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
- 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.*

<table>
<thead>
<tr>
<th>Name of Reporting Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone of Reporting Staff:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of family involved (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of provider/staff involved (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
</tr>
<tr>
<td>Suicide attempt</td>
</tr>
<tr>
<td>Homicide/other unexplained death</td>
</tr>
<tr>
<td>Injury to staff or client</td>
</tr>
<tr>
<td>Medication error</td>
</tr>
<tr>
<td>Alleged physical/sexual abuse or neglect</td>
</tr>
<tr>
<td>Threat of lawsuit against NAMI Maine</td>
</tr>
<tr>
<td>Theft/break-in</td>
</tr>
<tr>
<td>Medical emergency</td>
</tr>
<tr>
<td>Allegation that staff have harmed client or another staff person</td>
</tr>
<tr>
<td>Other (please explain):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Person(s) who observed the incident/injury in addition to reporter:

Explain what immediate action was taken:

Was medical treatment necessary?  ☐ Yes  ☐ No

If “yes” please describe the nature of the treatment (where it was administered, by whom and any follow-up treatment necessary):

Agencies Notified:

☐ Maine DHHS/Child Protective Services
☐ Law Enforcement
☐ Insurance carrier (includes MEMIC)
☐ Parent/Guardian/Conservator
☐ Other (please explain):

Supervisor Comments:

Report submitted by (name/title):

Date submitted:

Report reviewed by (name/title):

Date reviewed: