

**Alabama Department of Mental Health  
Division of Mental Health and Substance Abuse Services  
Procedures for Reporting Incidents and/or Critical Incidents in  
Certified Community Programs**

**Policy:**

In accordance with the Alabama Department of Mental Health Administrative Code, Mental Illness Community Programs, Chapter 580-2-9, and the Alabama Department of Mental Health Substance Abuse Services Administrative Code, Chapter 580-9-44, all Certified Community providers shall report incidents involving clients in accordance with the procedures outlined in this document. However, Prevention providers are required to report only incidents defined as critical incidents per the policy and procedures outlined in the following paragraphs. An incident is any unusual, unexpected, event which disrupts, adversely impacts, or has the potential to adversely impact the course of service delivery, treatment, or care for a client or program participant. A critical incident is any actual event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well being of a client in the course of service delivery, treatment, or care. This policy does not supersede or replace any other statutory requirement for reporting to the Alabama Department of Human Resources, Alabama Department of Public Health, OSHA, law enforcement officials, or other designated agencies as required by law.

Each certified/contract provider shall develop and implement written policies and procedures to support:

- Compliance with the incident reporting requirements of DMH;
  - Timely and appropriate review of incident/critical incident data by the organization's governing body, along with, its executive and clinical leadership staffs; and
  - Utilization of incident data to take preventive or curative actions to ensure the safety and protect the interests of its clients, participants, employees, volunteers, and visitors.
- **For Transitional age programs, follow child/adolescent reporting requirements.**
  - **These reporting requirements do not apply to clients in nursing homes\***
    - \*Exception: Allegations of abuse/neglect involving staff members of the certified community provider are reportable regardless of where the abuse/neglect was alleged to have occurred.**

**Procedure:**

**Section I : Definitions of Reportable Incidents**

The following procedures describe incidents and critical incidents. **Incidents** are reportable to the DMH monthly unless they meet the definition of "Critical" as outlined in this policy. "**Critical Incidents**" must be reported within 24 hours of occurrence. The distinction is made between a monthly incident report and a critical report in the following procedures.

**Scope:**

**The following incidents involving clients (# 1-11 below)** must be reported to the DMH if they occur in any of the following locations, unless specifically indicated in the report description below:

- In a certified provider's 24-hour care setting, which includes residential group homes, locked residential units, foster homes, Crisis Stabilization Units, MOMS apartments
  - In center contracted care certified by DMH,
  - On the provider's premises,
  - Any apartment setting at which the certified provider provides a resident manager
  - While involved in an event supervised by the Provider.
1. **Death Monthly Report:** Cessation of all vital body functions of a person from known or unknown cause(s).  
**Suicide Monthly Report:** Suicide of a client in the provider's non-residential caseload. (NOTE: Suicide of a client in a residential program is addressed above).  
**Death Critical Report:** Any death of a client caused by self-inflicted injury, by physical assault from another person, as a result of any kind of accident, or death of a client where reason exists to believe that it may not have occurred from natural causes, is a 24 hour report. In addition, any death of a client that is receiving Methadone in a certified Methadone clinic is a 24 Hour Report.
  2. **Elopement Critical Report:** A client cannot be located when expected to be present **and**
    - For adults:*
      - The individual is on a temporary visit from a state facility or
      - Is under an outpatient or inpatient commitment order to the residential program or
      - Is on a locked unit
    - For child/adolescents/Transitional age programs:*
      - Any elopement of a child/adolescent client is reportable
  3. **Hospitalization Critical Report:** Hospitalization of a client from a locked residential unit/program or SA residential program. Includes hospitalizations for medical and/or psychiatric reasons. Includes clients on crisis units, child/adolescent programs and other locked units/programs. (The client is formally admitted as an Inpatient to the hospital and assigned to a bed on a unit outside of the emergency room)
  4. **Major Personal Client Injury Monthly Report:** Any client injury that is rated at a Severity level of 4 or greater on the DMH Severity of Injury Criteria Scale **and/or** on the NRI Injury Severity Scale (see Appendix A) is considered a major personal injury.  
  
**Major Personal Client Injury Critical Report:** Any self-inflicted injury of client or client injury resulting from an assault by another person that requires hospitalization, is a 24 hour report.

5. **Medication Error Monthly Report:** 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 DMH. 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:

- (i) 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.
- (ii) 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.

**Medication Error Critical Report:** Level 3 medication errors must be reported to the DMH within 24 hours of occurrence.

- (iii) Level 3 includes incidents in which the recipient experienced life-threatening and/or permanent adverse consequences.

Please follow the 24 hour reporting procedures outlined in Section III. Level 1 and Level 2 medication errors may be reported on a monthly basis.

\*NASMHPD Research Institute

6. **Non-consensual sexual contact Monthly Report:** Any non-consensual, forced and/or coerced, sexual contact between two clients/participants. Sexual contact includes non-consensual touching of the sexual or intimate parts of a client/participant by another and includes intercourse. Sexual contact is considered non-consensual when at least one of the parties so indicates, when one or both clients are considered incapable of giving consent, or when either party is under the age of sixteen (16).

