipient care, treatment and services, and openly discussing safety issues and process improvements.

This plan describes the responsibilities of the ADMH, its facilities, and MHSU Community Providers, analysis, and reduction of risks which occur in the course of providing mental health and support services. This process allows for evaluating aggregate data/processes and reviewing critical aspects of care as they relate to quality improvement.

Incident Management includes at least the following elements: **prevention, incident identification, incident classification, proper incident reporting and investigation,** and **implementing effective actions** in order to protect recipients (persons served) from harm.

## **Philosophy**

### **ADMH is committed to the following:**

- Recipients are entitled to appropriate services in a caring and hospitable environment that is free from harm.
- Facilities, and MHSU DIVISION Community Providers must eliminate, wherever possible, the occurrence of incidents (i.e., episodes of harm or potential harm).
- The fewer the number of incidents, particularly serious incidents, the more caring and hospitable the environment will be under which recipients will live, work, and learn.
- Incident Management is one component of the Department's larger Performance Improvement Program in which the emphasis is on improvement of systems and processes.
- Incident investigations shall be conducted primarily by trained clinical investigators to attain optimum care and treatment of the recipient. Investigations conducted for criminal purpose by BSI or other police entities shall be conducted parallel to and not to the exclusion of the clinical investigation. The clinical and criminal investigators shall work cooperatively.

## **Application**

This Plan applies to all recipients served by the Alabama Department of Mental Health Substance Use Services inpatient and residential facilities and Mental Health Substance Use DIVISION Certified Community Providers, and to all their employees. This Plan is divided into subsections: MHSU Division Facilities, MHSU Division Certified Community Providers and ADMH Crisis Centers.

### **Electronic Incident Management System**

In an effort to ensure compliance with ADMH Certification Standards, The Alabama Department of Mental Health has selected Therap to serve as the Electronic Incident Management System for MHSU Division's Facilities and MHSU Division's Certified Community Providers. ADMH MHSU Certified Community Agencies, Crisis Centers, Community Contract Settings and State Facilities are required to utilize and maintain active Therap accounts for incident and risk management purposes. MHSU Office of Quality Improvement and Risk Management (QIRM) will provide oversight and risk analysis for MHSU Facilities and MHSU Community Providers.

## **Authority**

*The Incident Management Plan is promulgated under the following statutes and regulations:*

### **A. Facilities**

**\*\*Ala. Code 22-50-1 et. seq.**

**\*\*Ala. Code 22-21-8**

**\*\*Ala. Code 22-56-1 et. seq.**

**\*\*Ala. Code 22-52-90 and 92**

### **B. MHSU DIVISION\_Certified Community Providers**

- a. *Alabama Department of Mental Health Administrative Code, Mental Health and Substance Use, Chapter **580-2-20***

### **Therap Activation**

All ADMH MHSU Certified Community Agencies, Crisis Diversion Centers and State Facilities must maintain an **active** Therap account at all times. Newly certified MHSU Agencies shall contact the MHSU Office of Quality Improvement and Risk Management (QIRM) within 24 hours upon notification of full certification for account activation and Therap training and resources.

### **Confidentiality/Privilege**

All information including records, data and conclusions collected in accordance with this plan shall be confidential and privileged quality assurance and performance improvement information and are to be maintained in a manner consistent with that status. These records, data and conclusions are accorded such protection by Alabama law. Therefore, such documents are not considered public records.

### **Required Trainings**

#### **Clinical Investigation Training**

ADMH MHSU Certified Community Agencies, Crisis Diversion Centers and State Facilities shall maintain at a minimum one Clinical Investigator who has successfully completed the ADMH Conducting Serious Incident Investigation Training (CSII) and the CSII Serious Incident Investigative Writing Course. ADMH MHSU Certified Community Agencies and State Facilities are responsible for ensuring that Clinical Investigators are recertified every two years. Failure to complete for MHSU Certified Community Agencies and Crisis Diversion Centers will result in a critical finding and up to decertification.

#### **Annual Therap Trainings**

ADMH MHSU Certified Community Agencies, Crisis Diversion Centers and State Facilities shall register and attend all required Therap trainings. Failure to register and attend required trainings will be documented as a failure to comply with the ADMH MHSU incident management plan. Failure to complete for MHSU Certified Community Agencies and Crisis Diversion Centers will result in a critical finding and up to decertification.

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## Part A

### MHSU DIVISION Facilities Incident Management Plan

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## **I. MHSU DIVISION Facilities Scope of Plan**

*At a minimum, the following types of incidents involving recipients are addressed by this Incident Management Plan:*

- A. Abuse
  - 1. Physical
  - 2. Sexual
  - 3. Verbal
  - 4. Neglect
  - 5. Mistreatment
  - 6. Exploitation
- B. Adverse drug reaction
- C. Alleged theft by a recipient
- D. Alleged theft of recipient property
- E. Assault
  - 1. Recipient to Recipient
  - 2. Recipient to Staff
  - 3. Recipient to Visitor
- F. Choking on foods or objects
- G. Communicable Disease/Hospital Acquired Infection
- H. Contraband
  - 1. Drugs
  - 2. Weapons
  - 3. Other
- I. Death
  - 1. Expected
  - 2. Unexpected
- J. Elopement
- L. Fall with Injury
- M. Fall without Injury
- N. Fight between recipients
- O. Hospital – Admission
- P. Hospital – ER without Admission
- P. Injury
  - 1. Accident
  - 2. Assault
  - 3. Self-Inflicted
  - 4. Unknown/Unexplained
- Q. Insect bite/sting
- R. Medication Error
  - 1. Level 1
  - 2. Level 2
  - 3. Level 3

- S. Property damage by a recipient
- T. Psychiatric Episode
- U. Recipient Complaint/Grievance
- V. Relocation
- W. Restraint – Manual Hold
- X. Restraint – Mechanical
- Y. Riot and/or incitement among patients
- Z. Seclusion
- AA. Serious Illness/ Medical Emergency
- BB. Sexual Contact
  - 1. Consensual
  - 2. Nonconsensual
- BB. Suicide Attempt
- CC. Swallowed harmful inedible
- DD. Threatening Behavior/Threat Against Self or Others

## II. INCIDENT CLASSIFICATIONS

### A. CLASS 1/ Low Therap Level Incidents:

Incidents that require minimal/routine and/or preventive action/response. The incident must be documented on a ADMH Incident Report Form. (Must be reported every 30 days)

- a. Medication Error NRI Level 1
- b. Insect bite/sting (requiring first aid only)
- c. NRI Level 1 and 2 injuries resulting from accidents, self-inflicted injuries, and/or assaults or fights or unknown
- d. Fights without Injury and Assaults
- e. Adverse drug reaction
- f. Alleged theft by recipient
- g. Alleged theft of recipient property
- h. Fall without injury
- i. Fall with NRI Level 1 and 2 injury
- j. Psychiatric Episode
- k. Recipient complaint/ grievance
- l. Threatening Behavior/ Threat against self or others
- m. Chocking (without injury check Therp)
- n. Seclusions
- o. Restraints (Manual Holds and Mechanical Holds)
- p. Property Damage by a Recipient
- q. Hospitalizations (ER without Admission)

#### Employee Responsibilities for CLASS 1 Incidents:

- a. Staff discovering incident or who have knowledge of incident:
  - Immediately ensure necessary first aid is provided and medical/emergency services are contacted if additional assistance is needed.
  - Make an immediate report of the incident to his/her supervisor.
  - Complete a ADMH Incident Report form immediately.
  - Give the completed Incident Report Form to his/her supervisor immediately.
- b. Supervisor Responsibilities
  - Immediately ensure necessary first aid is provided and medical/ emergency services are contacted as necessary.
  - Review CLASS 1 Incident Report Forms for completeness and route Incident reports to the facility's Risk Manager (or designee) by the end of the shift.

## **B. CLASS 2 / Medium Therap Level Incidents:**

Incidents that require expanded non-routine response. The incident must be documented on a ADMH Incident Report Form. **CLASS 2** Incidents require the facility to report the incident to the Associate Commissioner's Office and the Director of Facilities for the MHSU DIVISION in accordance with the reporting procedures. **CLASS 2** Incidents shall be addressed through one of the following methods as specified below: (Required 24 Hour Notification)

- A. Alleged or suspected consensual sexual contact
- B. Abuse/physical
- C. Abuse/verbal
- D. Neglect
- E. Mistreatment
- F. Exploitation
- G. Swallowed Harmful Inedible
- H. Medication Error Level 2
- I. NRI Level 3 and 4 injuries resulting from accidents, self-inflicted injuries, and/or assaults or fights. (Assaults ) NRI Level 3 or 4 unknown or unexplained
- J. Fall with NRI Level 3 Injury or Above
- K. Self-Inflicted Injury
- L. Unknown/ Unexplained Injury
- M. Communicable Disease

### **4. Employee Responsibilities for CLASS 2 Incidents**

- a. Staff discovering incident or who have knowledge of incident:
  - Immediately ensure any necessary first aid is provided, immediate protections, and medical/emergency services are contacted if additional assistance is needed.
  - Make an immediate verbal report of the incident to his/her supervisor.
  - Complete a ADMH Incident Report Form immediately after reporting the **CLASS 2** Incident to his/her supervisor.
  - Immediately (after the incident's occurrence) turn in the completed Incident Report Form to his/her supervisor.
- b. Supervisor Responsibilities:
  - Immediately go to the scene of the incident and ensure that any necessary first aid is provided, immediate protections, and medical/emergency services are contacted if additional assistance is needed.
  - Secure the scene in an appropriate manner as applicable.
  - Immediately review Incident Report Forms for all **CLASS 2** Incidents for completeness and assist the employee who reported the incident as necessary in completing the Incident Report Form.

- Verbally report the **CLASS 2** Incident to Facility Director or designee by the end of the shift upon the receipt of the report.
  - Route Incident Reports on **CLASS 2** Incidents to the Facility Risk Manager (or designee) by the end of the shift.
- c. Facility Director (or Designee) Responsibilities
- Immediately, upon notification or knowledge of, immediate protection, assess with the supervisor to ensure that any necessary first aid was provided and medical/emergency services were contacted if additional assistance was/is needed.
  - The Risk Manager or Designee shall ensure Class 2 incidents are entered into Therap within twenty-four (24) hours of discovery ( If Incident occurred on the weekend incident must be entered the next business day) Risk Manager is also responsible for submitting incident notification form to Associate Commissioner, Director of Facilities and BSI.
  - Ensure that all other **CLASS 2** Incidents are reported to the Associate Commissioner's Office and the Director of Facilities for the MHSU DIVISION via quarterly PI reporting mechanisms established by the Division Level PI Offices.
  - Notify the Facility Advocate within twenty-four (24) hours of discovery of any **CLASS 2** Incidents or contact ADMH's Advocacy Office at 1-800-367- 0955.
  - Notify BSI at any point the Investigation findings rise to the Level of a **CLASS 3** Incident

### **C. CLASS 3/ High Therap Level INCIDENTS**

Incidents that require notification, review, and/or an investigation with the involvement of BSI. The incident must be documented on a ADMH Incident Report Form. **CLASS 3** Incidents require immediate notification (**upon discovery or knowledge**) to the Commissioner, Associate Commissioner's Office for the MHSU DIVISION, MHSU Office of Quality Improvement and Risk Management, Director of Facilities **AND** to the Bureau of Special Investigations (BSI) in accordance with the reporting procedures as outlined below.

#### **1. CLASS 3 Incidents include the following:**

- a. All unexpected deaths category A and category B
- b. Expected Deaths
- c. Any assault or other incident of alleged or suspected physical abuse or neglect that results in a NRI Level 3 or 4 injury (\*\*An injury resulting in a fracture, concussion or wound requiring multiple layer closures (sutures) shall be coded a Level 3 injury unless hospitalization is required thus making the injury a Level 4 injury, or is serious enough to constitute a life threatening medical condition, or results in a major permanent loss of limb or function.\*\*)
- d. Alleged or suspected non-consensual sexual contact between patients\*\*
- e. Any allegation or suspicion of sexual abuse\*\*
- f. Any allegation or suspicion of sexual contact of a patient by a "non-patient" such as a visitor\*\*
- g. All elopements\*\*\* (Including patients on temp. visits)
- h. All Suicide Attempt
- i. Any incident that requires evacuation/ relocation
- j. Law Enforcement Involvement \*put definition in plan Part A
- k. Contraband Other
- l. Contraband Drugs
- m. Contraband Weapons
- n. Relocation
- o. Riot and/or Incitement Among Recipients
- p. Serious Illness/ Medical Emergency

*\*\*Sexual contact protocol for alleged/suspected non-consensual sexual contact or sexual abuse allegation shall be followed as outlined in Appendix C.*

*\*\*\*See Appendix H: Immediately notify BSI when the recipient has been accounted for and/or returned to the facility.*

#### **2. Employee Responsibilities for CLASS 3 Incidents**

- a. **Employee**

- Immediately ensure any necessary first aid is provided, immediate protection, and medical/ emergency services are contacted if additional assistance is needed.
- Make an immediate verbal report of the incident to his/her supervisor.
- Complete an ADMH Incident Report Form immediately after reporting a **CLASS 3** Incident to his/her supervisor.
- Immediately turn in the completed Incident Report form to his/her supervisor

**b. Supervisor**

- Immediately go to the scene of the incident and ensure that any necessary first aid is provided , immediate protection, and medical/emergency services are contacted if additional assistance is needed.
- Secure the scene in an appropriate manner.
- Make an immediate verbal report on the **CLASS 3** Incident to the Facility Director (or designee).
- Follow any instructions from the investigator/Facility Director (or designee) regarding preservation of the scene and/or the collection of other evidence.
- Keep potential witnesses at the scene and separated where possible if the investigator is immediately on his/her way to the site.
- Secure relevant documentary evidence.
- Assist the investigator upon his/her instruction in ways which will facilitate the investigation.
- Immediately review Incident Report Forms for all **CLASS 3** Incidents for completeness and assist the employee who reported the incident as necessary in completing the Incident Report Form.
- Route incident reports on **CLASS 3** Incidents to the Facility Risk Managers (or designee) within two (2) hours.

**c. Facility Director (or Designee)**

- Immediately assess, with the supervisor that any necessary first aid was provided and medical/emergency services were contacted if additional assistance was/is needed.
- Notify the Associate Commissioner's Office for the MHSU DIVISION immediately (At Once, Upon Discovery or Knowledge) after being notified of a **CLASS 3** Incident. Notification should occur via email to the Associate Commissioner, Director of Facilities, BSI , Internal Advocacy Director and Office of Quality Improvement and Risk Management. (Add BSI and Advocacy Email Address)
- The Facility Director should ensure the Risk Manager or Designee shall insure Class 3 incidents are entered into Therap within twenty-four (24) hours of occurrence/ discovery.
- The Facility Director will ensure Immediately notify (**within 24 hours upon Discovery or Knowledge**) BSI verbally after receiving report of the **CLASS 3** Incident.

- The Facility Director will ensure the Risk Manager complete Incident Notification form notifying the Associate Commissioner, Director of Facilities and BSI. This Notification must be made within **24 hours of occurrence**.
- d. **Bureau of Special Investigation (BSI)**
- Upon notification of **CLASS 3** Incidents by the Facility Director (or designee), determine whether BSI shall investigate and/or co-investigate the incident with the facility and/or other jurisdictions. \*\* Please see (Appendix I) for list of reportable BSI Incidents and procedures\*\* (BSI Notified of all Deaths)
- e. **Associate Commissioner (or Designee) for MHSU DIVISION**
- Immediately (**within 24 hours upon Notification or Knowledge**) of a **CLASS 3** Incident by the Facility Director (or designee), informs the Commissioner of the incident and the status of the investigation including whether BSI is investigating or co-investigating the incident.
  - Notification of the Office of the Commissioner. Incident Management Plan have been update to reflect The Associate Commissioner of MHSU will Immediately (upon discovery or knowledge) of all incidents involving the following: Deaths ( Unexpected and Expected), Confirmed Allegations of Sexual Abuse, Elopement, Suicide, Serious Injury in which permanent harm is inflicted upon patients or staff.
  - ADMH Legal will be notified of any Class 3 incident at the discretion of the Associate Commissioner and or the Office of the Commissioner.
  - The Office of the Associate Commissioner will notify the Public Information Director of any incidents involving the media or public request for records.

**Activation of Emergency Operation Plan**

Incident requiring activation/utilization of the facility’s environment of care/ emergency / disaster plan include the following:

- a. Animal bite
- b. Patient adverse reaction to insect bite/sting that requires more than first aid
- c. Insect/animal infestation
- d. Any incident that requires evacuation/ relocation
- e. Communicable Disease/ Hospital acquired infection
- f. Natural or man-made disaster in which patients are injured (i.e., chemical spills, tornadoes, etc.)
- g. Damage to facility grounds or buildings in which patients are injured
- h. Loss of power or an essential utility that results in (or likely will result in) interruption of the provision of services or the basic needs of patients.
- i. Acts or suspected acts of terrorism/bioterrorism
- j. Any hostage situation

### III. GENERAL EMPLOYEE RESPONSIBILITIES

- A. **Responsibility to Report Incidents/ Suspected Incidents:** Any staff member failing to report incident(s), or failing to report incidents within designated time frames, may be considered in violation of departmental policy and subject to appropriate disciplinary action.
  
- B. **Responsibility to Cooperate:** Staff are expected to fully cooperate in any internal or external investigation of an incident. Staff are to provide any information pertinent to the incident and any recommendation they may have which may assist in the prevention of future incidents. Failure to cooperate with the investigation process may be considered in violation of department policy and subject to appropriate disciplinary action. In the event of scheduling conflicts, staff members may be required to report to the facility in order to complete an investigation in a timely manner. In criminal investigations, as per BSI Investigation protocols, the BSI Agent shall advise the employee that he/she is not required to waive their rights and privileges against self-incrimination given under the Fifth and Fourteenth Amendments of the U.S. Constitution when applicable under law.
  
- C. **Prohibition Against Retaliatory Actions:** Any form of retaliatory action made toward either a patient or staff member who reports incidents, or provides information regarding such incidents in good faith, are strictly prohibited. All forms of retaliatory action against an investigator, either during the course of conducting an investigation or afterwards, are strictly prohibited. Employees found involved in retaliatory actions to any degree are subject to disciplinary action up to and including dismissal from employment.

Any action intended to inflict emotional or physical harm or inconvenience on an employee or patient that is taken because he or she reported potential concerns regarding abuse or neglect is prohibited. This includes, but is not limited to, harassment, disciplinary measures, discrimination, reprimand, threat, or criticism.

#### IV. EXTERNAL REPORTING REQUIREMENTS

- A. Each facility is responsible for properly reporting incidents to the appropriate persons and authorities as soon as the facility has obtained initial information regarding the incident itself and the health status of the patient.
1. Parents and Guardians: Facilities are required to notify parents and/or guardians of the patient regarding a **CLASS 2 or CLASS 3** Incident within twelve (12) hours of discovery, as allowed by law and where the patient has given such consent.
- B. Department of Human Resources (DHR):
1. Adults
    - a. Pursuant to the Alabama Adult Protective Services Act (Ala. Code, Section 38-9-1, *et seq.*) a report must be made to the local DHR when there is reasonable cause to believe that an adult patient has been subjected to physical abuse, neglect, exploitation, sexual abuse or emotional abuse.
    - b. The Facility Director (or designee) will notify the Associate Commissioner and the Associate Commissioner will notify ADMH Legal before Facility Director submission to DHR County Director (or designee) immediately by telephone and or email followed by a written report (Appendix E) within seven business days.
    - d. Ala. Code, Section 38-9-8(c) states that DHR is not required to investigate reports of abuse or neglect occurring in ADMH facilities, but that does not alter reporting requirements for ADMH.
    - e. Obtain list from Advocacy : Reportable incidents to Parents/ Guardians
- C. Law Enforcement Agencies:
1. Outside law enforcement agencies shall be notified when required and necessary. BSI shall establish protocols with outside law enforcement agencies, including district attorneys, in the jurisdictions where departmental facilities are located, concerning which incidents require joint investigations, other agency involvement or notification. The senior special agent or designee shall notify these other jurisdictions within twenty-four (24) hours after evaluation of the incident determines reason to believe that the incident is reportable to outside law enforcement agencies or as required by state or federal statutes. The prosecuting authority in the concerned jurisdiction will be notified by BSI if and when an investigation reveals evidence to establish probable cause that a prosecutable criminal act has been committed.
- D. CMS:
1. CMS certified units in the hospital must report to CMS any death that occurs while a patient is restrained or in seclusion, or where it is reasonable to assume that a

patient's death is a result of restraint or seclusion. The Facility Director (or designee) shall make the report after consultation with the Associate Commissioner's Office for the MHSU DIVISION.

E. The Joint Commission (TJC):

1. Incidents that meet TJC definition of sentinel event that occur in inpatient facilities shall be reported to the TJC in accordance with TJC published reporting procedures. The Facility Director (or designee) shall make the report after consultation with the Associate Commissioner's Office for the MHSU DIVISION.

V. **INVESTIGATION OF CLASS 3 INCIDENTS**

A. Responsibilities of the Facility Director or Designee:

1. Ensure that any person(s) involved in an incident are provided appropriate care and medical treatment and/or that measures are taken to ensure the safety of the patient.
2. Immediately review the incident. If it is an abuse or neglect allegation, determine whether the employee accused shall be reassigned to remove them from direct patient care or suspended pending the completion of the investigation.
3. For all **CLASS 3** Incidents immediately upon receiving notice of the incident. In assigning investigations, the following should be considered:
  - a. Investigations shall be assigned only to those persons who have received appropriate training in conducting investigations (Conducting Serious Incident Investigations training).
  - b. The investigation of any incident shall be assigned, whenever possible, to someone who has no direct administrative or clinical responsibilities, personal associations, or any other potential biases in the organizational unit where the incident occurred.
  - c. To ensure that the trained investigators get sufficient opportunity to practice their skills, assignments shall be made on a rotating basis whenever possible.
4. Decisions regarding assignments of criminal investigators for **CLASS 3** Incidents shall be coordinated with BSI.
  - a. In the case of incidents in which BSI are investigating. Facilities are required to complete separate coinciding investigations.
5. Ensure that proper incident notifications are made to the Associate Commissioner's Office, Director of Facilities, ADMH Advocacy, BSI, CMS, DHR, etc. according to the reporting requirements established in this Plan.

6. Ensure GER of the allegation is placed into Therap within 24 hours or next business day upon incident occurrence or discovery. Once Investigation has been ordered GERR should immediately be created in Therap and completed within 15 business days. If resolution can not be completed within 15 business days appropriate documentation must be added to the GER Resolution to explain why it needs to remain open. This must occur every 15 business days until closure.
7. Each Facility Director shall assign an individual(s) to supervise the investigative function. This function shall include assigning investigations, serving on the facility's incident review body, providing technical assistance to investigators, identifying persons to receive investigation training, monitoring the follow-up to any recommendations, and coordinating internal facility peer reviews on investigations.
8. Review and take appropriate actions regarding the recommendations from the Incident Review Committee. In substantiated abuse/neglect cases, ensure that appropriate disciplinary actions are taken in accordance with ADMH Policy regarding "minimum disciplinary actions" required when abuse/neglect is substantiated. When an allegation of abuse or neglect is substantiated, the Facility Director shall request to review a statement of staff background (outlining involvement in previous abuse/neglect allegations) as part of his/her determination of the appropriate level of disciplinary action.
9. Ensure that a process is in place for compliance with the following investigatory process timeframes:

**B. MI Facilities:**

- **CLASS 3** incidents that require investigation shall be investigated within five (5) working days (Monday-Friday, excluding state and federal holidays) after the incident is reported/discovered.
- When abuse/neglect investigations are the result of a grievance and have not been completed within seven (7) days, the facility shall inform the patient or the patient's representative/ guardian that the facility is still working to resolve the grievance and will follow-up with a written response within a stated number of days. Documentation will be maintained in the patient's record.
- Investigative Review Committee and subsequent recommendations are to be completed within ten (10) working days (Monday-Friday, excluding state and federal holidays) after the incident is reported/discovered.
- Facility Director reviews recommendations and closes case by signing the Investigation Disposition Page within fifteen (15) working days (Monday - Friday excluding state and federal holidays) after the incident is reported/discovered.
- Investigations must be entered into Therap within 15 working days of the initiation of the investigation. A General Event Report Resolution (GERR) must be submitted an approved within 15 working days. GERRs must be initiated within 24 hours of a submitted GER.

- A summary of the investigation should be submitted to the Associate Commissioner's Office for the MHSU DIVISION .

C. **Responsibilities of the Facility Supervisors:**

Supervisor for the area where the incident occurred shall take the following actions where appropriate:

1. Ensure that any appropriate first responder medical care/attention has been provided to any individuals as applicable.
2. Secure the scene in an appropriate manner.
3. Follow any instructions from the investigator regarding preservation of the scene and/or the collection of other evidence.
4. Keep potential witnesses at the scene and separated where possible if the investigator is immediately on his/her way to the site.
5. Secure relevant documentary evidence.
6. Assist the investigator upon his/her instruction in ways which will facilitate the investigation.

D. **Responsibilities and Authority of the Facility Investigator:**

In order to competently carry out his/her duties, the investigator has the following responsibilities and authority;

1. When an investigator is assigned to a case, all other responsibilities are considered secondary to a timely and thorough investigation. If the investigator has other responsibilities involving recipient care and treatment, these responsibilities will be assigned to other qualified staff members in a manner such that patient care is not interrupted.
2. The investigator shall have direct access to all staff members and patients for the purpose of conducting investigations.
3. The investigator shall have the authority to conduct interviews at times and locations deemed necessary.
4. The investigator shall have the authority to require staff to complete a written statement.

5. The investigator shall have the authority to instruct employees to remain beyond their assigned shift or to return to work if needed to complete the investigation in a timely manner.
6. The investigator shall have access to all relevant documentary evidence concerning the allegation, including access to the records of recipients.
7. During the period of the investigation, the investigator shall be accountable to the Facility Director versus his/her immediate supervisor.
8. The investigator shall complete the investigative report for MI facilities within five (5) business days. (Monday- Friday, excluding state and federal holidays).
9. The investigator shall present his/her case facts/findings and conclusions to the Investigative Review Committee.

**E. Conducting the Investigation:**

The investigator shall perform the following investigative activities:

1. Start the investigation process immediately upon assignment by initiating appropriate actions or giving instructions to the program/unit supervisor (or designee) for preservation of the incident scene and other physical evidence where applicable.
2. Initiate the collection of testimonial evidence within two (2) hours of assignment.
3. Visit the site and assess with the supervisor whether medical care has been provided if needed and that other proper measures have been taken to ensure the safety of the alleged victim.
4. Obtain from the program supervisor any applicable physical and documentary evidence or collect it after arriving at the scene if it has not already been collected.
5. Collect all necessary demonstrative evidence including photographs of the scene or the victim where appropriate, diagrams of the scene, etc. Photographs should be taken of all visible injuries or where it is needed to document that no injury is present. If law enforcement (internal or external) is immediately expected, then secure the scene to ensure nothing is disturbed so they can collect the evidence.
6. Conduct interviews with all potential witnesses after which a written statement will be obtained.
7. Complete the GERR within the timeframes specified above.

8. Ensure that the investigative report (uploaded into the GERR) contains the required components as illustrated in Appendix F.
9. Ensure the completeness of the investigative file according to the required contents as listed in Appendix G.

F. **The Final Investigative Report:**

1. The final investigative report shall be completed within the timeframes specified above.
2. The final investigative report shall include the following sections:
  - a. A description of the manner in which the investigator became involved in the case, including a description of the initial report.
  - b. A description of the investigative procedure.
  - c. A summary of the evidence.
  - d. Conclusions about what occurred:
    - After all relevant evidence has been collected, the investigator must evaluate it to determine whether there is sufficient evidence to confirm the causes of the allegation or other incident.
    - This analysis must be thoroughly documented in the investigative report in an objective manner and based on the relevant evidence.
    - The standard of proof to be used is "preponderance of the evidence" which is the greatest portion of credible evidence.
    - Based on the available evidence, the investigator may choose to believe one witness over another.

G. **Incident Review Committee:**

Each facility shall establish an Incident Review Committee with the membership appointed by the Facility Director. The Incident Review Committee shall review all **CLASS 3** Incident Investigations to ensure that each is complete and comprehensive.

1. Responsibilities of the Incident Review Committee Participants:
  - a. Meet on at least a weekly basis on a predetermined day and time (if needed) to review investigations.
  - b. Listen to (or review) the presentation of the findings and conclusions of the investigator.
  - c. Review the investigation for completeness in the standard format.
  - d. Review the investigation for timely completion.
  - e. Review the investigation for thoroughness (i.e., ensure all appropriate issues have been addressed).
  - f. Review the facts of the investigation to determine if the findings and the conclusions of the investigator are supported.
  - g. When the IRC does not concur with the conclusions of the investigator, the IRC's rationale for arriving at a different conclusion should be documented.

- h. Based on the conclusions of the investigator and/or of the IRC, make recommendations to the Facility Director regarding the findings of the investigation and recommendations appropriate to that finding.
- i. Document the activities of each IRC.
- j. Route the investigative report and supporting evidentiary documents to the Facility Director for end determination.
- k. Maintain confidentiality of all proceedings and committee discussions.
- l. Composition of Incident Review Committee:
  - The Incident Review Committee shall be attended by the Facility Advocate (must be in attendance), clinical representative, administrative representative, Facility Risk Manager, ADAP representative (as applicable) and other administrative and clinical staff members as designated by the Facility Director.

**G. Maintenance of Investigative Files:**

1. When the Facility Director signs the Investigation Disposition Form, the investigation is considered to be completed.
2. Investigative files shall contain the items as outlined in Appendix G.
3. Facilities shall develop procedures for the maintenance of investigative files including a chronological log of all investigations, an identification number for each investigation (facility number and BSI number when applicable) and the identification of the staff member responsible for maintenance of the files. Files should be maintained in a secure facility location in accordance with the ADMH's Records Retention Policy.
4. The investigative reports and documents contained in the investigative file are privileged. Information contained in the file may only be disclosed to those staff members with responsibilities for taking disciplinary action or responding to recommendations that require knowledge of its contents.
5. A copy of the investigation summary shall be sent to the Associate Commissioner's office within the time limit specified **( within 15 days )** by the Associate Commissioner.

## VI. INCIDENT MANAGEMENT REVIEW PROCESS

Each facility shall have sufficient staff assigned to the incident management review process to ensure effective management, oversight, communication, and accountability for incident management. Staff members involved in the process shall meet as often as necessary to carry out the responsibilities of the review.

### A. Daily Review of Incidents:

Each facility shall have an ongoing mechanism to review incidents and to address incident management. This mechanism shall include a meeting at least every working day (Monday-Friday, excluding state and federal holidays) to review incidents as described below:

#### 1. Responsibilities of the Daily Incident Review Meeting Participants:

- a. Discuss all incidents that have occurred in the facility since the previous meeting
- b. Identify if all immediate actions have been taken as appropriate in response to an incident
- c. Discuss how the incident and/or injury occurred and whether or not it could have been prevented
- d. Discuss future action to prevent/reduce future incidents
- e. Identify any additional information needed to determine the cause or circumstances of the incident, with a plan to collect the information
- f. Help manager determine possible causes of incidents, and provide advice and resources which would assist direct care staff members in preventing such harm in the future
- g. Submit recommendations for resolution of identified problems to staff assigned these responsibilities.

#### 2. Composition of Daily Incident Review Meeting:

- a. The Daily Incident review meeting is attended by the Facility Director.
- b. The Daily Incident review meeting is chaired by the Risk Manager.
- c. The Facility Director or designee, all Unit/Program Directors, the Nursing Director and the Director of PI shall attend the daily meeting. Other clinical/administrative staff members shall attend as designated by the Facility Director.
- d. The facility advocate may attend these meetings at his/her discretion.

### B. Monthly Incident Management Review Process:

Each facility shall have a mechanism in place to perform a periodic aggregate review of all Class 1, Class 2, and Class 3 incidents. The incident management review is designed to allow for the identification of trends and patterns in incident data over time.

This aggregate review shall occur at least monthly and shall be performed through a committee structure. Existing committee structures may be utilized to accomplish the following functions:

1. Responsibilities of the Monthly Review Process:

- a. Review summaries of total number of incidents, types of incidents, total number of injuries, type and severity of injuries, location and shifts/times where incidents and injuries occurred, and analyses as identified by the facility Incident Management Coordinator and/or by the Facility Director.
- b. Identify any apparent trends or patterns that could facilitate protection from harm or prevention of incidents.
- c. Monitor the implementation and measure the effectiveness of preventative actions as appropriate.

C. Responsibilities of the Facility Risk Manager:

Each Facility Director shall assign an individual(s) the responsibility to coordinate the incident management process. These responsibilities shall include:

1. Ensure full implementation of the facility's Incident Management Plan.
2. Provide technical assistance to staff members in the completion of the Incident Report Form.
3. Review all Incident Report Forms to ensure their completeness.
4. Chair the Daily Incident Review meeting and present/report incident occurrences.
5. Provide trend reports and analysis of incident data to the Monthly Incident Review Body and to the Facility Director.
6. Coordinate monthly assessment of all incidents to determine whether incident reporting procedures were followed.
7. Maintain the facility incident management database.

## VII. ADMINISTRATION OF THE INCIDENT MANAGEMENT PLAN

- A. The Associate Commissioner's Office and the Director of Facilities shall have the responsibility for the administration of the Incident Management Plan at facilities.
- B. The Performance Improvement Office shall be responsible for monitoring the implementation and coordination of the ADMH Incident Management Plan.
- C. Each Facility Director shall assign an individual(s) the responsibilities to coordinate the incident management process at the facility level. This individual(s) will administer the Plan locally and serve as the facility point-of-contact.
- D. The Facility Directors will report annually to Governing Body a summary of investigations conducted during the fiscal year. The report should include analysis of trends, how data may have been used in improving performance, planning and decision-making where appropriate.
- E. The Governing Body shall be responsible for requesting reviews, revisions/updates to the Plan as appropriate.

## VIII. STAFF TRAINING IN THE IDENTIFICATION, REPORTING AND INVESTIGATION OF INCIDENTS

- A. Each facility shall initiate and maintain an orientation and training program to inform all employees and patients (including their parents, next of kin, and guardians where appropriate) about the contents of the Plan in a manner and format that is understandable. All employees and will be trained on the Plan during initial orientation (prior to working with recipients) and annually thereafter.
- B. The content of initial training shall include an explanation of this Plan. All employees shall receive the following information:
  - 1. A complete, detailed explanation of the definition of each abuse and neglect category.
  - 2. A thorough explanation of the reporting requirements.
  - 3. Instructions and examples to illustrate the reporting procedures as outlined in this Plan.
  - 4. Instructions and examples to illustrate the proper completion of the ADMH Incident Report Form.
  - 5. Be advised that abuse and/or neglect of a patient is prohibited.
  - 6. Be advised of the requirements for reporting any suspected abuse and/or neglect of a recipient.

7. Be advised of the potential consequences if they become involved in the abuse and/or neglect of any patient.
  8. Be apprised of the consequences for failure to report and for any retaliatory action against others for reporting.
  9. Be advised of his/her responsibility to cooperate in investigations.
- C. The content of the annual updates shall include:
1. Explanation of the definition of each abuse and neglect category.
  2. Reporting requirements
  3. Instruction and examples of the proper completion of the ADMH Incident Report Form.
  4. Any problematic areas noted by the facility in the past fiscal year.
- D. All patients in ADMH inpatient facilities, and their families, next of kin, and/or guardians, will receive information regarding the Plan upon admission (and periodically thereafter) in a manner and format that is understandable.
- E. A facility record shall be kept for each employee receiving orientation, annual training, in-service training or any other training as required by this Plan.
- F. Each Facility shall maintain at a minimum one Clinical Investigator who has successfully completed the ADMH Conducting Serious Incident Investigation training. Facilities are responsible for ensuring that investigators receive CSII training Bi-annually (every two years).

## GENERAL DEFINITIONS

1. **Employee**: Any individual employed by the Alabama Department of Mental Health either in a permanent employee status, temporary employee status, probationary employee status and/or in a contract status.
2. **Director of Performance Improvement**: The persons responsible in the MHSU Division to provide oversight and coordination of the Alabama Department of Mental Health's Incident Management Policy as a component of the Division's overall Performance Improvement Program.
3. **Facility Level Director of Performance Improvement**: The person responsible within the MI Facilities to provide oversight and coordination of the Facility's overall Performance Improvement Program.
4. **Facility Level Risk Manager**: The staff member(s) assigned by the Facility Director who is responsible for implementing the Incident Management Review Process at the facility level. In some facilities, the Facility Risk Manager and the Facility Director of PI may be a dual role.
5. **Grievance**: A "patient grievance" is a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient's representative, regarding the patient's care, abuse or neglect, issues related to the hospital's compliance with the CMS.
6. **Patient**: A person with serious mental illness or intellectual disability served in residential/inpatient facilities operated by the Alabama Department of Mental Health. Includes any person receiving services from a state-operated facility, including those persons who are physically away from the facility but who are still on the census of the facility or an individual who has been ordered to the care of ADMH for evaluation of competency to stand trial and/or evaluation of mental status at the time of an alleged offense since we have an ever growing number of consumers who may or may not have a SMI/ID and are here for pre-trial evaluation.
7. **Retaliatory Action**: Any action intended to inflict emotional or physical harm or inconvenience on an employee or recipient that is taken because he or she has reported and/or has witnessed the occurrence of abuse or neglect. This includes, but is not limited to, harassment, disciplinary measures, discrimination, reprimand, threat, or criticism.
8. **Incident**: An occurrence or event involving a patient that causes, or may cause, harm to patients, employees or visitors.

9. **ADMH Incident Report Form:** The official Department of Mental Health's Incident Report Form (*see Appendix A*).
10. **Serious Injury:** Any harm sustained by a patient requiring medical treatment beyond first aid. This includes any injury rated a Level 3 or above on the NRI\* SEVERITY of Injury Rating \*(*Reference NRI Manual*) and/or a Level 3 or above on the ADMH Severity of Injury Scale (*See Appendix B*).
11. **Suspicious Injury:** Suspicious injuries or pattern of injuries to include, but are not limited to, black eyes, extensive bruising around the neck and/or other body parts or patterned injuries. A suspicious injury would also include injuries where initial explanations of cause appear inconsistent with the injury sustained.
12. **Medication Error:** A medication error occurs when a recipient receives a wrong medicine, wrong dose, medication given at wrong time, and medication administered by wrong route. Additionally, a medication error occurs when the medication is not given for the right purpose or if there is a documentation error. Therefore, both the failure to administer a drug (“missed dose”), the administration of a drug on a schedule other than intended, medication not given for the right purpose, and incorrect or missing documentation, constitute medication errors. Medications may be given 1 hour before or 1 hour after the scheduled time. This does not constitute a medication error. Medication errors by licensed and unlicensed staff must be reported to the ADMH. This includes RN’s, LPN’s and any other involved staff.

**SEVERITY OF MEDICATION ERRORS** consistent with the NRI\* Severity of Medication error scale:

**-Level 1** includes incidents in which the patient experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation was required.

**-Level 2** includes incidents in which the patient experienced short term, reversible adverse consequences and treatment(s) and/or intervention(s) in addition to monitoring and observation was/were required.

**-Level 3** includes incidents in which the patient experienced life-threatening and/or permanent adverse consequences.

13. **Expected Death:** A death which, based on the patient's medical history, was predictable and was consistent with the course of death from natural causes.

14. **Unexpected Death**: A death which, based on the patient's medical history, was not predictable. An unexpected death could be the result of the following:
1. **Category A**: Unnatural or unknown causes
    - a. A suicide
    - b. A homicide
    - c. An accident
    - d. An unexplained/unknown cause
  2. **Category B**: Medically related conditions/circumstances
    - a. A sudden illness which although not predictable results in an unambiguous clinical diagnosis
    - b. A sudden decline in functional status resulting from (or associated with) an adverse medical outcome such as an Adverse Drug reaction, unintended variance in a patient's medication regime (medication error) or other unintended adverse medical error/event.
15. **Investigation**: For the purposes of this Policy, a facility investigation is the systematic collection of information to describe and explain an event or series of events.
16. **Seclusion**: The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.
17. **Restraint**: All devices and practices used by the facility that restrict freedom of movement or normal access to one's body.
1. **Manual Hold**-The application of physical force, without the use of any device, for the purpose of restricting the person's free movement.
  2. **Mechanical Restraint**- The application of a device or object, which the person cannot remove, to the person's body that restricts the person's free movement.
18. **Immediately**: At once or instantly. Without any intervening time or space. (Upon Discovery of Knowledge)

## **Incident Definition**

### **ABUSE, PHYSICAL**

Any assault by an employee upon a patient including but not limited to hitting, kicking, pinching, slapping, or otherwise striking a recipient or using excessive force regardless of whether an injury results.

### **ABUSE, SEXUAL**

Any sexual contact or conduct with the patient by an employee, on or off duty. Sexual abuse is deemed to have occurred regardless of consent by the patient.

### **ABUSE, VERBAL**

Verbal conduct by an employee that demeans a patient or could reasonably be expected to cause shame or ridicule, humiliation, embarrassment or emotional distress. Verbal abuse includes but is not limited to threatening a patient; using abusive, obscene or derogatory language to a patient; or teasing or taunting a patient in a manner to expose the patient to ridicule.

### **NEGLECT**

The failure to carry out a duty through reckless conduct, carelessness, inattention, or disregard of duty whereby the patient is exposed to harm or risk of harm, and includes but is not limited to:

Failure to appropriately supervise patients or otherwise leaving patient areas unattended;

Failure to ensure the patient's basic needs for safety, nutrition, medical care and personal attention are met;

Failure to provide ongoing treatment in accordance with the patient's treatment plan and, to the extent possible, in the patient's preferred language.

Utilization of treatment techniques, e.g., restraints, seclusions, etc., in violation of department policy and procedures, whether or not injury results.

### **MISTREATMENT**

(Also referred to as psychological abuse)

Any act or threat of intimidation, harassment or similar act and includes but is not limited to active verbal aggression or intimidation; use of physical or non-verbal gestures as a means of intimidation; withholding of or the threat of withholding physical necessities or personal possessions as a means of intimidation for the control of the individual; making false statements as a means of confusing or frightening or badgering a patient.

## **EXPLOITATION**

Utilizing the position of employment to take advantage of a patient for personal benefit and includes but is not limited to improperly requesting patients to perform employee's work responsibilities or otherwise perform services or tasks for the employee requesting, taking or receiving money, gifts, or other personal possessions from patients; utilizing patients to engage in conduct with other patients that would be prohibited if performed by an employee.

## **Adverse Drug Reaction**

Any unexpected, unintended, undesired, or excessive response to a drug that requires discontinuing the drug, modifying the dose, hospital admission, requires treatment, results in temporary or permanent harm, disability, or death.

## **Alleged Theft by Recipient**

A recipient knowingly obtains or exerts unauthorized control over the property of another.

## **Alleged Theft of Recipient Property**

A recipient or other person knowingly obtains or exerts unauthorized control over a recipient's property.

## **Assault**

Causing physical harm or unwanted physical contact to another person.

## **Assault- Recipient to Recipient**

Any assault by a recipient upon another recipient that is not of an accidental nature. This includes, and is not limited to a recipient hitting, kicking, slapping, shoving, pushing, spitting, biting, scratching, striking, and/or throwing objects or substances on the individual regardless of whether an injury results.

## **Assault- Recipient to Staff**

Any assault by a recipient upon staff that is not of an accidental nature. This includes, and is not limited to a recipient hitting, kicking, slapping, shoving, pushing, spitting, biting, scratching, striking, and/or throwing objects or substances on the individual regardless of whether an injury results.

## **Assault- Recipient to Visitor**

Any assault by a recipient upon visitor or visitor upon recipient that is not of an accidental nature. This includes, and is not limited to a recipient hitting, kicking, slapping, shoving, pushing, spitting, biting, scratching, striking, and/or throwing objects or substances on the individual regardless of whether an injury results.

## **Choking on Food or Object**

A recipient chokes on food, liquid, object, or other material and required medical assistance/intervention.

### **Communicable Disease/ Hospital Acquired Infection**

A recipient is discovered to have a contagious disease or hospital acquired infection that may result in permanent loss of function or life or the unusual presence of a disease that results in an intervention such as quarantine.

### **Contraband, Drugs**

Drugs, including alcoholic beverages, whose possession, purchase, sale and/or use on facility grounds or at treatment-related functions (whether on or off duty, if an employee is involved) is forbidden under ADMH Policy & Procedures and applicable laws/regulations.

Also includes medications in the patient's possession not approved for personal possession.

### **Contraband, Weapon**

Firearms whose possession, sale and/or use on facility grounds or at facility-related functions (whether on or off duty, if employee) is forbidden in patient areas pursuant to ADMH Policy & Procedures and applicable law/regulations. This also includes any object usually accepted as a weapon or an object altered in such a way as to be a potential weapon (as a sharpened toothbrush, for example).

This definition does not apply to licensed community, state, or federal law enforcement officers or law-enforcement officers who are employees of ADMH.

*See Ala. Code Section 13A-11-61.2 (3), which prohibits the possession or carrying of a firearm "inside a facility which inpatient or custodial care of those with psychiatric, mental, or emotional disorders."*

### **Contraband, Other**

Any other item or substance whose possession, purchase, sale and/or use on facility grounds or at facility functions (whether on or off duty, if employee) is forbidden under ADMH Policy & Procedures and/or applicable laws/regulations. Also includes any item specifically prohibited by treatment plan.

### **Death – Expected**

A death which, based on the recipient's medical history, was predictable and was consistent with the course of death from natural causes.

### **Death – Unexpected**

A death which, based on the recipient's medical history, was not predictable. An unexpected death could be the result of: Suicide, Homicide, Accident, or Unexplained/Unknown cause.

### **Elopement**

Any recipient that is not in a permissible location based on privilege status or is not accounted for when expected to be present. This includes elopements while on Temp Visit.

**Fall With Injury**

An unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair or bedside mat), that causes injury. The fall may be witnessed, reported by a recipient or an observer, or identified when the recipient is found on the ground. Falls are not a result of an overwhelming external force (e.g., a recipient pushes another recipient). An intercepted fall occurs when the recipient would have fallen if he or she had not caught him or herself, or had not been intercepted by another person is still considered a fall.

**Fall Without Injury**

An unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair or bedside mat), that does not cause injury. The fall may be witnessed, reported by a recipient or an observer, or identified when the recipient is found on the ground. Falls are not a result of an overwhelming external force (e.g., a recipient pushes another recipient). An intercepted fall occurs when the recipient would have fallen if he or she had not caught him or herself, or had not been intercepted by another person is still considered a fall.

**Fight Between Recipients**

A physical altercation in which at least two patients are participants, even if it is initiated by only one recipient.

**Hospital (Admission)**

Patient is formally admitted into the hospital and assigned to a bed on a unit outside of the emergency room. This includes hospitalization for medical and/or psychiatric reasons.

**Hospital (ER Without Admission)**

Recipient is transported to the hospital for treatment or evaluation but is not admitted or assigned to a bed.

**Injury: Accident**

A recipient has sustained an injury resulting from an accident.

**Injury: Assault**

A recipient has sustained an injury resulting from an assault from another person.

**Self Inflicted/ Self Injurious-** A serious injury, including any fracture, diagnosed head injury, or wound requiring 6 sutures/staples or more or wound adhesive of 1 inch or greater resulting from a self-inflicted act. (Severity Level 3 or greater on NRI SEVERITY OF INJURY SCALE)

**Injury: Unknown/Unexplained**

A recipient has sustained an injury and there is insufficient information to determine how the injury occurred.

**Medication Error: Level 1**

Includes wrong medication, wrong person, wrong dose, wrong time, wrong route, missed dose, not given for right purpose, documentation error; recipient experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation was required.

**Medication Error: Level 2**

Includes wrong medication, wrong person, wrong dose, wrong time, wrong route, missed dose, not given for right purpose, documentation error; recipient experienced short term, reversible adverse consequences and treatment(s) and/or intervention(s) in addition to monitoring and observation was/were required.

**Medication Error: Level 3**

Includes wrong medication, wrong person, wrong dose, wrong time, wrong route, missed dose, not given for right purpose, documentation error; recipient experienced life-threatening and/or permanent adverse consequences. If the recipient requires hospitalization as the result of a medication error, the error is categorized as a Level 3 medication error.

**Property Damage by a Recipient**

An item such as furniture, equipment, building, etc., was damaged in some manner by a recipient.

**Psychiatric Episode**

Display of disruptive behavior that is severe enough to disrupt the therapeutic milieu and/or results in administration of PRN medication, and that is not covered by other incident type. This does not include administration of PRN medication based upon recipient request for symptom reduction.

**Recipient Complaint/Grievance**

Any communication by a recipient that express dissatisfaction about an action, lack of action, treatment, or circumstance.

**Relocation**

Recipients are moved from the identified treatment setting and are relocated to an alternate site for reasons, including but not limited to, fire, flood, weather related conditions, utility or plumbing failure, hazardous materials event, structural damage, pest infestation, etc.

**Restraint – Manual Hold**

The application of physical force, without the use of any device, for the purpose of restricting the recipient's free movement.

**Restraint – Mechanical**

The application of a device or object, which the recipient cannot remove, to the recipient's body that restricts the recipient's free movement.

### **Riot and/or Incitement Among Recipients**

A situation in which a recipient commands, solicits, incites, or urges another recipient(s) to engage in tumultuous and violent conduct of a kind likely to cause or create a risk of terror or alarm. (Reference: Code of Alabama, Section 13A-11-4)

### **Seclusion**

The involuntary confinement of a recipient alone in a room or area from which the recipient is physically prevented from leaving.

### **Serious Illness/ Medical Emergency**

An illness severe in nature that requires an immediate, emergency, medical response.

### **Sexual Contact – Consensual**

Any consensual sexual contact between two recipients that includes touching of the sexual or intimate parts of a person, done for the purpose of gratifying the sexual desires of either party; to include consensual intercourse that occurs between two recipients.

### **Sexual Contact – Non – Consensual**

Any non-consensual sexual contact between two recipients to include any touching of the sexual or intimate parts of a person, to include intercourse. Sexual contact is considered non-consensual when at least one of the parties so indicates, when one or both recipients are considered incapable of giving consent, or when either party is under the age of 16 years.

### **Suicide Attempt**

An act committed by a recipient in an attempt to cause their own death. A suicide attempt is limited to the actual occurrence of an act and does not include verbal suicidal threats by a recipient receiving services.

### **Swallowed Harmful Inedible**

A recipient swallowed an inedible substance or object.

### **Threatening Behavior/ Threat Against Self or Others**

A recipient express intent to cause physical harm to self or others.

### **Fire**

Flame resulting from the combination (under the right conditions) of heat, fuel and oxygen. The unplanned, inappropriate or hazardous burning of a combustible substance on facility grounds or during a facility-related event on-or off-campus

### **Illness/Unusual /Severe**

An uncommon illness (not an injury) that is of a severe nature that requires immediate medical attention such as meningitis, respiratory or cardiac arrest, etc.

### **UNAUTHORIZED VISITOR**

An individual who is prohibited from contact with a patient arrived at the facility to visit with the patient whether or not contact occurs.

### **Weather Emergency**

Severe weather, such as winter storms, tropical storm systems, hail, tornado, severe thunderstorms, flash floods, are fairly common in most regions and require preparedness.

### **THREAT AGAINST SELF**

A patient expresses intent to cause physical harm to self.

### **THREAT AGAINST OTHERS**

A patient voices a threat or exhibits threatening behavior toward another person.

### **SECURITY VIOLATIONS**

A violation of a security measure that is to be enforced throughout the facility and/or in certain areas as specified by facility policy.

### **HARASSMENT**

A situation in which a non-patient engages in the following behavior with the intent to harass, annoy, or alarm another person:

Strikes, shoves, kicks, or otherwise touches a person or subjects him or her to physical contact.

Directs abusive or obscene language or makes an obscene gesture toward another person.

For the purposes of this definition, harassment shall include a threat, verbal, or non-verbal, made with intent to carry out the threat that would cause a reasonable person who is the target of the threat to fear for his or her safety.

*(Reference Code: Alabama Code, Section 13A-11-8).*

### **HAZARDOUS WASTES**

Inappropriate disposal, storage, use or generation of any waste/materials deemed as hazardous by the Alabama Dept. of Public Health and/or Alabama Dept. of Environmental Management, such as infectious waste, radioactive waste, etc.

### **VERBAL ALTERCATION**

Two or more patients engage in hostile verbalizations.

### **ESCAPE ATTEMPT**

Patient actually attempts to leave the facility grounds, or other area, or escorting staff member without proper authorization, but does not actually do so. (Also, applicable to an elopement attempt.)

### **MEDICAL EMERGENCY**

Cardiac arrest or other life-threatening injury/illness requiring emergency response by staff.

### **NATURAL DISASTER**

A natural disaster, including a weather emergency, which results in implementation of emergency procedures in response to damage to the facilities, property, and or injuries.

### **INJURY DURING SECLUSION/RESTRAINT**

An injury occurred to a patient or staff member during the process of seclusion, restraint, or implementing a manual hold (physical restraint) of a patient.

### **COMMUNICABLE DISEASE/ INFECTIONS**

A recipient is discovered to have a contagious disease or hospital acquired infection that may result in permanent loss of function or life or the unusual presence of a disease that results in an intervention such as quarantine.

### **DISORDERLY CONDUCT**

A situation in which a non-patient, with intent to cause public inconvenience, annoyance or alarm, or recklessly creating a risk thereof, does any of the following:

Engages in fighting, or in violent tumultuous or threatening behavior

Makes unreasonable noise

In a public place uses abusive or obscene language or makes an obscene gesture

Without lawful authority, disturbs any lawful assembly or meeting of persons

Obstructs vehicular or pedestrian traffic, or a transportation facility

Congregates with other persons in a public place and refuses to comply with a lawful order of law enforcement to disburse.

Reference: Alabama Code, Section 13A-11-1(a)

### **INJURY TO VISITOR**

An injury to a visitor occurred while on facility grounds, or other property owned by the agency.

### **DISRUPTION OF ROUTINE**

Any unplanned event that causes an extreme disruption to the normal routine of a patient's daily activities that is not attributable to any other defined incident.

### **Family/Patient Complaint**

Complaints are patient issues that can be resolved promptly or within 24 hours and involve staff that is present (for example, nursing, administration, patient advocates) at the time of the complaint. Complaints typically involve minor issues, such as room housekeeping or food preferences that do not require investigation or peer-review processes. Most complaints will not require that the facility send a written response to the patient.

Source: The Joint Commission Journal on Quality and Recipient Safety November 2014 Volume 40 Number 11

### **RECIPIENT SELF-ABUSIVE**

A patient exhibits behavior that may or may not result in injury to himself or herself.

**STAFF MISCONDUCT**

Violation of AADMH Policy 70-5, not to include attendance/tardiness or related issues, or otherwise indicated by a more specific event such as abuse or neglect.

**NOT SUBSTANTIATED BY INVESTIGATION**

This item is only to be selected if the investigation could not substantiate that any incident took place. Do not select this item simply to denote that the investigation determined the incident to be something other than what it was reported to be.

Incident Type Reported and Incident Type Substantiated do not have to be the same; in fact they are frequently different. For example, if the patient alleges verbal abuse, this is the incident type reported. If verbal abuse, NOT physical, is substantiated subsequent to the clinical investigation, verbal abuse would be entered as the type of incident substantiated.

**OTHER**

If the event that was reported and/or investigated cannot be categorized as any of the other types on the ADMH Incident Report Form. This category should be rarely used.

Additional specification related to the nature of the "OTHER" should be entered in the space provided.

## Appendix A:

### *NRI INJURY SEVERITY SCALE*

The following classifications of severity of injuries were taken from the NASMHPD Research Institute's (NRI) Performance Measurement System.

#### **Severity Level: Description:**

1. **No Treatment:** The injury received does not require first aid, medical intervention, or hospitalization: the injury received (e.g., a bruised leg) may be examined by a licensed nurse or other nursing staff working within the facility but no treatment is applied to the injury.
2. **Minor First Aid:** The injury received is of minor severity and requires the administration of minor first aid. This is meant to include treatments such as the application of Band-Aids, cleaning of abrasions, application of ice packs for minor bruises, and the use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen.
3. **Medical intervention required:** the injury received is severe enough to require the treatment of the patient by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization; further, the treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a doctor's private office through treatment at the emergency room of a general acute care hospital.
4. **Hospitalization required:** the injury received is so severe that it required medical intervention and treatment as well as care of the injured patient at a general acute care hospital outside the facility; regardless of the length of stay, this severity level requires that the injured patient be formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room.
5. **Death occurred:** the injury received was so severe that it resulted in- or complications from the injury lead to - the termination of the life of the injured patient.

\*\* An injury such as a fracture, concussion or wound requiring multiple layer closures (sutures) shall be coded a Level 3 injury unless hospitalization is required thus making the injury a Level 4\*\*

## **Appendix C**

### **SEXUAL CONTACT ASSESSMENT PROCEDURE FOR CONSENT DETERMINATION**

**(Page 1 OF 2)**

**For all incidents wherein, there is reason to believe that any sexual contact, as defined elsewhere in this plan, the following shall occur:**

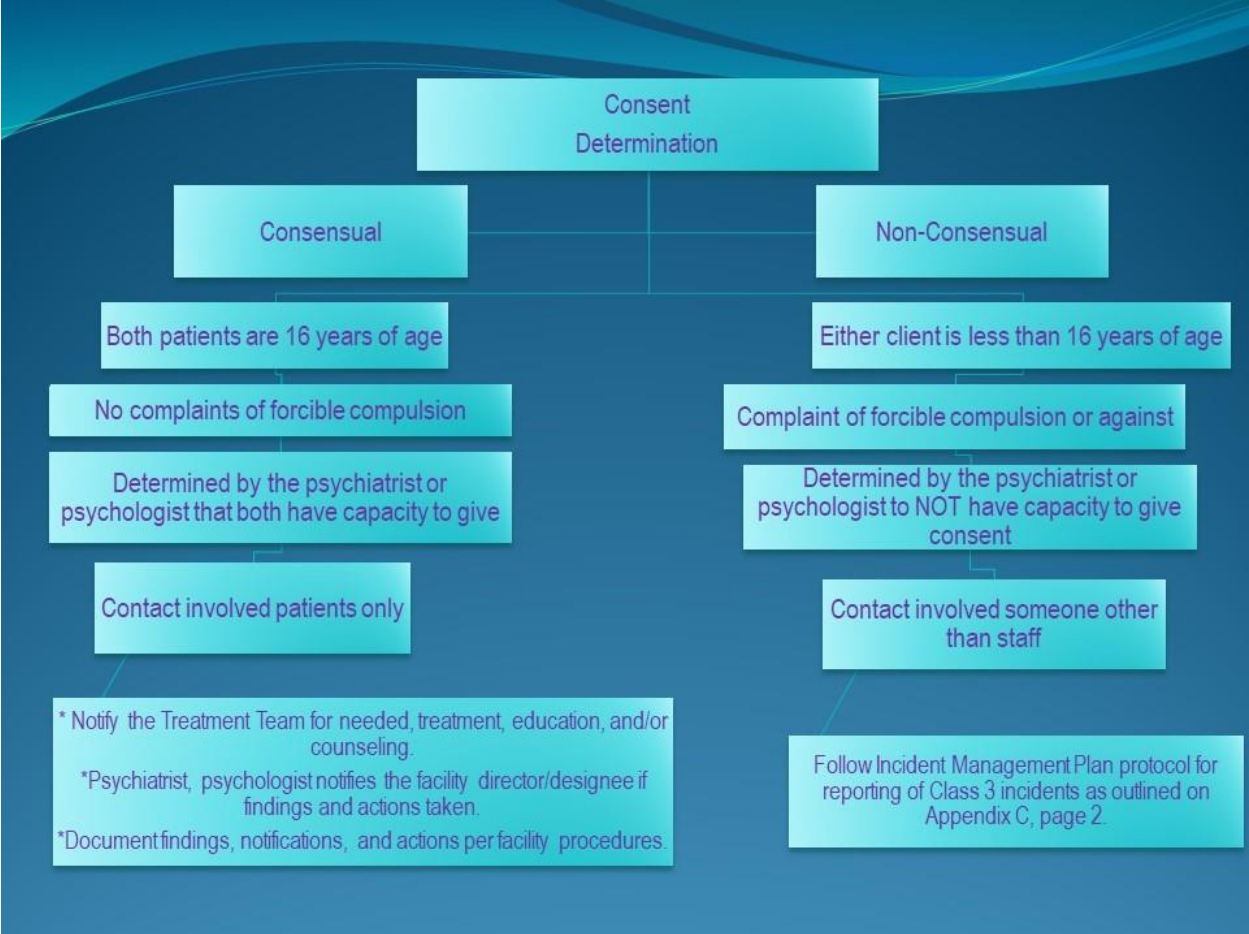
All persons involved in subsequent procedures shall be mindful of the patient's need for preservation of privacy and dignity.

**Any staff member with reason to believe any form of sexual contact has occurred shall:**

- Attempt to calm recipient as needed
- **Evidence Protection:** Instruct patient not to bathe, brush teeth, urinate, defecate or remove clothing.
- Report allegation/suspicion to the Nursing Supervisor and follow instructions.

