



# Monterey County Behavioral Health Policy and Procedure

<b>Policy Number</b>	123
<b>Policy Title</b>	Unusual Incident Reporting
<b>References</b>	Monterey County Health Department (MCHD) – Policies and Procedures 20-3 California Evidence Code 1040, 1157, 1157.5, and 1157.7 Monterey County Behavioral Health Policy 146 – Sentinel Events
<b>Form</b>	MCHD Special and/or Unusual Incident Form – County Staff MCHD Special and/or Unusual Incident Form for Community Providers
<b>Effective</b>	<b>March 15, 2001</b> <b>REVISED:</b> January 14, 2003 <b>REVISED:</b> March 27, 2006 <b>REVISED:</b> April 1, 2008 <b>REVISED:</b> September 15, 2011 <b>REVISED:</b> May 23, 2013 <b>REVISED:</b> February 26, 2015
<b>Attachments</b>	<b>Attachment 1:</b> MCHD Special and/or Unusual Incident Form – County Staff <b>Attachment 2:</b> MCHD Special and/or Unusual Incident Form for Community Providers <b>Attachment 3:</b> Sample Special or Unusual Incident Fax Cover Sheet

## Definition:

An unusual incident is an event or occurrence that poses a risk:

1. To the health and safety of a Monterey County Behavioral Health (MCBH) client, staff, contractor; and/or the general community due to an MCBH related incident or event;
2. To MCBH and other County property;
3. To other property resulting from the acts of MCBH staff or contractors or from the use of MCBH property; and
4. To MCBH information systems and data, including but not limited to, client protected health information.

Unusual incidents include, but is not limited to, sentinel events ([MCBH Policy 146 – Sentinel Events](#))

## Policy

It is the policy of Monterey County Behavioral Health (MCBH) that all unusual incidents/occurrences must be reported to the appropriate unit supervisor, services manager, or MCBH administration staff as soon as reasonably possible, but no later than 24 hours of the incident. However, if the incident occurs at the end of the County business week (e.g., on Friday or the day preceding a holiday), the report must be made prior to the end of that business day. The initial report can be verbal (e.g., face-to-face, telephone) or written (e.g., email).

This initial report must be followed by a written report utilizing the applicable Monterey County Health Department (MCHD) Special or Unusual Incident Report forms (see attachments) sent to the MCBH Director's office and to

24 the MCBH QI Team. The Special or Unusual Incident Report (Report) must be received by the MCBH Director's  
25 office and the MCBH QI Team no later than 24 business hours after the incident. The Report can be faxed MCBH  
26 Director's office and to the MCBH QI Team. It can also be sent as a scanned attachment only if it is sent through  
27 the MCBH email system. Outside providers not utilizing the MCBH email system must fax the Report.  
28

29 Reports generated by MCBH direct staff are confidential attorney-client communications and are, as a result,  
30 privileged information and need to be identified as such. *Guidelines regarding privileged information do not apply*  
31 *to MCBH contract providers.* However, Reports regarding Sentinel Events (see MCBH Policy 146 – Sentinel  
32 Events) are covered by the confidential quality improvement process and are subject to quality improvement  
33 confidentiality (see California Evidence Code 1040, 1157, 1157.5, and 1157.7).  
34

35 This policy is a Monterey County Behavioral Health (MCBH) specific addendum to Monterey County Health  
36 Department Policy 20-3 – Special and/or Unusual Incident Reports. Please also refer to the [MCBH Policy 146 –](#)  
37 [Sentinel Events](#) in relation to this policy. The provisions of this policy are applicable to both MCBH direct staff and  
38 contract providers. Adherence to this policy does not excuse providers and/or programs from fulfilling any other  
39 type of reporting mandated by any additional relevant policies and by State and Federal laws and regulations.  
40

#### 41 **Procedure**

#### 42 Reporting Protocol

43

- 44 1. All unusual incidents/occurrences must be reported verbally, in-person or via telephone, to the  
45 employee's supervisor and/or manager soon as reasonably possible but no later than 24 hours. If the  
46 incident occurs at the end of the County work week (Friday) or the day preceding a holiday, the verbal  
47 report must be completed by the end of that business day.
  - 48 a. The verbal report of the special or unusual incident is not a billable activity.  
49
- 50 2. The verbal report must be followed by a written report utilizing the appropriate version of the Special or  
51 Unusual Incident Report within 24 hours. If the incident occurs at the end of the County work week  
52 (Friday) or the day preceding a holiday, the written report must be completed by the end of that business  
53 day. All applicable forms must be completed and submitted to the appropriate administrative  
54 staff/supervisor.
  - 55 a. Completion and faxing of the written Special or Unusual Incident Report is not a billable activity.  
56
- 57 3. Unusual or Special Incident Reports shall also be sent within 24 business hours to both the:
  - 58 a. MCBH Director's office at (831) 755-4980; and
  - 59 b. The MCBH Quality Improvement Office at (831) 831-755-4350MCBH direct staff can send a scanned copy of the report to the MCBH Director's and to MCBH QI office if  
60 it is sent through the County's internal email system only. No scanned documents will be sent from an  
61 email system out of the County's email system so contract providers must fax their documentation.  
62 NOTE: The 24 business hour faxing requirement to the MCBH Director's Office and MCBH QI maybe  
63 waived at the discretion of the MCBH Director's Office and MCBH QI with prior arrangements.  
64  
65
- 66 4. If the incident being reported is also being documented in clients' health records, MCBH staff shall ensure  
67 that if any other clients are involved in the incident the other clients will be identified by medical record  
68 number only (NOT by name or initial).
  - 69 a. There must be no reference of completion of Unusual Incident Report or copy filed in the client's  
70 health record.  
71