**Non-consensual sexual contact Critical Report:** Forcible/coerced nonconsensual sexual contact

7. **Discretionary Report:**

- A. **Critical Report:** Incidents that are judged by the Executive Director or designee to be severe in nature, scope, or consequences to the consumer or the agency in addition to those defined above should be reported to the Director, Office of Community Programs, as soon as possible, but no later than 24 hours of occurrence utilizing the DMH published reporting procedures for critical incident reporting. (Follow up Report Required)
- B. **Monthly Report:** Any event that adversely affects, or has the potential to be harmful or hazardous to the health, safety, or well being of a client at a provider location for any reason, and does not fall into one of the categories listed above. This includes, but is not

limited to, potential agency liability issues and/or any incident that has the potential for adversely impacting DMH.

- 8. **Restraint Monthly Report**: The direct application of physical force to a consumer without the consumer’s permission to restrict his or her freedom of movement.
- 9. **Seclusion Monthly Report**: The placement of a consumer alone in any room from which the consumer is physically prevented from leaving.
- 10. **Suicide Attempt Monthly Report**: An act committed by a person 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.
- 11. **Unplanned Relocation Critical Report**: Clients are relocated to an alternate site off grounds for reasons, including but not limited to, fires, floods, weather related conditions, utility or plumbing failure, hazardous materials events, etc. This applies to consumers in residential settings only.

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- 12. **Media Events Critical Report**: Media is involved in unplanned manner regardless of location.

**NOTE:** If any monthly report listed above requires the presence of Law Enforcement, this becomes a Critical report and must be reported within 24 hours.

**SUBSTANCE USE PROVIDERS ONLY #13 and #14**

- 13. **CONFIDENTIALITY/PRIVACY BREACH Critical Report**: Any violation of the confidentiality or privacy of protected client 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.
- 14. **LEGAL/CRIMINAL ACTIVITY Critical Report**: Any event involving client(s) and/or staff that necessitates the intervention of law enforcement officials.

**Section I. A**

**All Allegations of Abuse/Neglect Monthly Report**

**All Incidents of abuse/neglect allegations (A-F below)** involving staff members of the provider are reportable regardless of where the abuse/neglect was alleged to have occurred.

**Allegation(s) of abuse/neglect to include:**

- A. **Physical Abuse:** Any assault by an employee upon a client and includes but not limited to hitting, kicking, pinching, slapping, or otherwise striking a client or using excessive force regardless of whether an injury results. Assault as defined by this policy implies intent.
- B. **Sexual Abuse:** Any sexual conduct with the client by an employee on or off duty. Sexual abuse includes but is not limited to sexual intercourse with a client; deviate sexual intercourse or contact; and any form of sexual contact.

- C. **Neglect:** The failure to carry out a duty through reckless conduct, carelessness, inattention, or disregard of duty whereby the client is exposed to harm or risk of harm, and includes but is not limited to:
- Failing to appropriately supervise clients or otherwise leaving client areas unattended;
  - Failing to ensure the client'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, seclusion, etc. in violation of departmental policy and procedures, whether or not injury results
- D. **Exploitation:** Utilizing the position of employment to take advantage of a client for personal benefit and includes but is not limited to improperly requesting clients 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 clients; utilizing clients to engage in conduct with other clients that would be prohibited if performed by an employee.
- E. **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 individual; making false statements as a means of confusing or frightening or badgering a client.
- F. **Verbal Abuse:** Verbal conduct by an employee that demeans a client 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 client; using abusive, obscene or derogatory language to a client; or teasing or taunting a client in a manner to expose the client to ridicule.

### **Substantiated Allegations of Abuse/Neglect Critical Report**

- **DMH Abuse/Neglect and Incident/Critical Incident Reporting requirements do not supersede or replace any other statutory requirements for reporting to DHR, Law Enforcement Agencies, etc.**

### **Section II: Reporting Requirements**

1. Of the Incidents outlined in Section A and B, the following Incidents are considered "Critical" and must be reported to the DMH within 24 hours of occurrence if they occur in the following locations unless specified otherwise:
  - In a certified provider's 24-hour care setting, which includes residential group homes, locked residential units, foster homes, Crisis Stabilization Units, MOMS apartments
  - In center contracted care certified by DMH,
  - On the provider's premises,
  - Any apartment setting at which the certified provider provides a resident manager
  - While involved in an event supervised by the Provider.

**Critical Incident Listing - 24 Hour Report**

- Any self-inflicted injury that requires hospitalization
- Any client injury resulting from an assault by another person (client, staff member, visitor, etc.) that requires hospitalization
- Elopement of adult client while on Temp Visit, from a locked unit/program, under outpatient commitment order
- Elopement of child/adolescent client
- Hospitalization of a client from a locked residential unit/program or SA residential program
- Forcible/coerced nonconsensual sexual contact
- Any death of a client caused by self-inflicted injury, by physical assault from another person, or as a result of any kind of accident
- Any death of a client where reason exists to believe that it may not have occurred from natural causes
- Substantiated cases of any category of client abuse or neglect
- Any incident that involves unplanned relocation of clients (e.g. fires, floods, weather related conditions, utility or plumbing failure, hazardous materials events, etc. This applies to consumers in residential settings only and clients are physically removed from the premises.
- Media is involved in unplanned manner regardless of location
- Medication errors of Level 3 severity
- Any monthly reportable incident that requires the presence of law enforcement
- Discretionary critical report (Judged by Executive Director to be serious in nature)

**SA Only Critical**

- Confidentiality/Privacy Breach
  - Legal/Criminal Activity
2. Elopement of a client on temporary visit from a state facility should be reported immediately to authorities at the state facility. In addition, an incident report should be completed and submitted to DMH within 24 hours.
  3. All other special incidents not classified as "critical" shall be reported on a monthly basis utilizing the procedures and forms outlined in Sections III and IV below.