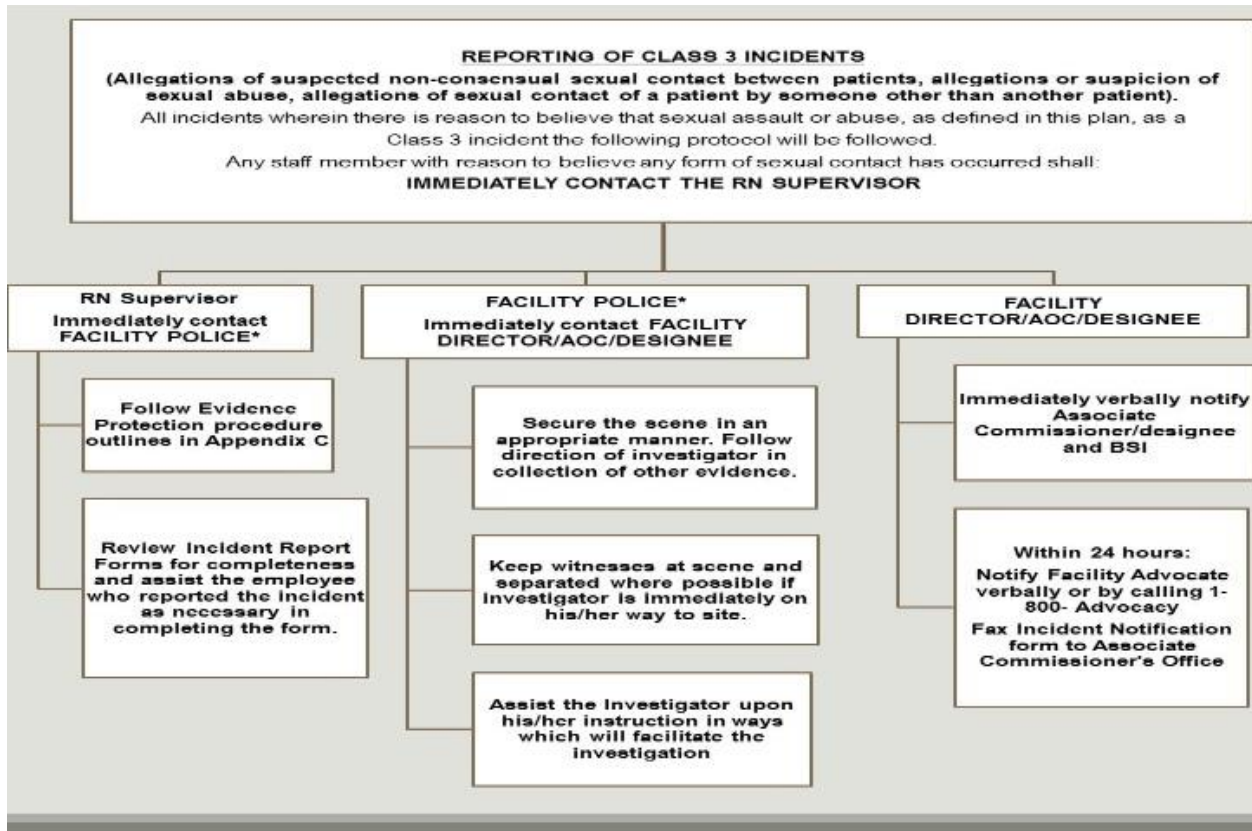
**Nursing Supervisor/designee shall:**

- Go to scene and conduct brief, initial assessment to determine the facts and whether an injury has occurred.
- **Evidence Protection:** Do not allow brushing of teeth, rinsing of mouth or drinking, bathing, urinating, defecating or removal of clothing until the physical examination is complete or deemed unnecessary by authorized professional
- Contact Psychiatrist /Psychologist to assess recipient(s)
- If contact deemed Non-consensual or if injury present notify Medical Physician for assessment
- Document findings, notifications and actions per facility procedures.



**Appendix C:**

**SEXUAL CONTACT INCIDENT REPORTING PROCEDURE**



**Page 2 of 2**

**\* In the absence of a Police Department, the RN Supervisor performs the duties as outlined in this section.**

APPENDIX D  
**ADMH MHSU**  
**Incident Notification Form**

**FACILITY** \_\_\_\_\_

**Date & Time of Incident** \_\_\_\_\_

**Location** \_\_\_\_\_

**Patients Involved:** \_\_\_\_\_

**Staff Involved:** \_\_\_\_\_

**Notifications:**      **DHR** \_\_\_\_\_ **MD** \_\_\_\_\_ **Family** \_\_\_\_\_ **Advocate** \_\_\_\_\_

**Others:** \_\_\_\_\_

**Investigation:**              **BSI** \_\_\_\_\_ **Clinical Investigator** \_\_\_\_\_

**Brief Description of Incident:** \_\_\_\_\_

\_\_\_\_\_

**Immediate Action:** Incident report completed; investigation initiated

Any involvement from: Press/Media \_\_\_\_\_ Any other agency \_\_\_\_  
Outside law enforcement: \_\_\_\_

Within 24 hours FAX to Director of Facility Operations for MHSA  
**DD** Division's forms to Associate Commissioner's Office

Revised 9-1-2023; Reprinted 9-1-2023

***Appendix E:***

Department of Human Resources Reporting Protocols

Form: DHR-ASD- 798 Form: DHR-DFC-1593

[www.dhr.alabama.gov](http://www.dhr.alabama.gov)

## **Appendix F:**

### **Standard Investigative Report Format**

#### **Required Sections:**

- 1. Description of the manner in which the investigator became involved in the case, including a brief description of the initial report**
  - Includes a clear statement of why an investigation was conducted
  - Includes the date and time of the investigator's first knowledge of the investigation request.
- 2. Description of the investigative procedure**
  - Identify exactly what investigatory activities were conducted and when they were conducted by the investigator (i.e. when and how the scene was secured if applicable)
  - Identify the names, date, and time of each person interviewed.
  - An explanation as to why any witness was not interviewed- if applicable.
  - An explanation of the reason for a delay in an interview being conducted -if applicable.
  - If a suspect in an investigation was interviewed, the report should identify everyone who was in the room during the interview.
- 3. Summary of the Evidence**
  - Summarize direct evidence collected
  - Summarize any circumstantial evidence gathered
- 4. Conclusions about what occurred**
  - Investigator's statement regarding what he/she believes actually happened/occurred regarding the incident and/or statement that it is not possible to draw a credible conclusion about what occurred

## **Appendix G:**

### **Contents of Investigative File**

Each investigative file shall include the following investigation documentation elements:

1. Investigation Disposition Form (GERR)
2. Investigation Report (GERR)
4. Incident Review Panel/Committee Form
5. Investigation Information Forms
5. Notice to Advocate, Notice to Recipient(s) and/or guardian, Notice to Accused Employee(s), Notice to Associate Commissioner, as applicable
6. Notice to Advocate of Findings, Notice to Patient(s) and/or guardian of Findings, Notice to Employee of Findings, Notice to Associate Commissioner of Findings, as applicable
7. Incident/Offense Report
8. Investigation Summary
9. Witness List
10. Interviews
11. Statements
12. Affidavits
13. Exhibits/Miscellaneous
14. The file shall also contain attachments inclusive of all written responses to Facility Director and instructions with documentation of the following corrective actions:
  - Disciplinary actions
  - Appeals outcomes
  - Education content and attendance records
  - Written response from specified parties regarding completion of communication including verbal counseling and policy revision.

## ***Appendix H:***

### ALABAMA DEPARTMENT OF MENTAL HEALTH ELOPEMENT

#### PROCEDURES:

1. Notification of Local Police is at the discretion of the Facility Director and Associate Commissioner
2. No Press release will be made by ADMH; Office of Public Information will respond to inquiries only
3. Actions by the Facility are to occur as quickly as possible
4. Once the decision is made to contact the Police, the following guidelines are to be followed:

	Information Disclosed to Police	ADMISSION TYPE						ACTIONS BY FACILITY		
		NGRI		CIVIL/PROBATE		VOLUNTARY		WHAT	WHO	
	(X=can be disclosed) (=discretionary)	MI	TV	MI	TV	MI	TV	(As soon as an individual is discovered missing):		
1	Description: Weight, height, hair/skin; DOB/age; clothing worn when last seen	X	X	X	X	X	X	1	Notify Facility/Campus Police with as much detail as possible	Any employee
2	Direction/mode of travel	X	X	X	X	X	X	2	Notifies Facility Director with all available information and begins search immediately	Facility Police; and all available staff
3	Time & place of Walk-off/last seen	X	X	X	X	X	X	3	Directs actions to be taken	Facility Director
4	Last Address (self or family)	X	X	X	X	X	X	4	Notifies Associate Commissioner for further instructions [AC notifies Commissioner and OPI]	Facility Director
5	Photograph	X	X	D	D	D	D	5	Communicates further instructions to Facility Police	Facility Director
6	Reason for Commitment: Criminal or Civil; Court of jurisdiction; Violent or not; produce copy of Commitment	X	X	X	X	N/A	N/A	6	Notifies Local Police, as applicable, giving info as noted on the left	Facility Police

	Order [maintained on file in the facility's Police Office]									
7	Entered into NCIC? [may be yes or no] (discretionary as to whether entered)	X	X	X	X	X	X	7	Notifies BSI (within 1 hr., if NGRI)	Facility Director or Facility Police
	Clinical Decisions:									
8	Danger to Community? response: "Commitment criteria requires a finding of danger to self/others"	X	X	X	X	D	D	8	Notifies individual's family/guardian [and the ADMH Advocate within 24 hours]	Facility Director or designee
9	Past violence to Others?	SEE COMMITMENT ORDER IN # 6 ABOVE						9	As applicable, contacts the Court of jurisdiction to issue a pick-up order	Facility Police

		TYPE ADMISSION						ACTIONS BY FACILITY	
	Information Disclosed to Police (X=can be disclosed) (D=discretionary)	NGRI		CIVIL/PROBATE		VOLUNTARY		WHAT	WHO
		MI	TV	MI	TV	MI	TV		
								(As soon as an individual is discovered missing):	
10	Danger to Self (e.g. suicidal)	x	x	x	x	D	D	10 Contacts TMSF to have name/ description entered into NCIC database; immediately, if deemed critical; otherwise, as directed by the Facility Director	Facility Police
11	Court of jurisdiction (police) notified? may be yes or no	x	x	x	x	x	x		

## Appendix H

Notes: Entering info into NCIC:

1. Persons who may be entered:
  - A. Any person in our jurisdiction (not discharged- may be in-house or on temporary visit); and/or all non-returned (missing persons).
2. If a Civil commitment order expires during the period the person is on unauthorized leave/elopement status, remove the person from NCIC as a commitment; if still missing, re-enter into NCIC as a "missing" person.
3. Voluntary admission: enter into NCIC as a missing person. Goal is to find the person primarily for their own protection and to assist them.
4. MI= Mental Facility
5. TV= Temp Visit

# State of Alabama

## Department of Mental Health

**NUMBER:** 80-10

**SUBJECT:** BSI

**TITLE:** Investigations of Incidents

**EFFECTIVE:** 4/4/88

**REVIEWED:** 10/28/2020

**CHANGED:** 09/06/2017

**RESPONSIBLE OFFICE:** Bureau of Special Investigations

### **APPROVED:**

#### **I. POLICY:**

The Bureau of Special Investigations (BSI) shall **investigate** allegations of criminal acts committed against the department, employees or its property. Investigations regarding &allegations involving ADMH clients shall be conducted in accordance with the ADMH Incident Management Plan.

#### **II. DEFINITIONS:**

1. "Serious enough to constitute a life-threatening situation" means such an assault that is of the nature and severity that possibility exists that the victim could die.
2. "Serious bodily injury" means that degree of injury wherein the victim has suffered injuries which after examination would tend to indicate that the loss, or possibility of the loss, of the function or impenitent of a bodily organ has occurred or could occur.
3. "Rape, sexual molestation or sexual abuse", means those acts as defined and described in the Criminal Code of the State of Alabama.
4. "Robbery" means the taking of another person's property by the use of force, threat of force, or implication of the use of force.
5. "Unauthorized Possession of a firearm", means possessing a firearm while on the property of the ADMH by a person who is not a sworn law enforcement officer or who does not have signed written permission to hunt on ADMH lands. The possession of a "Pistol Permit" or "Pistol License" does not authorize a non-law enforcement officer to possess a firearm on the property

of the ADMH. It makes no difference if the firearm is loaded or unloaded, operable or not operable.

6. "Firearm" means any and all pistols, revolvers, rifles, shotguns, or any other device either factory manufactured or "homemade" which are designed and produced for the purpose of discharging a projectile.
7. "Investigation"; means any inquiry or investigation whether such investigation is being conducted by a law enforcement agency or other ADMH authority.
8. "Witness" means any person who has been questioned by any ADMH authority, or any law enforcement authority, concerning an investigation as defined in these definitions or a person who has been documented as a witness or potential witness in an investigation of an incident, event, or offense. *this* also means any person who has been subpoenaed or otherwise called to appear before an administrative hearing or procedure or judicial procedure. This also means any person who is, by virtue of his/her employment with the ADMH, likely to be called as a witness in any proceeding as described herein.
9. "Threat, Intimidation or Harassment", such words retain their ordinary meaning. Such threats, intimidation or harassment also means any actions or verbalizations by anyone when in consideration of all the facts known in the situation would cause a reasonable person to interpret such actions or verbalizations as threats, intimidation or harassment. As applied to this policy, any threats, intimidation, or harassment by third parties passed on to a witness in a manner not meant to merely inform the victim or witness of these actions, constitute threats, intimidation, or harassment by that third party.
10. "Organized or large scale illegal controlled substances (drug) operation" means, an unlawful operation of controlled substances distribution by two or more people.
11. "Diversion or theft of controlled substances from facilities" means the unauthorized and illegal taking of controlled substances lawfully maintained by the ADMH from any ADMH facility by any person with the act or intention of converting said controlled substances to his/her personal use or for the use of another who is not authorized to receive the controlled substances for therapeutic purposes from the ADMH.
12. "Conduct Unbecoming an Officer (CUBO)" is conduct which tends to bring discredit upon the ADMH and/or its employees in that such conduct tends to destroy the public's or department's belief in the officer's ability to perform.

the duties under the law and/or policies of the department. Such unbecoming conduct applies whether the officer is on or off duty.

### III. STANDARDS:

1. The allegation or report of the following incidents or events shall be reported to the Commissioner, Associate Commissioner, Facility Director and BSI in order for an investigation to be conducted.
  - a. The death of any employee, visitor, or other citizen (non client) when there is suspicion or reason to believe that such death was due to causes other than natural including accidental deaths.
  - b. An assault upon an employee, visitor or other citizen (non-client) that is Serious enough to constitute a life-threatening situation or that results in serious bodily injury.
  - c. Any allegation or suspicion of rape, sexual molestation or sexual abuse of an employee, visitor or other citizen (non-client).
  - d. A hostage occurrence
  - e. Sabotage or arson
  - f. Robbery
  - g. Any offense or incident involving the use of a firearm, or the possession of an unauthorized firearm, or the use or possession of an unauthorized object or instrument such as a knife, when used as a weapon
  - h. The suspicion or presence of an explosive device.
  - i. Any allegation of a crime committed by a Mental Health Police Officer or any allegation of Conduct Unbecoming an Officer (CUBO)
  - j. The theft, embezzlement, or misappropriation of ADMH funds or property in excess of the value of \$250.00, or the theft of checks, debit or credit cards, regardless of value
  - k. The forgery of state checks, state credit card receipts, or state financial records.
  - l. Any complaint that involves the threat, intimidation, or harassment of a witness in an investigation or administrative or judicial proceeding
  - m. Any complaint of a crime alleged to have been committed by a facility director or Central Office employee.
  - n. Any allegation or complaint of an organized or large scale illegal controlled substances ( drug) operation.
  - o. Any complaint or suspicion of the diversion or theft of controlled substances from a facility or the theft of ADMH prescription blanks
  - p. Any other potential criminal act in the discretion of the appointing authority.
  