- 72 5. When more than one staff member are involved in the occurrence, one staff member can be designated  
73 by those involved in completing the Special or Unusual Incident Report. The staff member designated to  
74 complete the report should be the one with the most complete knowledge of the incident.  
75
- 76 6. The filing of the MCBH Unusual or Incident Report as part of this policy does not exempt any provider,  
77 entities, individuals, and programs from the necessary and or legal requirements to file other legally  
78 mandated reports including those required by the state or federal government; to complete their own  
79 internal QA/QI processes; or to file an incident report with their specific human resources/risk  
80 management departments if required.
- 81 a. All incidents that are required by statute, regulation, and/or contract terms must be reported by  
82 the MCBH Mental Health Director or their designee to the California Department of Health Care  
83 Services (CA DHCS). Incidents reportable CA DCHS shall be kept on file with MCBH QI. The  
84 required reports must be mailed to:  
85 Medi-Cal Oversight  
86 Department of Health Care Services  
87 1501 Capitol Avenue  
88 Sacramento, CA 95814  
89 Contact MCBH QI if there are questions as to whether or not an incident is reportable to CA  
90 DHCS.  
91
- 92 7. MCBH staff and contractors are encouraged to collaborate with the MCBH Critical Incident and Stress  
93 Management (CISM) Team to provide debriefing services when additional support is needed. The CISM  
94 team is access through the crisis team at (831) 755-4111.

**Monterey County Health Department  
Special and/or Unusual Incident Form**

<b>Reporting Agency/Program and telephone number</b>	<b>Name of Employee(s) Involved</b>	<b><u>Address/Location of Incident</u></b>	<b>Date of Incident</b>	<b>Date of Report</b>
Brief Description of Incident (time, place, circumstances)				
Brief Description of Injuries, Property Damage, Fatalities				
Brief Description of other(s) involved				
Names or Description of witness(es)				
List of responding agencies				
Publicity of Incident				
Action(s) taken to maintain safety and security of work site				
Action(s) Planned				
Attachments				
Report Submitted by (print and Sign):			Date:	
Supervisor (Signature)			Date:	
Division Chief (Signature)			Date:	
<b>County use only:</b>				
<b>HD Admin only: A copy of this report will be sent to and verbal notification was made to:</b>				
County Counsel	Date/Time:	Name of Contact:		
CAO/HR	Date/Time:	Name of Contact:		
Department Head	Date/Time:	Name of Contact:		
Beta Healthcare Group	Date/Time:	Name of Contact:		
Director of Health (Signature)	Date/Time:	Date:		

**CONFIDENTIAL Attorney/Client Privilege (When Completed)**

**Monterey County Health Department  
Special and/or Unusual Incident Form  
*For Community Providers***

Reporting Agency/Program and telephone number	Name of Employee(s) Involved	Address/Location of Incident	Date of Incident	Date of Report
Brief Description of Incident (time, place, circumstances)				
Brief Description of Injuries, Property Damage, Fatalities				
Brief Description of other(s) involved				
Names or Description of witness(es)				
List of responding agencies				
Publicity of Incident				
Action(s) taken to maintain safety and security of work site				
Action(s) Planned				
Attachments				
Report Submitted by (print and Sign):			Date:	
Supervisor (Signature)			Date:	
Division Chief (Signature)			Date:	
<b>County use only:</b>				
<b>HD Admin only: A copy of this report will be sent to and verbal notification was made to:</b>				
County Counsel	Date/Time:	Name of Contact:		
CAO/HR	Date/Time:	Name of Contact:		
Department Head	Date/Time:	Name of Contact:		
Beta Healthcare Group	Date/Time:	Name of Contact:		
Director of Health (Signature)	Date/Time:	Date:		

# ▶ Fax

Date \_\_\_\_\_

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From:

Program:

Phone:

Fax:

To:

- Mental Health Director's Office (831) 755-4980
- Quality Improvement Manager's Office (831) 831-755-4350

Regarding: Special Incident Report

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97 Comments:

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Was the Critical Incident Stress Management (CISM Team) Contacted for a debriefing?  Yes  No