**Section IIIA: Reporting Procedures for Mental Illness Certified Providers**

1. **For Critical Incidents** (i.e., those requiring reporting to DMH within 24 hours of occurrence), the following procedures shall be followed:
  - For all incidents meeting the criteria of a 24 hour report, the provider shall call 334-242-3200 and verbally report the incident to the Director of Community Services (or designee) during regular business hours of Monday through Friday, 8 am til 5 pm within 24 hours of occurrence. If calling after 5 pm Monday through Friday,

weekends, and/or state holidays, leave a detailed message at the above number. The provider shall also fax the appropriate **DMH Reporting Form (as outlined in Section IV below)** to the Community Programs Director within 24 hours of the incident. **Report Forms shall be faxed to 334-242-3025.**

- NOTE: 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 client 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 til 5 pm, to the Director of Community Services 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. The provider shall also fax the appropriate **DMH Reporting Form (as outlined in Section IV below)** to the Community Programs Director within 24 hours of the incident. **Report Forms shall be faxed to 334-242-3025.**

2. **Incidents** that do not require reporting within 24 hours shall be reported to the DMH on a monthly basis. Monthly reporting incidents shall be documented on the appropriate **DMH Reporting Form (s) (as outlined in Section IV below)** and shall be sent (or faxed) to the DMH Office of Performance Improvement at 334-242-0796 by the 10<sup>th</sup> day of the month for incidents occurring in the previous month (i.e., special incidents occurring in January are due by February 10<sup>th</sup>). The individual Incident Report Forms should be "batched" and sent (or faxed) along with a completed **Monthly Incident Summary Sheet (see Form # 501)**. If no reportable special incidents occurred during the month, the provider should indicate on the **Monthly Special Incident Summary Sheet** that they have "nothing to report" for that month.

### **Section IIIB: Reporting Procedures for Substance Use Certified Providers**

1. **For Critical Incidents** (i.e., those requiring reporting to DMH within 24 hours of occurrence), the following procedures shall be followed:

- Please fax the appropriate DMH Reporting Form to 334-242-0796, to the attention of the Director of Treatment Services, within 24 hours of occurrence.

2. **Incidents** that do not require reporting within 24 hours shall be reported to the DMH on a monthly basis. Monthly reporting incidents shall be documented on the appropriate **DMH Reporting Form (s) (as outlined in Section IV below)** and shall be sent (or faxed) to the DMH Office of Performance Improvement at 334-242-0796 by the 10<sup>th</sup> day of the month for incidents occurring in the previous month (i.e., special incidents occurring in January are due by February 10<sup>th</sup>). The individual Incident Report Forms should be "batched" and sent (or faxed) along with a completed **Monthly Special Incident Summary Sheet (see Form # 501)**. If no reportable special incidents occurred during the month, the provider should indicate on the **Monthly Special Incident Summary Sheet** that they have "nothing to report" for that month.

## **Section IV: Reporting Forms**

**\*All reporting forms require the client case record number and Organization ID number. A list of Organization ID numbers can be found in the Incident/Critical Incident Reporting Packet. Please ensure that the client case record number and Organization ID are documented on all incident reporting forms.**

1. All incidents with the exception of a client death and medication errors are to be documented on the **DMH Incident/Critical Incident Form #101**.
2. **Reporting requirements regarding death** occurring in 24-hour center care, in center contracted care certified by DMH, on the provider's premises, and/or while involved in an event supervised by the Provider.
  - A. **Initial death reporting** shall be documented on the ***DMH Report of Death Report Form*** (See Form # 301).
  - B. **Follow-up reporting** is required on all deaths that occur in a 24 hour care setting. (See Form #201).
  - C. **Follow-up reporting** is required within 14 days after completion of internal investigation/review for deaths meeting the criteria for 24 hour reporting to the DMH (i.e. deaths caused by self-inflicted injury, assault, an accident and/or death of a client where reason exists to believe that it may not have occurred from natural causes). Follow up reporting information shall be documented on the ***Incident/Critical Incident Follow-Up Report Form*** (See Form # 201) and must include the following:
    - Name, age, and cause of death
    - A description of the incident which resulted in the death
    - The name of the alleged perpetrator, if applicable
    - The investigative findings
    - The name of the internal investigator or others who investigated the death
    - Any plan of action in response to the incident resulting in death
3. **Reporting requirements for suicide in non-residential case load**  
Suicide of a client in a provider's non-residential caseload shall be documented on the DMH Client Death Initial Report Form. (See Form # 301) No follow-up form is required.
4. **Special Requirements regarding Non-consensual Sexual Contact Reporting**  
The Certified Community Provider must investigate all reported incidents of non-consensual contact in a comprehensive and timely manner. Investigations should be completed within 30 days of the time the incident was reported to the provider.
  - A. **Initial Non-consensual Sexual Contact Reporting** shall be documented on the ***DMH Incident/Critical Incident Report Form*** (see Form #101) and reported monthly as described in Section III.
  - B. **Follow-up Reporting** on all non-consensual sexual contact reports is required after

completion of an investigation. Follow up information on cases determined to be unsubstantiated during a reporting month shall be "batched" and reported by the 10<sup>th</sup> day of the month for cases closed during the previous month.