2. Facilities shall obtain a BSI case number for all reported incidents. The case

number shall be obtained as soon as practical from the date the incident occurred or was reported.

3. Facility director shall notify the Bureau of Special Investigations of evidence of any criminal conduct by employees discovered in facility investigations.
4. All investigations shall be conducted within accepted law enforcement procedures and without interference from any source.

#### **IV. PROCEDURES:**

1. An Incident Report shall be initiated by an employee who is witness to or has the incident reported to him/her, or otherwise has reason to believe that an incident has occurred.
2. The employee shall determine to the extent possible the "Who, What, When, Where", aspects of the incident and forward the report to the appropriate official. The employee or other official shall also immediately notify the Mental Health Police of suspected criminal incidents so that they may respond to the scene to preserve the integrity of the location and protect evidence. The employee or other official shall also immediately notify the facility director and other departmental officials of any incident listed as required in this policy. The facility director, or designee, shall immediately notify the Commissioner, Associate Commissioner, Facility Director and BSI or the report of any event listed in this policy, requiring mandatory notification.
3. Requests for investigations to be conducted by BSI shall be made directly to the Senior Special Agent, or designee, by the facility director or designee. If after normal office hours, the Senior Special agent may be contacted by several numbers provided to directors. BSI shall maintain an "on call list" for holidays and weekends for the BSI Agent to contact during these times.
4. If the investigation request is approved, the Senior Special Agent shall assign an agent to agents to the investigation as well as the BSI Case Number.
5. Facilities shall forward a copy of disposition sheets on any cases investigated by the Mental Health Police or other investigation entity to the BSI Office in Montgomery indicating the results/findings of the investigation and action taken by the facility.
6. At the conclusion of the investigation, the Bureau of Special Investigations will prepare a report of the results setting out the significant facts of the case

to include evidence discovered and any conclusions determined by the investigating agent based upon the evidence of the case.

7. The Senior Special Agent shall review the investigation for accuracy and thoroughness. If the Senior Agent determines additional investigation is necessary, the file will be returned to the case agent for further clarification or investigation.
8. When an investigation indicates evidence of criminal conduct, a copy of the criminal investigation will be forwarded to the appropriate prosecuting authority.
9. The Senior Special Agent or designee of the Bureau of Special Investigations will inform and advise the Commissioner, Associate Commissioner, Facility Director and the Director of Public Information prior to forwarding the case for prosecution.
10. The BSI Report will reflect the final disposition and status of how the case was closed.
11. The contents of the BSI Investigation Report are confidential and shall not be released to other parties, except as provided by law, without the approval of the Director of Legal Services. The contents of BSI Investigation Reports are privileged work product of the investigating agents and not normally subject to public release.

V. **REFERENCE:**

1. ADMH Incident Management Plan

# Approved MHSU Facility Investigators

All MHSU Facility staff approved to complete clinical investigations are listed below.  
Investigators are required complete CSII Courses and MHSU Incident Management Training  
(CSII Courses and MHSU Incident Management Training are required to be completed once per 2 years).

HR Staff ( Not to Include ASA's)  
Safety Officers  
PI Staff ( Not to Include ASA's)  
Facility Directors  
Director of Facilities  
Risk Mangers  
Facility Investigators  
Social Works  
MHSU / Facility Staff Development  
Director of Medical Staff  
DONs  
ADMH Advocates

Alabama Event Type	Therap Event Type	Therap Event Sub-Type	Therap Sub-Event Category	Additional	Class	Notification Level	AL Facility Definition	ADMH Notification Timeline*
Abuse/physical	Other	Abuse		<b>Choose Type:</b> Physical	Class 2	Medium	Any assault by an employee upon a recipient and includes but not limited to hitting, kicking, pinching, slapping, or otherwise striking a recipient or using excessive force regardless of whether an injury results.	24 Hours
Abuse/sexual	Other	Abuse		<b>Choose Type:</b> Sexual	Class 3	High	Any sexual contact or conduct with the recipient by an employee, on or off duty. Sexual abuse is deemed to have occurred regardless of consent by the recipient.	24 Hours
Abuse/verbal	Other	Abuse		<b>Choose Type:</b> Verbal	Class 2	Medium	Verbal conduct by an employee that demeans a recipient or could reasonably be expected to	24 Hours

							<p>cause shame or ridicule, humiliation, embarrassment or emotional distress.</p> <p>Verbal abuse includes but is not limited to threatening a recipient; using abusive, obscene or derogatory language to a recipient; or teasing or taunting a recipient in a manner to expose the recipient to ridicule.</p>	
Neglect	Other	Neglect		<b>Choose Neglect Type:</b>	Class 2	Medium	<p>The failure to carry out a duty through reckless conduct, carelessness, inattention, or disregard of duty whereby the recipient is exposed to harm or risk of harm, and includes but is not limited to:</p> <p>Failure to appropriately supervise recipients or</p>	24 Hours

							<p>otherwise leaving recipient areas unattended; Failure to ensure the recipient's basic needs for safety, nutrition, medical care and personal attention are met; Failure to provide ongoing treatment in accordance with the recipient's treatment plan and, to the extent possible, in the recipient's preferred language. Utilization of treatment techniques, e.g., restraints, seclusions, etc., in violation of department policy and procedures, whether or not injury results.</p>	
--	--	--	--	--	--	--	---	--

Mistreatment	Other	Mistreatment			Class 2	Medium	Any act or threat of intimidation, harassment or similar act and includes but is not limited to active verbal aggression or intimidation; use of physical or non-verbal gestures as a means of intimidation; withholding of or the threat of withholding physical necessities or personal possessions as a means of intimidation for the control of the recipient; making false statements as a means of confusing or frightening or badgering a recipient.	24 Hours
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Exploitation	Other	Exploitation		<b>Choose Exploitation Type:</b>	Class 2	Medium	Utilizing the position of employment to take advantage of a recipient for personal benefit and includes but is not limited to improperly requesting recipients to perform employee's work responsibilities or otherwise perform services or tasks for the employee requesting, taking or receiving money, gifts, or other personal possessions from recipients; utilizing recipients to engage in conduct with other recipients that would be prohibited if performed by an employee.	24 Hours
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Adverse Drug Reaction	<b>*Therapy Addition Request</b>				Class 1	Low	Any unexpected, unintended, undesired, or excessive response to a drug that requires discontinuing the drug, modifying the dose, hospital admission, requires treatment, results in temporary or permanent harm, disability, or death.	Monthly
Alleged Theft by a Recipient	Other	Theft/Larceny Attempt	<b>Select:</b> Perpetrator		Class 1	Low	A recipient knowingly obtains or exerts unauthorized control over the property of another.	Monthly
Alleged Theft of Recipient Property	Other	Theft/Larceny Attempt	<b>Select:</b> Victim		Class 1	Low	A recipient or other person knowingly obtains or exerts unauthorized control over a recipient's property.	Monthly
Assault or Fight Without Injury	Other	<b>Select:</b> Assault	<b>Select:</b> Aggressor or Victim	<b>Select Assault Type:</b> Physical <b>Was it Individual</b>	Class 1	Low	Any assault by a recipient upon another individual that is not of an accidental	Monthly

				<p><b>against Individual ?</b>  <b>Select:</b>          Yes</p>			<p>nature. This includes, and is not limited to a recipient hitting, kicking, slapping, shoving, pushing, spitting, biting, scratching, striking, and/or throwing objects or substances on the individual <b>without injury.</b></p>	
Choking	Injury	Choking	<p><b>Choose Cause:</b>          Eating behavior, Ingestion of foreign material, or undetermined</p>	<p><b>Choose Severity:</b>          Very minor (No treatment )  <b>Choose Treatment by:</b> None</p>	Class 1	Low	<p>A recipient chokes on food, liquid, object, or other material and no medical assistance/intervention was required.</p>	Monthly
Choking With Intervention	Injury	Choking	<p><b>Choose Cause:</b>          Eating behavior, Ingestion of foreign material, or undetermined</p>	<p><b>Choose Severity:</b>          Minor (First Aid), Moderate (Nurse/Physician), Severe (Hospital, ER/admission)  <b>Choose Treatment by:</b> LPN,</p>	Class 2	Medium	<p>A recipient chokes on food, liquid, object, or other material and required medical assistance/intervention.</p>	24 Hours

				RN, Physician/ other medical, ER/hospit al				
Communicable Disease	Other	Commu nicable Disease			Class 2	Medium	A recipient is discovered to have a contagious disease that may result in permanent loss of function or life, or the unusual presence of a disease that results in an intervention such as quarantine.	24 Hours
Contraband Drugs	Other	Contrab and	<b>Select:</b> Drugs		Class 3	High	Drugs, including alcoholic beverages, whose possession, purchase, sale and/or use on facility grounds, or at treatment-related functions, is forbidden under ADMH Policy & Procedures and applicable laws/regulatio	24 Hours

							ns. Also includes medications in the recipient's possession not approved for personal possession.	
Contraband Weapons	Other	Contraband	<b>Select:</b> Weapon/ Weapon of Convenience		Class 3	High	Firearms whose possession, sale and/or use on facility grounds or at facility-related functions, is forbidden in recipient areas pursuant to ADMH Policy & Procedures and applicable law/regulations. This also includes any object usually accepted as a weapon or an object altered in such a way as to be a potential weapon (as a sharpened toothbrush, for example).  This definition does not apply to	24 Hours

							licensed community, state, or federal law enforcement officers or law-enforcement officers who are employees of ADMH.	
Contraband Other	Other	Contraband	<b>Select:</b> Other		Class 3	High	Any other item or substance whose possession, purchase, sale and/or use on facility grounds or at facility functions, is forbidden under ADMH Policy & Procedures and/or applicable laws/regulations. Also includes any item specifically prohibited by treatment plan.	24 Hours
Death	Death	<b>Select Cause of Death:</b>			Class 3	High	Cessation of all vital body functions and includes all expected deaths and Category A	24 Hours

							and B unexpected deaths. <b>Expected death:</b> A death which, based on the recipient's medical history, was predictable and was consistent with the course of death from natural causes. <b>Unexpected death:</b> A death which, based on the recipient's medical history, was not predictable.	
Discretionary Report	Other	Discretionary Report	<b>Description:</b> (Text Box)		Class 1	Low	<b>Low:</b> Incidents judged by Facility Director or designee that adversely affects, or has the potential to be harmful or hazardous to the health, safety, or well being of a recipient for any reason, and does not	Monthly

							fall into a defined incident category.	
Discretionary Report	Other	Discretionary Report	<b>Description:</b> (Text Box)		Class 2	Medium	<b>Medium:</b> Incidents that are judged by the Facility Director or designee to be severe in nature, scope, or consequences to the recipient, the provider, or to DMH, and do not fall within a defined incident category, should be reported in the DMH approved electronic reporting system within 24 hours.	
Elopement	Other	AWOL/ Missing Person			Class 3	High	Any recipient that is not in a permissible location based on privilege status or is not accounted for when expected to be present.	24 Hours

							(Includes recipients that elope while on Temp Visit)	
Fall with <b>NRI Level 1 or Level 2 Injury</b>	Injury	<b>Select:</b> Type of Injury <b>Select Cause:</b> Fall <b>Select Injury Severity</b> : No Treatment or Minor First Aid			Class 1	Low	An unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair or bedside mat), that causes injury. ( <b>NRI Level 1 or NRI Level 2</b> ) The fall may be witnessed, reported by a recipient or an observer, or identified when the recipient is found on the ground. Falls are not a result of an overwhelming external force (e.g., a recipient pushes another recipient). An intercepted fall occurs when the	Monthly

							recipient would have fallen if he or she had not caught him or herself, or had not been intercepted by another person is still considered a fall.	
Fall with <b>NRI Level 3 or Level 4 Injury</b>	Injury	<b>Select:</b> Type of Injury <b>Select Cause:</b> Fall <b>Select Severity</b> : Medical Intervention required or Hospitalization required			Class 2	Medium	An unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair or bedside mat), that causes injury. ( <b>NRI Level 3 or NRI Level 4</b> ) The fall may be witnessed, reported by a recipient or an observer, or identified when the recipient is found on the ground. Falls are not a result of an overwhelming external force recipient	24 Hours

							pushes another recipient). An intercepted fall occurs when the recipient would have fallen if he or she had not caught him or herself, or had not been intercepted by another person is still considered a fall.	
Fall Without Injury	Other	<b>Select:</b> Fall Without Injury			Class 1	Low	An unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair or bedside mat), <b>without injury</b> . The fall may be witnessed, reported by a recipient or an observer, or identified when the recipient is found on the ground. Falls are not a	Monthly

							result of an overwhelming external force (e.g., a recipient pushes another recipient). An intercepted fall occurs when the recipient would have fallen if he or she had not caught him or herself, or had not been intercepted by another person and is still considered a fall.	
Hospital (Admission)	Other	Hospital	<b>Select:</b> Admission		Class 3	High	Recipient is formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room. This includes hospitalization for medical and/or psychiatric reasons.	24 Hours

Hospital (ER without Admission)	Other	Hospital	<b>Select:</b> ER Without Admission		Class 1	Low	Recipient is transported to the hospital for treatment but is not admitted or assigned to a bed.	Monthly
Injury - Accident <b>NRI Level 1 and Level 2</b>	Injury	<b>Select Cause:</b> Accident	<b>Select Injury Severity:</b> Very Minor/Minor		Class 1	Low	A recipient has sustained an <b>NRI Level 1 or Level 2</b> injury resulting from an accident, requiring no treatment or minor first aid.	Monthly
Injury - Assault <b>NRI Level 1 and Level 2</b>	Injury	<b>Select Cause:</b> Assault	<b>Select Injury Severity:</b> Very Minor/Minor		Class 1	Low	A recipient has sustained an <b>NRI Level 1 or Level 2</b> injury resulting from an assault from another person, requiring no treatment or minor first aid.	Monthly
Injury - Self-Inflicted <b>NRI Level 1 and Level 2</b>	Injury	<b>Select Cause:</b> Self Injurious Behavior	<b>Select Injury Severity:</b> Very Minor/Minor		Class 1	Low	A recipient has sustained an <b>NRI Level 1 or Level 2</b> injury resulting from a self-inflicted act, requiring no treatment or minor first aid.	Monthly

