Incident Reporting

All contract provider staff and Developmental Disabilities Services (DDS) staff are required to report injuries and behavioral or health-related incidents involving people served.

Incident reporting is a state and federal requirement to ensure the safety and welfare of service recipients. Incident reporting helps to identify individual and systemic problems so they can be addressed.

Step 1

Gather information about the event and assess the incident. Is this a one-time occurrence or likely to reoccur? Complete the Incident Report Form DDS-46. You can request this form from your Case Manager. (Case Managers can find this form in the Self-Directed Services (SDS) folder in the toolbox.)

a. Ensure the individual is safe following an incident. Document in the incident report how you have ensured the individual's safety.

b. Determine if the incident is critical or non-critical.

c. Ensure all parts of the form are filled out correctly. If the reporting staff made an error, add the corrected information. For a paper form, sign and date the correction. Do not change the reporter's original information.

d. Ensure all critical and non-critical categories that apply are marked.

e. Ensure appropriate incident date is indicated. Remember, if the incident was discovered, put the date of discovery as the incident date. (This is important for timeliness reports.)

Step 2

Once the form is complete, email the completed form back to DDS.documentation@okdhs.org as soon as possible. If the incident is categorized as critical, the Case Manager will send a copy of the report to the incident reporting team.

- **Critical incident reports must be turned in to DDS.documentation@okdhs.org within 1 business day of the incident occurring,** as this is a state and federal requirement to keep us in good standing with the Centers for Medicare and Medicaid Services (CMS). This is something DDS and Quality Assurance (QA) monitor monthly.
- **Non-critical incident reports must be turned in to the Case Manager within 3 business days of the incident occurring.**

Step 3

Determine ways to prevent future incidents.

Step 4

Identify any additional training or techniques needed.

The Case Manager will document the receipt and review of the incident report in Client Contact Manager (CCM) along with response and follow-up. Case Managers must follow all IR guidelines outlined in the CM toolbox. The Case Manager has 5 business days to address the incident report.

Critical Incidents Critical incidents include:	**Non-Critical Incidents** Non-critical incidents include:
suspected maltreatment including abuse, verbal abuse, sexual abuse, neglect, financial neglect, exploitation, or sexual exploitation of a vulnerable adult per Section 10-103 of Title 43A of the Oklahoma Statutes (43A O.S. § 10-103) or abuse, neglect, sexual abuse, or sexual exploitation of children per 10A O.S. § 1-1-105;	an injury or unplanned health-related event involving a service recipient;
threatened or attempted suicide by a service recipient;	physical aggression by a service recipient;
death of a service recipient;	fire-setting by a service recipient;
an unplanned hospital admission of a service recipient;	deliberate harm to an animal by a service recipient;
a medication event resulting in emergency medical treatment for a service recipient;	property loss of less than $500 involving a service recipient;
law enforcement involvement in a situation concerning a service recipient;	a vehicle accident involving a service recipient;
property loss of more than $500 involving a service recipient;	the suspension, termination, or removal of a service recipient's program, including employment; and
a service recipient who is missing; and	a medication event involving a service recipient, including: • a dose at the wrong time; • a missed dose; • a wrong dose; • the wrong medicine; • the wrong route; • an incorrect medicine label or instructions; • a medication refused by the service recipient; • incorrect medication documentation; or • any other significant occurrence involving medication.
a highly restrictive procedure used on a service recipient, such as: • PRN (as-needed) medication for behavioral control; or • physical hold.	

If you have any questions, please email the SDS team at DDS.SDS@okdhs.org

Disclaimer: This document is a condensed version of the EOR training and DDS policy. Completing the EOR training is a requirement for utilizing Self-Directed Services.