

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Serious Illness	Chronic/Recurring	Inpatient admission to a hospital	Not applicable
Serious Illness	New	Inpatient admission to a hospital	Not applicable
Serious Injury	Injury Accidental	Injury requiring treatment beyond first aid	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
Serious Injury	Injury Self-Inflicted	Injury requiring treatment beyond first aid	Not applicable
Serious Injury	Injury Unexplained	Injury requiring treatment beyond first aid	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
Serious Injury	Medical Equipment Failure/ Malfunction	Injury requiring treatment beyond first aid	Not applicable
Serious Injury	Choking	Injury requiring treatment beyond first aid	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.

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Serious Injury	Pressure Injury (Decubiti, Pressure Ulcer, Pressure Sore, Bedsore)	Injury requiring treatment beyond first aid.	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
Sexual Abuse	Rape	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Sexual Abuse	Sexual Harassment	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Sexual Abuse	Unwanted Sexual Contact	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Sexual Abuse	Other	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Site Closure	Infestation	Emergency closure	Not Applicable
Site Closure	Loss of Utilities	Emergency closure	Not Applicable
Site Closure	Natural disaster/weather related	Emergency closure	Not Applicable
Site Closure	Structural	Emergency closure	Not Applicable
Site Closure	Other	Emergency closure	Not Applicable

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Suicide Attempt	Injury/illness that required medical intervention	A physical act by an individual in an attempt to complete suicide	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
Suicide Attempt	No injury/illness that required medical intervention	A physical act by an individual in an attempt to complete suicide	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
Physical Restraint	Provider Emergency Protocol	Use of a restraint	Not Applicable
Physical Restraint	Human Rights Team Approved Restrictive Intervention	Use of a restraint	Not Applicable
Medication Error	Wrong Medication	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable

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Medication Error	Wrong Dose	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable
Medication Error	Wrong Time	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable
Medication Error	Wrong Route	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable
Medication Error	Wrong Form	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable
Medication Error	Wrong Position	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable

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Medication Error	Wrong Technique/Method	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable
Medication Error	Omission	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable



# Incident Report

Services for Individuals with an Intellectual Disability or Autism  
 55 Pa. Code Chapters 2380, 2390, 6100, 6400, and 6500

Enterprise Incident Management (EIM) users should use this form only if unable to report an incident through the EIM system.  
 The Incident Report must be entered into EIM when access to EIM can be established.

DATE OF SUBMISSION (MM/DD/YYYY)	SECTION OF INCIDENT BEING REPORTED <input type="checkbox"/> FIRST SECTION <input type="checkbox"/> FIRST AND FINAL SECTION
NAME OF LEGAL ENTITY	MIN # / EN #

**INITIAL REPORT**  
 TO BE SUBMITTED WITHIN 24 HOURS OR 72 HOURS OF DISCOVERY OF THE INCIDENT

INDIVIDUAL INFORMATION		
INDIVIDUAL FIRST AND LAST NAME	MIN #	DATE OF BIRTH (MM/DD/YYYY)
ADDRESS OF THE INDIVIDUAL		
MENTAL, HEALTH AND INTELLECTUAL DISABILITY COUNTY	FUNDING AGENCY	
REGION	PAYER / PROGRAM ENROLLMENT	

STAFF PERSON WHO DISCOVERED THE INCIDENT	
ORGANIZATION NAME	MIN # AND SERVICE LOCATION ID #
NAME OF STAFF PERSON WHO DISCOVERED THE INCIDENT	PHONE NUMBER

INCIDENT CLASSIFICATION	
DISCOVERY DATE AND TIME (MM/DD/YYYY)	OCCURRENCE DATE AND TIME (MM/DD/YYYY)
TYPE OF INCIDENT (PRIMARY CATEGORY)	TYPE OF INCIDENT (SECONDARY CATEGORY, IF APPLICABLE)
ASSIGNED DEPARTMENT - CERTIFIED INCIDENT INVESTIGATOR, IF APPLICABLE	

INCIDENT REFERRED TO THE APPROPRIATE PROTECTIVE SERVICES AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AGENCY THE PATIENT WAS REFERRED TO:
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IF NO, PLEASE EXPLAIN



# Incident Report

Services for Individuals with an Intellectual Disability or Autism  
55 Pa. Code Chapters 2380, 2390, 6100, 6400, and 6500

### INCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED PRIOR TO, DURING, AND AFTER THE INCIDENT, INCLUDING DATES, TIMES, AND ALL PEOPLE INVOLVED INCLUDING STAFF. INDICATE THE CURRENT STATUS OF THE INDIVIDUAL.