Injury - Unknown/Unexplained <b>NRI Level 1 and Level 2</b>	Injury	<b>Select Cause:</b> Undetermined	<b>Select Injury Severity:</b> Very Minor/Minor		Class 1	Low	A recipient has sustained an <b>NRI Level 1 or Level 2</b> injury and there is insufficient information to determine how the injury occurred; the injury requires no treatment or minor first aid.	Monthly
Injury - Accident <b>NRI Level 3 and Level 4</b>	Injury	<b>Select Cause:</b> Accident	<b>Select Injury Severity:</b> Medical Intervention/Hospitalization		Class 2	Medium	A recipient has sustained an <b>NRI Level 3 or Level 4</b> injury resulting from an accident, requiring medical intervention or hospitalization.	24 Hours
Injury - Assault <b>NRI Level 3 and Level 4</b>	Injury	<b>Select Cause:</b> Assault	<b>Select Injury Severity:</b> Medical Intervention/Hospitalization		Class 2	Medium	A recipient has sustained an <b>NRI Level 3 or Level 4</b> injury resulting from an assault from another person, requiring medical intervention or	24 Hours

							hospitalization.	
Injury - Self-Inflicted <b>NRI Level 3 and Level 4</b>	Injury	<b>Select Cause:</b> Self Injurious Behavior	<b>Select Injury Severity:</b> Medical Intervention/Hospitalization		Class 2	Medium	A recipient has sustained an <b>NRI Level 3 or Level 4</b> injury resulting from a self-inflicted act, requiring medical intervention or hospitalization.	24 Hours
Injury - Unknown/Unexplained <b>NRI Level 3 and Level 4</b>	Injury	<b>Select Cause:</b> Undetermined	<b>Select Injury Severity:</b> Medical Intervention/Hospitalization		Class 2	Medium	A recipient has sustained an <b>NRI Level 3 or Level 4</b> injury and there is insufficient information to determine how the injury occurred; the injury requires medical intervention or hospitalization.	24 Hours
Insect Bite/Sting	Injury	<b>Select Cause:</b> Insect	<b>Select Injury Severity:</b> Minor (First Aid)		Class 1	Low	A sting or bite received from an insect which may cause pain, redness, swelling, irritation, and	Monthly

							itching at the site.	
Law Enforcement Involvement	Other	Law Enforcement Involvement			Class 3	High	Assistance/Intervention is required from outside Law Enforcement agency/agencies; Does not include assistance/intervention provided by facility Police Services.	24 Hours
Medication Error: NRI Level 1	Medication Error	<b>Select Cause:</b>	<b>Severity:</b> 1		Class 1	Low	Includes wrong medication, wrong person, wrong dose, wrong time, wrong route, missed dose, not given for right purpose, documentation error; recipient experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation was required.	Monthly

Medication Error: NRI Level 2	Medication Error	Select Cause:	Severity: 2		Class 2	Medium	Includes wrong medication, wrong person, wrong dose, wrong time, wrong route, missed dose, not given for right purpose, documentation error; recipient experienced short term, reversible adverse consequences and treatment(s) and/or intervention(s) in addition to monitoring and observation was/were required.	24 Hours
Medication Error: NRI Level 3	Medication Error	Select Cause:	Severity: 3		Class 3	High	Includes wrong medication, wrong person, wrong dose, wrong time, wrong route, missed dose, not given for right purpose, documentation error; recipient experienced	24 Hours

							life-threatening and/or permanent adverse consequences . If the recipient requires hospitalization as the result of a medication error, the error is categorized as a Level 3 medication error.	
Property Damage by a Recipient	Other	Property Damage			Class 1	Low	An item such as furniture, equipment, building, etc., was damaged in some manner by a recipient.	Monthly
Psychiatric Episode	Other	Behavioral Issue			Class 1	Low	Display of disruptive behavior that is severe enough to disrupt the therapeutic milieu and/or results in administration of PRN medication, and that is not covered by other incident type. This does not	Monthly

							include administration of PRN medication based on recipient request for symptom reduction.	
Recipient Complaint/Grievance	Other	Complaint and/or Possible Litigation			Class 1	Low	Any communication by a recipient that expresses dissatisfaction about an action, lack of action, treatment, or circumstance.	Monthly
Relocation	Other	Relocation			Class 3	High	Recipients are moved from the identified treatment setting and are relocated to an alternate site for reasons, including but not limited to, fire, flood, weather related conditions, utility or plumbing failure, hazardous materials event, structural damage, pest	24 Hours

							infestation, etc.	
Restraint - Manual Hold	Restraint Related to Behavior	<b>Select Restraint Type:</b>			Class 1	Low	The application of physical force, without the use of any device, for the purpose of restricting the recipient's free movement.	Monthly
Restraint - Mechanical	Restraint Other	<b>Select Restraint Type:</b> Mechanical			Class 1	Low	The application of a device or object to the recipient's body that restricts the recipient's free movement.	Monthly
Riot and/or Incitement Among Recipients	<b>*Therapy Addition Request</b>				Class 3	High	A situation in which a recipient commands solicits, incites, or urges another recipient(s) to engage in tumultuous and violent conduct of a kind likely to cause or create a risk of terror or alarm. (Reference:	24 Hours

							Code of Alabama, Section 13A-11-4)	
Seclusion	Restraint Other	<b>Select Restraint Type:</b> Other	Enter <b><u>Seclusion</u></b> in the field directly to the right of Restraint Type		Class 1	Low	Seclusion is the involuntary confinement of a recipient alone in a room or an area where the recipient is physically prevented from leaving. Seclusion may only be used for the management of violent or self destructive behavior.	Monthly
Serious Illness/ Medical Emergency	Other	Serious Illness			Class 3	High	Cardiac arrest or other life-threatening injury/illness requiring emergency response by staff	24 Hours
Sexual Contact - Consensual	Other	Sexual Contact	<b>Select:</b> Consensual		Class 2	Medium	<b>Consensual Sexual Contact:</b> Any consensual sexual contact that includes touching of the sexual or intimate parts of a person, done for the	24 Hours

							purpose of gratifying the sexual desires of either party; to include consensual intercourse that occurs between two recipients. Please see Appendix B.	
Sexual Contact - Non-Consensual	Other	Sexual Contact	<b>Select:</b> Non-Consensual		Class 3	High	<b>Non-Consensual Sexual Contact:</b> Any non-consensual sexual contact between two recipients to include any touching of the sexual or intimate parts of a person, to include intercourse. Sexual contact is considered non-consensual when at least one of the parties so indicates, when one or both recipients are considered incapable of giving	24 Hours

							consent, or when either party is under the age of 16 years.	
Sexual Contact of a recipient by non-recipient (visitor)	Other	Sexual Contact			Class 3	High	Non-Consensual Sexual Contact of a recipient by someone other than another recipient or staff member	24 Hours
Suicide Attempt	Other	Suicide	<b>Select:</b> Attempt		Class 2	Medium	An act committed by a recipient in an attempt to cause their own death. A suicide attempt is limited to the actual occurrence of an act and does not include verbal suicidal threats by a recipient receiving services.	24 Hours
Swallowed Harmful Inedible	<b>*Therap Additio n Request</b>				Class 2	Medium	A recipient swallowed an inedible substance or object.	24 Hours

Threatening Behavior/Threat Against Self or Others	Other	Threatening Behavior	<b>*Therapy Addition Request: Add dropdown for Self and Others</b>		Class 1	Low	A recipient expresses intent to cause physical harm to self or others.	Monthly
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**Part B**  
**MHSU Division Certified Community Providers**  
**Incident Management Plan**

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**Alabama Department of Mental Health  
Division of Mental Health and Substance Use Services  
Incident Management Plan**

***Part B – MHSU Certified Community Providers***

**I. POLICY**

Each MHSU certified community provider shall develop and implement written policies and procedures to support compliance with the incident reporting requirements of ADMH, timely and appropriate review of incident data by the organization's governing body, along with its executive and clinical leadership staff, and utilization of incident data to take preventive or curative actions to ensure the safety and protect the interests of its recipients, participants, employees, volunteers, and visitors. This policy does not supersede or replace any other statutory requirements for reporting to the Alabama Department of Human Resources, Alabama Department of Public Health, OSHA, Law Enforcement Agencies, or other designated agencies as required by law.

**NOTE:** Prevention Providers are required to report incidents defined as critical per Part B of the ADMH Incident Management Plan. A written report shall be made via email [girm.dmh@mh.alabama.gov](mailto:girm.dmh@mh.alabama.gov). Report should list reporter's name with title, agency name, contact number, name of recipient(s) involved in incident, incident date, and a brief description of the incident. Incident information shall be forwarded to the Office of Prevention Director/Designee for follow up.

**II. APPLICATION**

As of October 1, 2017, the Alabama Department of Mental Health, Division of Mental Health and Substance Use Services, approved the implementation of Therap as the ADMH approved electronic reporting system. Therap is a web-based application that allows for the electronic submission of incident reports. The system provides 24-hour access for all users to facilitate real-time reporting. All certified mental health and substance use providers are required to use this system for incident reporting and will be provided training on the system. All certified providers are required to have technology in place to support Therap operation. Failure to abide by this standard will result in a critical finding and an automatic one year certification. Additional findings will further impact the score.

### III. SCOPE OF PLAN

At a minimum, the following types of incidents are addressed by this Incident Management Plan:

- A. Abuse
  - 1. Physical
  - 2. Verbal
  - 3. Sexual
  - 4. Mistreatment
  - 5. Neglect
  - 6. Exploitation
- B. Confidentiality/Privacy Breach
- C. Death
- D. Elopement
- E. Hospitalization
- F. Law Enforcement Involvement
- G. Legal/Criminal Activity
- H. Major Injury
  - 1. Accident
  - 2. Assault
  - 3. Self-Inflicted
  - 4. Unknown/Unexplained
- I. Medication Error
  - 1. Level 1
  - 2. Level 2
  - 3. Level 3
- J. Media Event
- K. Restraint
- L. Seclusions
- M. Sexual Contact
  - 1. Consensual
  - 2. Non-Consensual
- N. Suicide attempt
- O. Relocation
- P. Discretionary

**NOTE: Mental Health Transitional age programs shall follow child/adolescent reporting requirements.**

#### **IV. INCIDENT CLASSIFICATIONS**

In Therap, reportable incidents are referred to as **General Event Reports (GER)** and completed investigations or follow up reports are referred to as **GER Resolutions (GERR)**. **General Event Reports (GER)** continue to be categorized as either **Critical Incidents**, requiring submission within 24 hours, or **Incidents**, requiring submission and approval within 7 days. ADMH recognizes that all incident details may not be available at the time of the incident. Providers must adhere to reporting timelines and include all known details regarding the incident in the GER. Additional details regarding the incident can be added in the follow-up comment section of the GER and documented in the GER Resolution.

**Important:** GERs that have not been Approved by the Provider have not been reported to ADMH.

*THE INCIDENTS INVOLVING RECIPIENTS LISTED ON THE FOLLOWING PAGES MUST BE REPORTED TO ADMH IF THEY OCCUR IN ANY OF THE FOLLOWING LOCATIONS, UNLESS SPECIFICALLY INDICATED IN THE INCIDENT MANAGEMENT PLAN:*

- IN A CERTIFIED PROVIDER'S 24-HOUR CARE SETTING, WHICH INCLUDES RESIDENTIAL CARE HOME, CRISIS RESIDENTIAL UNITS, FOSTER HOMES, TRANSITIONAL AGE CARE PROGRAMS, CHILD/ADOLESCENT RESIDENTIAL, MEDICATION/OBSERVATION/MEALS (MOMs), CCBHC's, DUAL DIAGNOSIS RESIDENTIAL FACILITIES
  - IN PROVIDER CONTRACTED CARE CERTIFIED BY ADMH
  - IN DESIGNATED MENTAL HEALTH FACILITY (ADMHF) HOSPITAL UNDER CONTRACT WITH CMHC PROVIDING POST COMMITMENT CARE
  - IN DESIGNATED MENTAL HEALTH FACILITY (ADMHF) NON-HOSPITAL
  - ON THE PROVIDER'S PREMISES
  - ANY APARTMENT SETTING AT WHICH THE CERTIFIED PROVIDER PROVIDES A RESIDENTIAL MANAGER
  - WHILE INVOLVED IN AN EVENT SUPERVISED BY THE PROVIDER.
- A. **GER - Critical Incident** - Report to ADMH and approve within 24 hours (of when provider becomes aware) **Notification Level - High**
1. **Abuse/Neglect Allegation**
    - a. Physical
    - b. Sexual
    - c. Neglect
    - d. Exploitation
    - e. Mistreatment
    - f. Verbal

**\* Allegations of abuse/neglect involving staff members of the MHSU certified community provider are reportable regardless of where the abuse/neglect was alleged to have occurred.**

- 3. Death**
  - a. Suicide
  - b. Physical assault from another person
  - c. Accident
  - d. Reason exists to believe death is not the result of natural causes
  
- 4. Elopement – Adult**
  - a. On a temporary visit from state facility (state facility must be notified immediately)  
or
  - b. Under outpatient civil commitment order to residential program or
  - c. Under inpatient civil commitment order to a Designated Mental Health Facility (ADMHF) or
  - d. Is on a locked unit or
  - e. Forensic recipient under Conditional Release order
  
- 5. Elopement – Child/Adolescent/Transitional Age**
  - a. Any elopement of a child or adolescent
  
- 6. Hospitalization (For medical and/or psychiatric reasons)**
  - a. From a locked unit
  - b. From Child/Adolescent residential program
  - c. From Substance Use residential
  
- 7. Law Enforcement Involvement**
  
- 8. Major Injury**
  - a. Accident
  - b. Assault
  - c. Self-Inflicted
  - d. Unknown/unexplained
  
- 9. Media Event**
  
- 10. Medication Error Level 3**
  
- 11. Nonconsensual Sexual Contact**
  
- 12. Relocation**
  
- 13. Suicide Attempt**
  
- 14. Discretionary**

**SUBSTANCE USE PROVIDERS ONLY #15 and #16**

15. Confidentiality/Privacy Breach
16. Legal/Criminal Activity

B. **GER - Incident** - Reportable to ADMH monthly **Notification Level - Medium**

1. **Medication Error Level 1**
2. **Medication Error Level 2**
3. **Seclusion**
4. **Consensual Sexual Contact**
5. **Restraint**
6. **Discretionary**

V. **REPORTING PROCEDURES FOR ALL MHSU CERTIFIED COMMUNITY PROVIDERS**

A. **GER - Critical Incidents**

1. For all incidents meeting the criteria of a 24-hour report, the provider shall complete the appropriate GER in Therap.
2. **NOTE FOR MENTAL HEALTH CERTIFIED PROGRAMS: Deaths** that occur in a 24 hour care setting caused by self-inflicted injury, by physical assault from another person, the result of any kind of accident, or death of a recipient where reason exists to believe that it may not have occurred from natural causes, should be verbally reported during regular business hours of Monday through Friday, 8 am till 5 pm, to the Director of Community Programs or designee at 334-242-3200 within 24 hours of occurrence. If calling after 5 pm Monday through Friday, weekends, and/or state holidays, notification should be made to the Director of Community Programs at 334- 595-2703, within 24 hours of occurrence.
3. **NOTE FOR SUBSTANCE USE CERTIFIED PROGRAMS: Deaths** that occur in a 24 hour care setting caused by self-inflicted injury, by physical assault from another person, the result of any kind of accident, or death of a recipient where reason exists to believe that it may not have occurred from natural causes, should be verbally reported during regular business hours of Monday though Friday, 8 am till 5 pm, to the Director of Substance Use Programs or designee at 334-242-3962 within 24 hours of occurrence. If calling after 5 pm Monday though Friday, weekends, and/or state holidays, notification should be made to the Director of Substance Use Programs at 334-328-6477, within 24 hours of occurrence.

B. **GER - Incidents**

- C. For incidents that do not require reporting within 24 hours, the provider shall complete and approve the appropriate GER within 7 days.

D. **Special Requirements for Reporting Non-consensual Sexual Contact and Abuse/Neglect Allegations**

1. The MHSU Certified Community Provider must investigate all reported incidents of non-consensual sexual contact and allegations of abuse/neglect in a comprehensive

and timely manner. The MHSU Certified Community Provider is responsible for conducting their own investigation even though the incident may be investigated by another entity, such as the Department of Human Resources (DHR). Investigations should be completed within 15 days of their initiation. The results of the investigation shall be documented in the GER Resolution (GERR). For abuse/neglect investigations, documentation in the GERR must indicate if the allegation was substantiated or not substantiated. This is accomplished by selecting the type of abuse/neglect originally alleged or selecting the type of abuse/neglect substantiated by the investigation from a dropdown in the GER Resolution (GERR) and selecting substantiated or not substantiated from a dropdown in the GER Resolution (GERR). GERR's must be initiated upon creation of the GER and must include the following, at a minimum:

- Name of recipient(s) involved with medical record number
- Date of incident, date investigation began, date investigation completed
- Type of incident reported, type of incident substantiated or unsubstantiated
- Perpetrator, if applicable
- Name of investigator(s)
- Findings of investigation
- Actions taken by provider to include identification of trends, and any system or policy changes made as a result of the investigation, if applicable.

