

The Respite Connection, Inc.

Incident Report Form Instructions

Please fill out the Incident Report form completely and have the parent/guardian sign the form if he/she is present at the time of the incident. **This form must be completed within 24 hours of the incident.**

Major Incidents Include (per Iowa Administrative Code):

1. Results in physical injury to or by the individual that requires a physician's treatment or admission to a hospital
2. Results in the death of any person
3. Requires emergency mental health treatment for the individual
4. Requires the intervention of law enforcement (the police were involved)
5. Requires a report of child abuse or dependent adult abuse
6. Constitutes a medication error or pattern of medication errors that lead to # 1, #2, or #3 listed above.
7. Involves a consumer's location being unknown by provider staff who are assigned protective oversight.

Minor Incidents include (per Iowa Administrative Code):

1. Results in the application of first aid
2. Results in bruising
3. Any seizure activity
4. Results in injury to self, others, or to property
5. Constitutes a prescription medication error

Incident reports have to be at our office within 24 hours. Call the office immediately and speak to your supervisor about the incident.

If it's after hours and is a Major Incident, dial our direct line, (515) 277-1050 or toll-free 1-866-377-1050, then press 1, and you will be transferred to on-call staff.

The Respite Connection, Inc.

Incident Report

Major Incident

Minor Incident

Per Waiver Rules: Report needs to be completed and turned in within 24 hours of incident.

Consumer's Name: _____ Medicaid # _____ Date of Birth: _____

Date of Incident: _____ Time of Incident: _____

Exact Location of Incident: _____

Describe who was present at the time of the incident or responded after becoming aware of the incident. Only use initials for other consumers' names to maintain confidentiality.

Describe the incident that occurred. Please give specific details. Include any signs that could help staff recognize a similar incident in the future prior to it occurring.

What injury or illness occurred or could potentially occur as a result of this incident?

Describe what immediate action was taken in response to the incident? (who was called, any first aid given, medical assistance provided by whom, etc.)

Form Completed by: _____ Staff's Signature _____ Date Completed: _____

Additional Resolution or Follow-up taken by TRC Supervisory Staff: _____

Consumer's Service Supervisor's Signature: _____

The Respite Connection's Reviewer Signature: _____

Copies of this completed form were sent to (Major & Minor Incidents to Director, Major Incidents only to others):

Case Manager

HCBS

Parent/Guardian

TRC Director

Date Sent _____

Date Sent _____

Date Sent _____

Date Sent _____

2469 106th Street, Urbandale, Iowa 50322 Provider # X000262030

Phone: 515.277.1050, Fax: 515.277.1963