

## **ADVERSE INCIDENT PROTOCOL**

**ADVERSE INCIDENT:** An adverse incident is a substantial event that causes, or has the potential to cause, unexpected or unwanted effects involving the safety, well-being, physical or mental health of the respite child(ren), respite provider, and/or others present when the incident occurs.

Types of incidents include:

- Child expresses suicidal thoughts/ideation
- Suicide or Suicide attempt
- Homicide/other unexplained death
- Injury to staff or client
- Medication error
- Alleged physical/sexual abuse or neglect
- Threats of lawsuits against NAMI Maine
- Theft/break in
- Medical emergency
- Allegation that staff have harmed client or another staff person
- Any other incident that caused, or has the potential to cause, harm to a child, family, staff or NAMI Maine

### **REQUIRED REPORTING:**

- All Adverse Incidents must be reported to NAMI Maine WITHIN 1 HOUR of the event.
- Incidents are reported by sending an email to [incidents@namimaine.org](mailto:incidents@namimaine.org)
- The subject of the email should be “adverse incident”
- The content of the email must include:
- Your name
- Name of family and child involved
- Description of the incident
- Did you contact any outside entity? (Child Protective Services, Police, Fire, Medical, Insurance)
- Phone number where you can be reached for follow-up

**WHEN IN DOUBT ABOUT WHETHER SOMETHING IS AN ADVERSE INCIDENT; PLEASE REPORT!**

## ADVERSE INCIDENT REPORT

*Adverse incidents must be reported to your supervisor by phone within 1 hour of the incident.*

<b>Name of Reporting Staff:</b>
<b>Telephone of Reporting Staff:</b>
<b>Date of Incident:</b>
<b>Time of Incident:</b>
<b>Address of Incident:</b>
<b>Name of family involved (if applicable):</b>
<b>Name of provider/staff involved (if applicable):</b>
<b>Type of Incident:</b> <input type="checkbox"/> Suicide <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Homicide/other unexplained death <input type="checkbox"/> Injury to staff or client <input type="checkbox"/> Medication error <input type="checkbox"/> Alleged physical/sexual abuse or neglect <input type="checkbox"/> Threat of lawsuit against NAMI Maine <input type="checkbox"/> Theft/break-in <input type="checkbox"/> Medical emergency <input type="checkbox"/> Allegation that staff have harmed client or another staff person <input type="checkbox"/> Other (please explain):
<b>Describe incident:</b>

<b>Person(s) who observed the incident/injury in addition to reporter:</b>
<b>Explain what immediate action was taken:</b>
<b>Was medical treatment necessary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If “yes” please describe the nature of the treatment</b> (where it was administered, by whom and any follow-up treatment necessary):
<b>Agencies Notified:</b> <input type="checkbox"/> Maine DHHS/Child Protective Services <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Insurance carrier (includes MEMIC) <input type="checkbox"/> Parent/Guardian/Conservator <input type="checkbox"/> Other (please explain):
<b>Supervisor Comments:</b>
<b>Report submitted by (name/title):</b>
<b>Date submitted:</b>
<b>Report reviewed by (name/title):</b>
<b>Date reviewed:</b>