C. Follow up information on **substantiated** cases shall be reported within **24 hours** as described in Sections II and III. Follow up reporting information for all non-consensual sexual contact cases should be documented on the *Incident/Critical Incident Follow-up Form* (see **Form # 201**) and must include the following:

- Case number, name of clients involved
- Date of incident, date investigation began, date investigation completed
- Type incident reported, type incident substantiated
- 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/review

5. **Special Requirements regarding Abuse/Neglect Reporting**

The Certified Community Provider must investigate all allegations of abuse/neglect in a comprehensive and timely manner. Investigations should be completed within 30 days of the time the allegation was reported to the provider.

A. **Initial Abuse/Neglect Allegation Reporting** shall be documented on the *DMH Incident/Critical Incident Report Form* (see **Form # 101**) and reported monthly as described in Section III, 2.

B. **Follow-up Reporting** on all abuse/neglect allegations is required after completion of an investigation. Follow up information on cases determined to be **unsubstantiated** during a reporting month shall be "batched" and reported by the 10<sup>th</sup> day of the month for cases closed during the previous month.

C. Follow up information on **substantiated** cases shall be reported within **24 hours** as described in Sections II and III. Follow up reporting information for all abuse/neglect cases should be documented on the *Incident/Critical Incident Follow-up Form* (see **Form # 201**) and must include the following:

- Case number, name of client (s) involved
- Date of incident, date investigation began, date investigation completed
- Type incident reported, type incident substantiated
- Perpetrator
- Name of investigator (s)
- Findings of investigation
- Actions taken by provider to include any disciplinary actions, identification of trends, and any system or policy changes made as a result of the investigation/review

**6. Reporting Requirements for Medication Errors**

Medication Errors, including Level 1, Level 2, and Level 3, shall be reported on **DMH Medication Error Report Form # 401**.

Level 3 medication errors must be reported to the DMH within 24 hours of occurrence. Please follow the 24 hour reporting procedures outlined in Section III. Level 1 and Level 2 medication errors may be reported on a monthly basis.

**7. Reporting Requirements for Critical Incidents (24 hour reports)**

A follow up report is required within 30 days on all critical incidents reported to DMH, with the exception of a critical death report. Please utilize **Form # 201**.

**8. Reporting Requirements for Seclusion and Restraint**

The number of events of seclusion and restraint shall be documented on the DMH seclusion/restraint log. In addition, to providing the number of each event, providers must also document any injuries associated with the seclusion and/or restraint event. Providers should use the NRI Severity of Injury Scale.

**Section V: Notification of DMH Advocacy Office**

Designated DMH staff will notify the DMH Advocacy Office of all reportable incidents as follows:

- A. A report of each critical incident (24 hour reportable event) received by the Office of Performance Improvement that occurs in an SA certified program will be forwarded to the DMH Advocacy Office within twenty-four (24) hours of its receipt.
- B. A report of each critical incident (24 hour reportable event) received by Community Program staff that occurs in an MI certified program, will be forwarded to the DMH Advocacy Office within twenty-four (24) hours of its receipt.

**Section VI: Review of Special Incident Data**

1. Each 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 Agency'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 clients.
2. The Performance Improvement Office shall compile periodic reports of all reported incidents for distribution to the Associate Commissioner for MISA, Director of Community Programs, Director of Internal Advocacy, and the Director of the Office of MISA Certification.
3. The Performance Improvement Office shall compile and report quarterly to the Performance Improvement Committee on all incidents and/or critical incidents reported by certified community providers.
4. The Performance Improvement Committee will be responsible for the review of incident data across the System in order to identify trends and patterns in incident data and to recommend strategies for improving the safety of the environment of care in certified community programs.

## **Major Personal Injury Definitions/Scales**

Client Injuries: Any client injury classified at a level 4 or above on one or both of the following Injury Severity Scales must be reported to the DMH.

### **A. DMH SEVERITY OF INJURY CRITERIA SCALE**

The following classifications of severity of injuries were taken from the Quality Review Bulletin, December 1988.

#### **Severity Level:**

1. **No Injury:** No evidence of abrasion or bruising and no complaint of pain.
2. **Minor Injury:** Any small bruise, or abrasion, scratches, etc. that does not require treatment and will heal within several days. [Routine cleaning of an abrasion with peroxide would be considered in this category].
3. **Moderate Injury:** Injury requiring medical treatment that is not considered major. For example, a small cut that requires suturing (five or less sutures) or an IV infiltrates and needs to be reinserted. Bruises and contusions are considered moderate if they require treatment, and sprains as well as suspected bone injury are considered moderate if an x-ray is ordered and there is no fracture.
4. **Major Injury:** A serious injury, including any fracture, head injury, or wound requiring suturing (more than five sutures).
5. **Death:** An incident that results in the death of the individual.