**The investigation must be completed by provider staff who have received the ADMH Special Incident Investigation Training.**

## VI. ELECTRONIC REPORTING FORMS

- General Event Report (GER):** All incidents/critical incidents, seclusion and/or restraint events, are entered using the General Event Report (GER).
- General Event Report Resolution (GER Resolution):** All critical incidents, all reported incidents of non-consensual sexual contact, and all allegations of abuse/neglect require a follow up within 15 days and are entered using the GER Resolution (GERR). In all incidents that required a GER Resolution, a GER Resolution must be initiated immediately upon creation of the GER.

## VII. REVIEW OF INCIDENT DATA

- Each MHSU certified community provider shall develop and implement a mechanism via their internal Performance Improvement Process to ensure the timely and appropriate review of incident data in their programs by the Provider's executive and clinical leadership, including the Board of Directors. This shall include a mechanism to report incident data, to identify trends, and to take preventative actions to improve the safety of the environment of care for recipients.
- The Office of Quality Improvement and Risk Management shall compile periodic reports of all reported incidents for distribution to the Associate Commissioner for MHSU,

Director of MI Community Programs, Director of Substance Use Treatment and Development, Director of Internal Advocacy, and the Director of the Office of MHSU Certification, upon request.

- C. The Office of Quality Improvement and Risk Management shall compile and report quarterly to the Performance Improvement Committee on all incidents and critical incidents reported by MHSU Certified Community Providers.
- D. The Performance Improvement Committee will be responsible for the review of incident data in order to identify trends and patterns in the data and to recommend strategies for improving the safety and quality of care delivered by MHSU certified community providers to all recipients served.

## VIII. DEFINITIONS

- A. **Confidentiality/Privacy Breach**: Any violation of the confidentiality or privacy of protected recipient information relative to the *Alcohol and Other Drug Confidentiality Rule* within 42 C.F.R Part 2 and Part 8, or the *Health Insurance Portability and Accountability Act Privacy Rule*, within 45 C.F.R. Parts 160 and 164.
- B. **Consensual Sexual Contact**: Any consensual sexual contact that includes touching of the sexual or intimate parts of a person, done for the purpose of gratifying the sexual desires of either party; to include consensual intercourse that occurs between two recipients.
- C. **Critical Incident**: An occurrence or event, severe in nature, scope, and potential consequences, involving a recipient, provider, provider employee, or visitor that warrants immediate action and is reported within 24 hours.
- D. **Death**: Cessation of all vital body functions
- E. **Discretionary Report – High Notification Level**: Incidents that are judged by the Executive Director or designee to be severe in nature, scope, or consequences to the recipient, the provider, or to ADMH, in addition to those defined above, should be reported to the Director of Community Programs, as soon as possible, but no later than 24 hours of the provider’s knowledge of the occurrence, utilizing the ADMH approved electronic reporting system.
- F. **Discretionary Report – Medium Notification Level**: Incidents judged by Executive Director or designee that adversely affects, or has the potential to be harmful or hazardous to the health, safety, or well-being of a recipient at a provider location for any reason, and does not fall into a defined incident category.
- G. **Elopement**: Recipient is not in a permissible location based on privilege status or is not accounted for when expected to be present.

- H. **Exploitation**: Utilizing the position of employment to take advantage of a recipient for personal benefit and includes but is not limited to improperly requesting recipients to perform employee's work responsibilities or otherwise perform services or tasks for the employee requesting, taking or receiving money, gifts, or other personal possessions from recipients; utilizing recipients to engage in conduct with other recipients that would be prohibited if performed by an employee.
- I. **Hospitalization**: Recipient is formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room. This includes hospitalization for medical and/or psychiatric reasons.
- J. **General Event Report (GER)**: Reportable incidents as defined by Part B of the Alabama Department of Mental Health Incident Management Plan.
- K. **General Event Report Resolution (GERR)**: A follow up report required within 15 days for all incidents defined as critical, results of abuse/neglect investigations, and results of non-consensual sexual contact investigations.
- L. **Incident**: An occurrence or event involving a recipient that causes, or may cause harm to recipients, provider, provider employees, or visitors, and is reported monthly.
- M. **Law Enforcement Involvement**: Assistance/Intervention is required from Law Enforcement and a Report/Case ID is issued as a result of that involvement.
- N. **Legal/Criminal Activity**: Any event involving recipient(s) and/or staff that necessitates the intervention of law enforcement officials.
- O. **Major Injury**: A serious injury, including any fracture, diagnosed head injury, or wound requiring 6 sutures/staples or more or wound adhesive of 1 inch or greater, and 3<sup>rd</sup> and 4<sup>th</sup> degree burns. (Severity Level 3 or greater on NRI SEVERITY OF INJURY SCALE)
  - 1. Accident
  - 2. Assault
  - 3. Self-Inflicted
  - 4. Unknown/Unexplained
- P. **Media Event**: Media is involved in any unplanned manner, regardless of location, and references a recipient, provider, provider employee, or ADMH. Media includes TV, radio, internet, newspaper, or social media sites, including Facebook, Twitter, Instagram, etc.
- 11. **Medication Error**: A medication error occurs when a recipient receives a wrong medicine, wrong dose, medication given at wrong time, and medication administered by wrong route. Additionally, a medication error occurs when the medication is not given for the right purpose or if there is a documentation error. Therefore, both the failure to administer a drug ("missed dose"), the administration of a drug on a schedule other than

intended, medication not given for the right purpose, and incorrect or missing documentation, constitute medication errors. Medications may be given 1 hour before or 1 hour after the scheduled time. This does not constitute a medication error. Medication errors by licensed and unlicensed staff must be reported to the ADMH. This includes RN's, LPN's, MAC Workers (Medication Assistant Certified), and any other involved staff.

Severity of medication errors consistent with the NRI\* severity of medication error scale:

1. Level 1 includes incidents in which the recipient experienced no or minimal adverse consequences and no treatment or intervention other than monitoring or observation was required.
2. Level 2 includes incidents in which the recipient experienced short term, reversible adverse consequences and treatment(s) and/or intervention(s) in addition to monitoring and observation was/were required.
3. Level 3 includes incidents in which the recipient experienced life-threatening and/or permanent adverse consequences.

\*NASMHPD Research Institute

- R. **Mistreatment**: Any act or threat of intimidation, harassment or similar act and includes but is not limited to active verbal aggression or intimidation; use of physical or non-verbal gestures as a means of intimidation; withholding of or the threat of withholding physical necessities or personal possessions as a means of intimidation for the control of the recipient; making false statements as a means of confusing or frightening or badgering a recipient.
- S. **Neglect**: The failure to carry out a duty through reckless conduct, carelessness, inattention, or disregard of duty whereby the recipient is exposed to harm or risk of harm, and includes but is not limited to:
- Failing to appropriately supervise recipients or otherwise leaving recipient areas unattended;
  - Failing to ensure the recipient's basic needs for safety, nutrition, medical care and personal attention are met;
  - Failing to provide treatment in accordance with the treatment plan;
  - Utilizing treatment techniques, e.g., restraints, seclusions, etc. in violation of departmental policy and procedures, whether or not injury results.
- T. **Nonconsensual Sexual Contact**: Any non-consensual sexual contact between two recipients to include any touching of the sexual or intimate parts of a person, to include intercourse. Sexual contact is considered non-consensual when at least one of the parties so indicates, when one or both recipients are considered incapable of giving consent, or when either party is under the age of 16 years. Please see Appendix B.
- U. **Physical Abuse**: Any assault by an employee upon a recipient and includes but not limited to hitting, kicking, pinching, slapping, or otherwise striking a recipient or using excessive

force regardless of whether an injury results. Assault as defined by this policy implies intent.

- V. **Recipient**: A person diagnosed with a serious mental illness, serious emotional disturbance, or substance use disorder, who is actively receiving services provided by an MHSU Certified Community Provider.
- W. **Relocation**: Recipients are moved from the identified treatment setting and are relocated to an alternate site for reasons, including but not limited to, fire, flood, weather related conditions, utility or plumbing failure, hazardous materials event, structural damage, pest infestation, etc. This applies to recipients in residential settings only.
- X. **Restraint**: A physical restraint is any manual method or physical or mechanical device, material or equipment that immobilizes or reduces the ability of a recipient to move his or her arms, legs, body or head freely.
- Y. **Seclusion**: Seclusion is the involuntary confinement of a recipient alone in a room or an area where the recipient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.
- Z. **Sexual Abuse**: Any sexual conduct with the recipient by an employee on or off duty. Sexual abuse includes, but is not limited to, sexual intercourse with a recipient; deviant sexual intercourse or contact; physical and non-physical behaviors between an employee and recipient; employee using computers, cell phones, or social media outlets to make sexual overtures to a recipient; an employee encouraging a recipient to perform sexual acts; an employee performing sexual acts in a recipient's presence; and any form of sexual contact.
- AA. **Suicide Attempt**: An act committed by a recipient in an attempt to cause their own death. A suicide attempt is limited to the actual occurrence of an act and does not include verbal suicidal threats by a person receiving services.
- BB. **Verbal Abuse**: Verbal conduct by an employee that demeans a recipient or could reasonably be expected to cause shame or ridicule, humiliation, embarrassment or emotional distress. Verbal abuse includes but is not limited to threatening a recipient; using abusive, obscene or derogatory language to a recipient; or teasing or taunting a recipient in a manner to expose the recipient to ridicule.

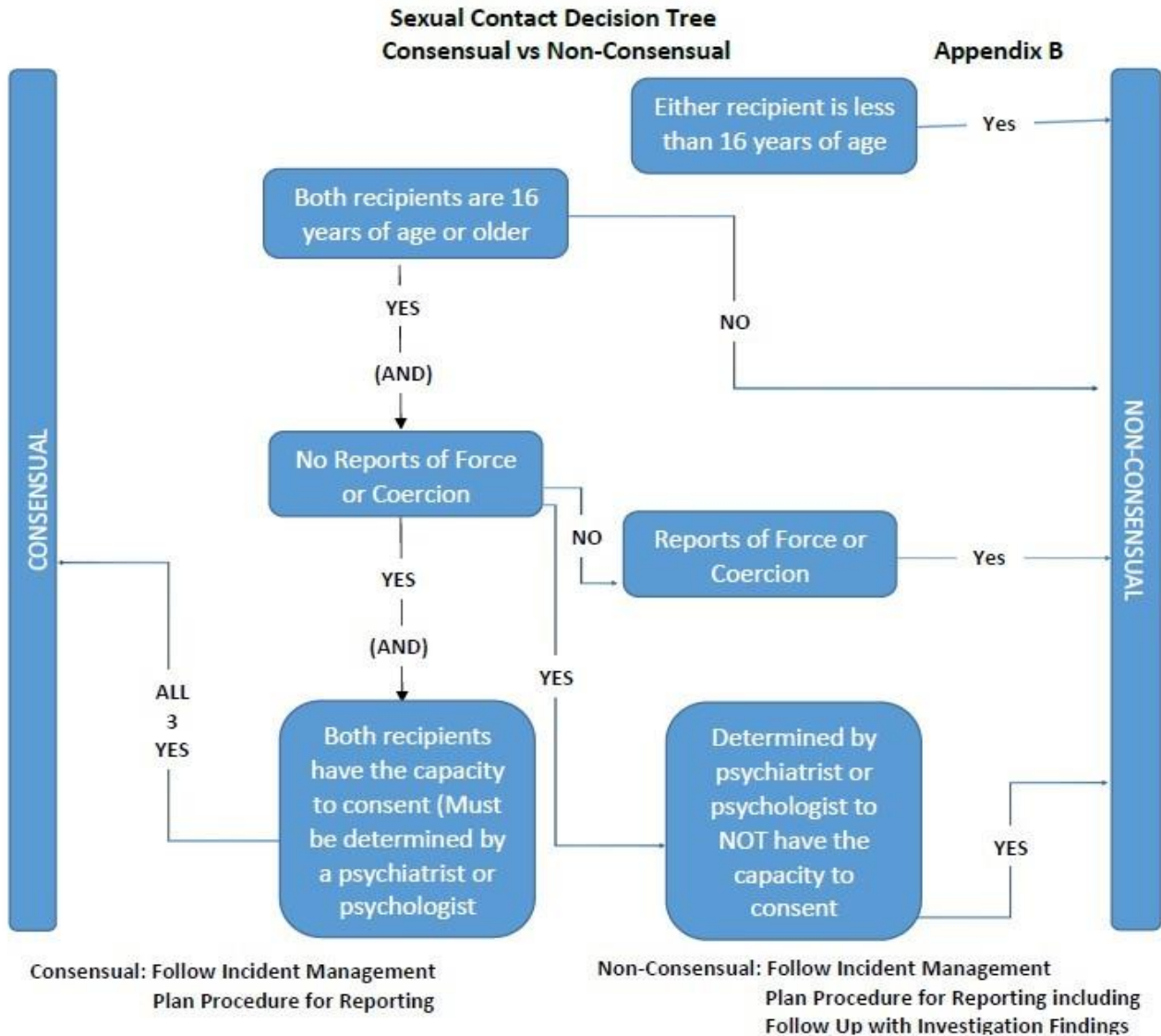
## Appendix A

### NRI INJURY SEVERITY CATEGORY SCALE

*The following classifications of injuries and categories are from the NASMHPD Research-Institute, (NRI) Inc.*

#### Severity of Injury Level:

1. **No Treatment:** The injury received does not require first aid, medical intervention, or hospitalization: the injury received (e.g., a bruised leg) may be examined by a licensed nurse or other nursing staff working within the facility but no treatment is applied to the injury.
2. **Minor First Aid:** The injury received is of minor severity and requires the administration of minor first aid. This is meant to include treatments such as the application of Band-Aids, cleaning of abrasions, application of ice packs for minor bruises, and the use of over-the-counter medications such as antibiotic creams, aspirin and acetaminophen.
3. **Medical intervention required:** The injury received is defined as a major injury and includes fractures, diagnosed head injuries, and any wound or laceration that requires 6 sutures/staples or more or requires wound adhesive of 1 inch or more. The injury requires the treatment of the recipient by a licensed medical doctor, osteopath, podiatrist, dentist, physician's assistant, or nurse practitioner, but the treatment required is not serious enough to warrant or require hospitalization. Furthermore, the treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a doctor's private office through treatment at the emergency room of a general acute care hospital.
4. **Hospitalization required:** The injury received is so severe that it required medical intervention and treatment as well as care of the injured recipient at a general acute care medical ward within the facility or at a general acute care hospital outside the facility; regardless of the length of stay, this severity level requires that the injured recipient be formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room.
5. **Death occurred:** The injury received was so severe that it resulted in – or complications from the injury lead to the termination of the life of the injured recipient.



**APPROVAL**

*Approval of the Mental Health Substance Use Services (MHSU DIVISION) Incident Management Plan A and B shall be attested to by the signatures below.*

APPROVED:

\_\_\_\_\_  
Kimberly Boswell  
ADMH Commissioner

\_\_\_\_\_  
Date

