

CIMOR EMT – Community Event Report Form – Behavioral Health

Form Instructions

The following instructions will serve as a guide in completing the *EMT – Community Event Report Form – Behavioral Health*. The form must be filled in completely. The numbers in the list below correspond to the numbered sections on the form. All events described in section 7 of the form are required to be reported to DMH for entry into the EMT system.

To be completed by any staff:

Division – Check the appropriate box for the division that should receive the report form. This should be the division that is funding the consumer’s services at the time the event occurred.

1. **Event Date and Time** – Fill in the date and time the event you are reporting occurred. If this is unknown, you can leave section 1 blank but must then complete section 2.
2. **Discovery Date and Time** – Fill in this box if the date you discovered the event is different than the event date or if the event date is not known.
3. **Event Location or where discovered** – Write in the name of the location where the event occurred. This could be **the** agency name if that was the event location or another location entirely. The key is where the event occurred.
4. **Name of Provider Agency/Organization involved in event** -- Fill in the name of the provider **or** organization involved in the event.
5. **Event Category** – Check the box next to either Incident or Medication Error.
6. **Program Category Pertinent to Event** – Check the box(es) next to the appropriate program category in which the involved consumer was participating in when the event occurred. If you checked ADA at the top of the form, you should check **either** “Adult” or “Adolescent” in the ADA section of the program category and then the appropriate specific program. Likewise if you checked CPS at the top of the form, select the appropriate boxes in the CPS part of section 6.
7. **Reportable Event** – Check the box(es) that define the event being reported. You may check more than one if more than one applies. The definitions for the categories of events required to be reported are as follows:

Death – any death of a consumer in an open episode of care is a reportable event, regardless of the cause or location of the death. This extends to any death up to 15 days after discharge from residential programs.

Injury resulting in medical inpatient hospitalization – any consumer injury severe enough to result in a medical inpatient hospitalization is a reportable event if the injury occurs on agency property or if off grounds but during the provision of services. This does not mean merely within an open episode of care, but literally during the provision of services. Other injuries may be judged as “secondary to community agency activities” if there is a reasonable possibility of connecting the injury to the agency. For example, if a consumer is seriously injured by another member of his group therapy session – long after therapy, off grounds, but in an apparent continuation of an unresolved argument that began during therapy.

Self injurious behavior or suicide attempt – these are only reportable if meeting the death or injury definitions above. Thus these would already qualify as reportable events, but checking this box helps to further categorize the already reportable deaths and injuries.

Sexual assault – this does not include allegations against agency staff, which should be coded as alleged or suspected abuse, but does include any other instance where the consumer is either victim or perpetrator of “an attempt to engage an individual in an unwanted sexual act by way of force or threat, or any attempt to engage an individual in a sexual act who is incapable of granting consent.” Such events are reportable if they occur on agency property or literally during the provision of services.

Physical assault – this does not include allegations against agency staff, which should be coded as alleged or suspected abuse, but does include any other instance where the consumer is either victim or perpetrator of “an intentional infliction of injury (resulting in medical inpatient hospitalization) or the attempt thereof, whether successful or not.” Such events are reportable if they occur on agency property or literally during the provision of services.

Elopement / Unauthorized Absence – for CPS, these are reportable events when from a congregate living or semi-independent environment of a consumer who has a guardian or is NGRI or is suspected of posing an imminent risk of harm to self or others. For ADA, this applies to adolescents and involuntary commitments only. For consumers in dual ADA/CPS programs, both ADA and CPS criteria apply but only one EMT report is needed.

Medication Error –only those that fit the definition of moderate or serious medication errors. Be sure to also check the appropriate Severity and Medication Error Category. These are distinguished from minimal severity errors in that they result in a physician’s order for treatment and/or interventions coupled with the direct monitoring of the consumer’s response secondary to the medication error. Minimal errors resulting in no known harm beyond monitoring and observation need not be reported to DMH.

Alleged or Suspected Abuse, Neglect, or Misuse of Funds/Property – as defined in 9 CSR 10-5.200

8. **Persons Involved** – Please print the names of each person involved in the event you are reporting and also fill in the names of all other people who may have knowledge about the event. If there were multiple consumers involved in the event you can list them all on one event form, unless more than one consumer was injured or more than one set of notifications had to be made -- in such an instance multiple forms will have to be completed to accurately report all of the pertinent information. Beside each name you have printed, also print in the relationship column either consumer, parent, guardian, staff, witness, visitor, volunteer or other. (If you use other also specify what the relationship is.) In the next column – “Role” – write complainant (someone making an allegation), perpetrator, victim, witness, or other (and again specify what is meant by other.) It is understood that “perpetrator” and “victim” are only alleged at this point in the process. For all consumers listed also write in the DMH State ID and the date of last service – even if the date is today.
9. **Injury Type** -- Check the box that appropriately classifies the type of injury, as alleged. If there are multiple consumer names listed in “persons involved”, please circle the name of the consumer that was injured. If there was no known injury, sections 9, 10, and 11 should be left blank.
10. **Injury Description** – If there was an injury, check the box(es) next to all of the descriptions that apply.
11. **Injured Body Parts** – If there was an injury, check the box(es) next to all of the physical locations of the injury or injuries and circle the R or L (for right or left) as appropriate.

12. **Notified** – Check the box next to the type of notification and then fill in names of each person notified about the event you are reporting. Fill in the date and time they were notified.
13. **Event Description** – Write a description of the event. Include all relevant details such interventions used and other details that are necessary for the reader of this report to understand what occurred. Attach additional pages if necessary.
14. **Immediate Action Taken by Agency to Prevent Reoccurrence** – This should only be completed by agency management, and only if immediate action was required. The text part of this section may be blank if it is not known at the time of the incident report. However, if the event is a death report, the appropriate box should always be checked for suspected manner of death and for if an autopsy is being performed. If yes, then print the name of the Coroner / Medical Examiner.
15. **Reporter's Name, Phone Number, Employer** – Sign and **print** the name of the person making the report about the event (your own name), and enter the reporter's phone #, and the name of the reporter's employer. Then print the date and time that you signed the report.
16. **Action/Comments** – leave this blank and fax the completed form to the appropriate DMH office.