### **B. 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 severe enough to require the treatment of the client 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 client 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 client 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 client.

### **C. NRI INJURY SUBTYPE TABLE**

All Major client injuries must be classified by subtype according to the following Table:

1. **Accident:** The injury results from an unintentional occurrence such as slipping on an icy surface or injuries sustained during a seizure.
2. **Assault :** Use when the client injured in the event sustains an injury as the victim of an assault.
3. **Self-inflicted:** Self-inflicted injuries result from deliberate actions by the client such as punching a wall or lacerating the wrists.
4. **Unknown:** This code is used if an injury has occurred but circumstances prohibit the determination of the source of the injury.

**APPENDIX VI**

**Alabama Department of Mental Health  
DIVISION OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES  
MONTHLY INCIDENT SUMMARY REPORT  
FORM #501**

5/2012

<b>CHECK AS APPROPRIATE:</b> <input type="checkbox"/> MI Program <input type="checkbox"/> SA Program <input type="checkbox"/> Co-Occurring Program		
Agency Name and Address:		Date of Report:
		Reporting Month:
Name and Title of Person Completing Report:		Organization ID #:
Phone:	Email:	
Beside each incident, please provide the number of monthly reportable incidents included with this summary and the number of critical incidents (24-hour) submitted to DMH during the reporting month:		
# Monthly Reports Enclosed	# 24 Hour Reports Previously Submitted to DMH During the Reporting Month	Reportable Incidents
		No Reportable Incidents During the Reporting Month
		Abuse/Neglect ( <i>Specify below</i> )
		Physical Abuse
		Sexual Abuse
		Neglect
		Exploitation
		Mistreatment
		Verbal Abuse
		Hospitalization
		Relocation
		Confidentiality/Privacy Breach
		Death
		Suicide in non-residential caseload
		Elopement
		Non-Consensual Sexual Contact
		Major Client Injury
		Legal/Criminal Activity
		Media Events
		Suicide Attempt
		Medication Errors
		Level 1
		Level 2
		Level 3
		Monthly reportable event requiring law enforcement presence
		Discretionary
		Seclusion/Restraint Grid is Attached, if applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the number of follow-up investigations pending for the reporting month:		
Comments:		

Signature of Person Completing Report

Date

**APPENDIX IV**

**Alabama Department of Mental Health  
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
INCIDENT/CRITICAL INCIDENT REPORT**

FORM # 101

5/2012

<b>SECTION A</b>			<b>CHECK AS APPROPRIATE:</b>			<input type="checkbox"/> <b>24 HOUR CRITICAL INCIDENT</b>	<input type="checkbox"/> <b>MONTHLY INCIDENT</b>
<b>CHECK AS APPROPRIATE:</b>			<input type="checkbox"/> <b>MI Program</b>	<input type="checkbox"/> <b>SA Program</b>	<input type="checkbox"/> <b>Co-Occurring Program</b>		
Agency Name and Address:						Date of Report:	
Name and Title of Person Completing Report:						Phone:	
						Email:	
Date of Incident:		Time of Occurrence ( <i>am or pm</i> ):		Organization ID #:			
Location of Incident ( <i>Name and address</i> ):							
Is this: <input type="checkbox"/> 24 Hour Care Setting <input type="checkbox"/> Center Contracted Care <input type="checkbox"/> Event Supervised by Provider <input type="checkbox"/> Provider Premises							
<input type="checkbox"/> Client Residence <input type="checkbox"/> Apartment with Provider Employed Resident Manager <input type="checkbox"/> Other Location ( <i>specify</i> ):							
Client Involved in Incident:				Date of Birth:		Case Record #:	
<b>Others Involved in Incident:</b>							
Staff		Clients ( <i>Case #'s only</i> )			Others ( <i>Identify relationship</i> )		
<b>Witness(es) to Incident:</b>							
Staff		Clients ( <i>Case #'s only</i> )			Others ( <i>Identify relationship</i> )		
<b>Type of Incident Reported (<i>Check all that apply</i>):</b>							
<input type="checkbox"/> Abuse/Neglect ( <i>Specify below</i> )		<input type="checkbox"/> Major Client Injury (Complete Section B)			<input type="checkbox"/> Elopement		
<input type="checkbox"/> Physical Abuse		o Accident			<input type="checkbox"/> Hospitalization		
<input type="checkbox"/> Sexual Abuse		o Assault			<input type="checkbox"/> Legal/Criminal Activity		
<input type="checkbox"/> Neglect		o Self-inflicted			<input type="checkbox"/> Media Involvement		
<input type="checkbox"/> Exploitation		o Unknown/Unexplained			<input type="checkbox"/> Relocation		
<input type="checkbox"/> Mistreatment		<input type="checkbox"/> Suicide Attempt			<input type="checkbox"/> Confidentiality/Privacy Breach		
<input type="checkbox"/> Verbal Abuse		<input type="checkbox"/> Non-Consensual Sexual Contact			<input type="checkbox"/> Reportable incident involving law enforcement		
					<input type="checkbox"/> Discretionary ( <i>Identify Monthly or Critical in Check Box at Top of Page</i> )		
<b>Description of the Incident, including Who, What, When, Where, and How (<i>Describe any preceding circumstances, resulting harm, and any other relevant information. Attach additional pages if necessary</i>):</b>							