### ACTIONS TAKEN TO PROTECT HEALTH, SAFETY, AND RIGHTS

DESCRIBE THE ACTIONS TAKEN TO PROTECT THE HEALTH, SAFETY, AND WELL-BEING OF THE INDIVIDUAL (INCLUDE ADMINISTRATIVE, HEALTH/SAFETY, TREATMENT, AND TARGETED INDIVIDUAL ACTIONS TO ADDRESS THE INCIDENT TO DATE INCLUDING SUPPORTS OFFERED)

WAS THE INDIVIDUAL SEPARATED FROM THE PERSON WHO CAUSED THE INCIDENT?

YES

NO

IF NO, PLEASE EXPLAIN

<b>FINAL REPORT</b> TO BE SUBMITTED WITHIN 30 DAYS OF DISCOVERY OF THE INCIDENT	
WITNESS INFORMATION	
WITNESS (FIRST NAME AND LAST NAME)	WITNESS RELATIONSHIP TO THE INDIVIDUAL
WITNESS (FIRST NAME AND LAST NAME)	WITNESS RELATIONSHIP TO THE INDIVIDUAL
WITNESS (FIRST NAME AND LAST NAME)	WITNESS RELATIONSHIP TO THE INDIVIDUAL
INFORMATION ABOUT THE PERSON WHO CAUSED THE INCIDENT (IF APPLICABLE)	
PERSON WHO CAUSED THE INCIDENT (IDENTIFIER)	PERSON'S RELATIONSHIP TO THE INDIVIDUAL
NOTIFICATION INFORMATION	
PERSON NOTIFIED (FIRST NAME AND LAST NAME)	DATE NOTIFIED (MM/DD/YYYY)
PERSON NOTIFIED (FIRST NAME AND LAST NAME)	DATE NOTIFIED (MM/DD/YYYY)
PERSON MAKING CONTACT (FIRST NAME AND LAST NAME)	

ADDITIONAL DETAIL ABOUT THE INCIDENT
PROVIDE ADDITIONAL DETAILS DISCOVERED ABOUT THE INCIDENT SINCE THE INCIDENT WAS INITIALLY REPORTED, IF APPLICABLE.



ACTIONS TAKEN TO PROTECT HEALTH, SAFETY, AND RIGHTS
<small>DESCRIBE THE ACTIONS THAT HAVE BEEN TAKEN TO PROTECT THE HEALTH, SAFETY, AND WELL-BEING OF THE INDIVIDUAL SINCE THE INITIAL REPORT (INCLUDING ADMINISTRATIVE, HEALTH/SAFETY, TREATMENT, AND TARGETED INDIVIDUAL ACTIONS TO ADDRESS THE INCIDENT TO DATE INCLUDING SUPPORTS OFFERED)</small>
CORRECTIVE ACTION DESCRIPTION
<small>DESCRIBE THE CORRECTIVE ACTION TAKEN IN RESPONSE TO THE INCIDENT AND TO PREVENT REOCCURRENCE (INCLUDING THE DATE COMPLETED AND THE PERSON RESPONSIBLE FOR COMPLETION)</small>
PROVIDER INVESTIGATION
<small>ENTER THE PRIMARY INVESTIGATORY QUESTION</small>
<small>SUMMARY OF INVESTIGATOR'S FINDINGS</small>
<small>INDICATE PROVIDER INVESTIGATION DETERMINATION:</small> <input type="checkbox"/> CONFIRMED <input type="checkbox"/> NOT CONFIRMED <input type="checkbox"/> INCONCLUSIVE <input type="checkbox"/> N/A
<small>HAS THE FAMILY/GUARDIAN BEEN NOTIFIED OF THE OUTCOME OF THE INVESTIGATION?</small> <input type="checkbox"/> YES <input type="checkbox"/> NO
<small>IF NO, PLEASE EXPLAIN</small>