<b>DMH OFFICE USE ONLY:</b>		Copy to	<input type="checkbox"/> Associate Commissioner MISA	<input type="checkbox"/> SA Treatment Director	<input type="checkbox"/> PI Office
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Other	Date sent:			

**INCIDENT/CRITICAL INCIDENT REPORT FORM #101**

**5/2012**

<b>Summary of Contacts Made (Check all that apply):</b>			
<input type="checkbox"/> Client's Family/Legal Guardian	<input type="checkbox"/> DHR	<input type="checkbox"/> Primary Physician	<input type="checkbox"/> Provider's Physician
<input type="checkbox"/> 911	<input type="checkbox"/> OSHA	<input type="checkbox"/> Emergency Room	<input type="checkbox"/> DMH
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> ADPH	<input type="checkbox"/> Outpatient Clinic	<input type="checkbox"/> EMA
<input type="checkbox"/> Other (Explain):			
Other Actions Taken (Attach additional pages if necessary):			

**SECTION B**

**Section B is required if there is:**

1. a major injury,
2. an injury requiring hospitalization, or
3. an injury resulting from a reportable Incident/Critical Incident .

**Client Injury:** All injuries rated as "major" on the DMH scale and/or rated as "hospitalization required" on the NRI scale (below) are reportable. Any self-inflicted injury or injury inflicted by another person that requires the client to be hospitalized must be reported to DMH within 24 hours of occurrence.

Indicate DMH Severity Level	Description
<input type="checkbox"/> No Injury	No evidence of abrasion/bruising and no complaints of pain
<input type="checkbox"/> Minor Injury	Small bruise, abrasion, scratches, etc., that does not require treatment and will heal within several days
<input type="checkbox"/> Moderate Injury	Requires medical treatment that is not considered major. Cut requiring 5 or less sutures/bruises/contusions if require treatment, sprains/suspected bone injury if X-Ray is ordered and there is no fracture
<input type="checkbox"/> Major Injury	Serious injury, including any fracture, head injury, or wound requiring more than 5 sutures
<input type="checkbox"/> Death	Incident that results in death of client
Indicate NRI* Treatment Required Level	Description
<input type="checkbox"/> No Treatment	The injury received does not require first aid, medical intervention, or hospitalization
<input type="checkbox"/> Minor First Aid	The injury received is of minor severity and requires the administration of minor first aid
<input type="checkbox"/> Medical Intervention (by MD/DO/CRNP/PA required)	The injury received is severe enough to require the treatment of the client 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
<input type="checkbox"/> Hospitalization required	The injury received is so severe that it required medical intervention and treatment as well as care of the injured client at a general acute care hospital outside the facility; regardless of the length of stay, this severity level requires that the injured client be formally admitted as an inpatient to the hospital and assigned to a bed on a unit outside of the emergency room.
<input type="checkbox"/> 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 client.
*NRI Severity of Injury Rating Scale	

Attach additional pages if necessary.





**APPENDIX II**

**Alabama Department of Mental Health  
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
MEDICATION ERROR REPORT**

**FORM # 401**

**5/2012**

<b>CHECK AS APPROPRIATE:</b> <input type="checkbox"/> MI Program <input type="checkbox"/> SA Program <input type="checkbox"/> Co-Occurring Program		
Date of Occurrence:	Time of Occurrence:	Report Date:
Client Name:	Date of Birth:	Case Record #:
Name of Person Responsible for Error: (Optional)	Credentials of Person Responsible for Error (Check one): <input type="checkbox"/> MAS RN <input type="checkbox"/> RN <input type="checkbox"/> MAC Worker <input type="checkbox"/> MAS LPN <input type="checkbox"/> LPN <input type="checkbox"/> Administrator <input type="checkbox"/> Other (Identify):	
Supervising Nurse Name/Title: (Optional)		
Supervising Nurse Notified of Error? <input type="checkbox"/> No <input type="checkbox"/> Yes: Date and Time of Notification:		
Agency Name and Address:		Organization ID #:
Facility Name and Address Where Error Occurred:		
<input type="checkbox"/> Adult Program <input type="checkbox"/> Child/Adol Program		
Level of Care Provided by the Program in Which Error Occurred: <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Methadone Clinic <input type="checkbox"/> Other _____		
Medication(s) Involved in Error:		
Nature of Error (Check as appropriate):		
<input type="checkbox"/> Wrong Person	<input type="checkbox"/> Wrong Medicine	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Wrong Dose	<input type="checkbox"/> Missed Dose	
<input type="checkbox"/> Wrong Route	<input type="checkbox"/> Documentation error	
<input type="checkbox"/> Wrong Time	<input type="checkbox"/> Med not given for right purpose	
NRI* Severity of Medication Error:		
<input type="checkbox"/> 1. The recipient experienced no or minimal adverse consequences and no treatment or intervention, other than monitoring and observation, was required. (Monthly Report)		
<input type="checkbox"/> 2. The recipient experienced short-term reversible, adverse consequences, and treatment and/or intervention(s), and/or ER visit, in addition to monitoring and observation, was required. (Monthly Report)		
<input type="checkbox"/> 3. The recipient experienced life-threatening and/or permanent adverse consequences, and/or Hospital Admission to assigned bed outside the ER. (24 Hour Report)		
Details of Medication Error(s) (Attach additional sheets if necessary):		
Actions Taken/Contacts Made (Attach additional sheets if necessary):		
Name/Title/Credentials of Person Completing Report:		Email:
Signature of Reporter:		Phone:

\*National Association of State Mental Health Program Directors Research Institute, Inc. February, 2001.

**APPENDIX III**

**Alabama Department of Mental Health  
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
REPORT OF DEATH  
FORM #301**

5/2012

<b>SECTION A CHECK AS APPROPRIATE:</b> <input type="checkbox"/> 24 HOUR CRITICAL DEATH REPORT <input type="checkbox"/> MONTHLY DEATH REPORT			
<b>CHECK AS APPROPRIATE:</b> <input type="checkbox"/> MI Program <input type="checkbox"/> SA Program <input type="checkbox"/> Co-Occurring Program			
Agency Name and Address:			Date of Report:
Name and Title of Person Completing Report:			Phone:
			Email:
Client Name:	Date of Birth:	Case Record #:	Organization ID #:
Date of Death:		Time of Occurrence (am or pm):	
Location of Death (Name and address):			
Is this: <input type="checkbox"/> 24 Hour Care Setting <input type="checkbox"/> Center Contracted Care <input type="checkbox"/> Event Supervised by Provider <input type="checkbox"/> Provider Premises <input type="checkbox"/> Client Residence <input type="checkbox"/> Apartment with Provider Employed Resident Manager <input type="checkbox"/> Other Location (specify):			
Death Due To: <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Homicide/Violence <input type="checkbox"/> Natural Causes <input type="checkbox"/> Terminal Illness <input type="checkbox"/> Unknown (*Follow Up Report Required)			
Specific Cause of Death (If known):			
Date of Birth:	Race:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Admission:	Level of Care: <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Methadone Clinic <input type="checkbox"/> Apartment with Provider Employed Resident Manager <input type="checkbox"/> Other		
Summary (Events leading up to, including, and immediately following client's death. Attach additional sheets if necessary):			
<b>Witness(es) to Death:</b>			
Staff	Clients (Case #'s only)	Others (Identify relationship)	
<b>Contact Summary (Check all that apply):</b>			
<input type="checkbox"/> Client's Family/Legal Guardian	Person(s) Contacted	Date Contacted	Time
<input type="checkbox"/> 911			
<input type="checkbox"/> Law Enforcement			
<input type="checkbox"/> Provider's Physician			
<input type="checkbox"/> Client's Primary Physician			
<input type="checkbox"/> Emergency Room			
<input type="checkbox"/> DMH			
<input type="checkbox"/> Other (Identify):			
Other Actions Taken (Attach additional sheets if necessary):			

Signature of Person Completing Report Date

<b>DMH OFFICE USE ONLY:</b> Copy to <input type="checkbox"/> Associate Commissioner MISA <input type="checkbox"/> SA Treatment Director <input type="checkbox"/> PI Office
<input type="checkbox"/> Advocacy <input type="checkbox"/> Other <span style="float:right">Date sent:</span>

CONFIDENTIAL FOR QUALITY ASSURANCE PURPOSES ONLY  
**ALABAMA DEPARTMENT OF MENTAL HEALTH**  
 Division of Mental Health and Substance Abuse Services

**Child/Adolescent Seclusion/Restraint Indicators**

**Provider/Agency:** \_\_\_\_\_ **ORG ID:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_ **Report completed by:** \_\_\_\_\_

CHECK AS APPROPRIATE:     MI Program     SA program     Co-Occurring Program

**Indicator**

<b>Seclusion Events</b>	J-13	F-13	M-13	A-13	M-13	J-13	J-13	A-13	S-13	O-13	N-13	D-13
# of seclusions for month												

Seclusion: The involuntary confinement of a person in a locked room.

<b>Physical Restraint Events</b>	J-13	F-13	M-13	A-13	M-13	J-13	J-13	A-13	S-13	O-13	N-13	D-13
# manual holds for month												
# of mechanical restraints for month												

Restraint: The direct application of physical force to an individual, without the individual's permission, to restrict his or her freedom of movement.

<b>Seclusion injuries</b>	J-13	F-13	M-13	A-13	M-13	J-13	J-13	A-13	S-13	O-13	N-13	D-13
Total # of seclusion injuries												
# injuries at NRI Level 1 & 2												
# injuries at NRI Level 3												
# injuries at NRI Level 4*												
# injuries at NRI Level 5*												

**NRI\* Refers to NASMHPD Research Institute's Severity of Injury Scale**

<b>Restraint injuries</b>	J-13	F-13	M-13	A-13	M-13	J-13	J-13	A-13	S-13	O-13	N-13	D-13
Total # of restraint injuries												
# injuries at NRI Level 1 & 2												
# injuries at NRI Level 3												
# injuries at NRI Level 4*												
# injuries at NRI Level 5*												

**\* Seclusion or Restraint injuries at levels 4 or 5 (death) also require a DMH Incident Report Form/Death Report Form and would require reporting to the DMH within 24 hours as per established reporting procedures for Incidents and/or Critical Incidents.**

CONFIDENTIAL FOR QUALITY ASSURANCE PURPOSES ONLY  
**ALABAMA DEPARTMENT OF MENTAL HEALTH**  
 Division of Mental Health and Substance Abuse Services

**Adult Seclusion/Restraint Indicators**

**Provider/Agency:** \_\_\_\_\_ **ORG ID:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_ **Report completed by:** \_\_\_\_\_

CHECK AS APPROPRIATE:     MI Program     SA Program     Co-Occurring Program

**Indicator**

<b>Seclusion Events</b>	J-13	F-13	M-13	A-13	M-13	J-13	J-13	A-13	S-13	O-13	N-13	D-13
# of seclusions for month												

Seclusion: The involuntary confinement of a person in a locked room.

<b>Physical Restraint Events</b>	J-13	F-13	M-13	A-13	M-13	J-13	J-13	A-13	S-13	O-13	N-13	D-13
# manual holds for month												
# of mechanical restraints for month												

Restraint: The direct application of physical force to an individual, without the individual's permission, to restrict his or her freedom of movement.

<b>Seclusion injuries</b>	J-13	F-13	M-13	A-13	M-13	J-13	J-13	A-13	S-13	O-13	N-13	D-13
Total # of seclusion injuries												
# injuries at NRI Level 1 & 2												
# injuries at NRI Level 3												
# injuries at NRI Level 4*												
# injuries at NRI Level 5*												

**NRI Refers to NASMHPD Research Institute's Severity of Injury Scale**

<b>Restraint injuries</b>	J-13	F-13	M-13	A-13	M-13	J-13	J-13	A-13	S-13	O-13	N-13	D-13
Total # of restraint injuries												
# injuries at NRI Level 1 & 2												
# injuries at NRI Level 3												
# injuries at NRI Level 4*												
# injuries at NRI Level 5*												

**\* Seclusion or Restraint injuries at levels 4 or 5 (death) also require a DMH Incident Report Form/Death Report Form and would require reporting to the DMH within 24 hours as per established reporting procedures for Incidents and/or Critical Incidents.**

APPENDIX I

ALABAMA DEPARTMENT OF MENTAL HEALTH  
DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
INCIDENT/CRITICAL INCIDENT REPORTING REQUIREMENTS

TYPE OF INCIDENT	INITIAL REPORTING TIME FRAME		INITIAL REPORT METHOD				FOLLOWUP REQUIRED		ALL FORMS REQUIRED TO REPORT			
	Within 24 hours of Incident	Monthly	FAX (MI) (334) 242-3025	FAX (SA) (334) 242-0796	Mail or FAX	30 Days	14 Days	101 *	201 *	301 *	401 *	501 *
<b>Section A</b>												
1. DEATH (Monthly) (Critical)	X	X	X	X	X				**	X		X
2. MAJOR PERSONAL CLIENT INJURY (Monthly) (Critical)	X	X	X	X	X					X		X
3. SUICIDE ATTEMPT (Monthly)		X										X
4. NONCONSENSUAL SEXUAL CONTACT (Monthly) (Critical)	X	X	X	X	X					X		X
5. ELOPEMENT (Critical)	X		X	X						X		X
6. HOSPITALIZATION (Critical)	X		X	X						X		X
7. MEDICATION ERRORS: Level 1 Level 2 Level 3		X										X
8. SECLUSION (Monthly)	X	X	X	X								X
9. RESTRAINT (Monthly)		X										X
10. UNPLANNED RELOCATION (Critical)	X		X	X						X		X
11. MEDIA EVENTS (Critical)	X		X	X						X		X
12. DISCRETIONARY (Monthly) (Critical)	X		X	X						X		X
<b>Section B</b>												
13. #13 AND #14 Substance Use/Providers Only CONFIDENTIALITY/PRIVACY BREACH (Critical)	X		X	X						X		X
14. LEGAL/CRIMINAL ACTIVITY (Critical)	X		X	X						X		X
<b>Section B</b>												
ABUSE/NEGLECT Allegations (Monthly)		X								X		X
A. Physical Abuse		X								X		X
B. Sexual Abuse		X								X		X
C. Neglect		X								X		X
D. Exploitation		X								X		X
E. Mistreatment		X								X		X
F. Verbal Abuse		X								X		X
ABUSE/NEGLECT Substantiated (Critical)	X		X	X						X		X

\*Form #101 - Critical Incident Report: APPENDIX IV  
Form #201 - Critical Incident Follow-Up Report: APPENDIX V  
Form #301 - Report of Death: APPENDIX III

\*\*If cause of death is reported as "unknown," a Follow Up Report is required listing the specific cause of death.