

**UTAH STATE DEVELOPMENTAL CENTER
POLICY AND PROCEDURE MANUAL**

INDIVIDUAL INJURY REPORTING

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POLICY NUMBER: 32.03

EFFECTIVE DATE: 10-01-93

REVISION DATE: **3-30-2011**

REVIEWING ENTITY: Director of Nursing, Quality Assurance

AUTHORITY CFR: 483.420(a)(5)

Utah Admin. Code, Health Facility Licensure

REFERENCE: W127: (c)(6); W148; (d); _W153,
W154

Rules R432-152-6.104 B

483.430(c)(2)/(3)

W183, W184

I. POLICY

All injuries and accidents to individuals shall be promptly treated, documented and reported through supervisory and medical channels. Parents/guardians will be promptly notified of significant injuries as appropriate. The building treatment teams will review injury reports a minimum of two times per week, for preventable causes and take corrective action to reduce the probability of similar future injuries. Statistical information relating to individual's injuries will be compiled, analyzed and reported for the purpose of identifying and correcting preventable causes.

II. PROCEDURE

A. Treatment and Initiation of Reports:

1. Any staff who witnesses an accident or incident resulting in or that may result in individual injury, or who first discovers an individual injury will:
 - a. Immediately contact the building supervisor and nurse.
 - b. Render first aid, if necessary.
 - c. Promptly complete and sign Incident Facts Portion of the (Pink) Medical Incident Reporting Form (See attachment A).
2. Building nursing staff will provide necessary treatment at bedside or in the building and/or have the individual taken to Medical Services for treatment, depending on the nature and severity of injury.
3. If the building nurse is not available, the injured individual should be taken to Medical Services for treatment, or call **911**, if injury is life threatening. **The 911 call will be followed by an immediate call to 555, the switchboard, to provide the same information given to the 911 operator.**
4. The initiated Pink Medical Incident Report form must accompany the individual to Medical Services.
5. Building or Medical Services nursing staff who render treatment will complete and sign the nursing portion of the Report. Medical Services may call for medical assistance, depending on the nature and severity of the injury.
6. Medical staff who examine and treat the injury will complete and sign the medical portion of the form.

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7. Serious injuries, (severity Rating 3 or higher--see Individual Injury/Medical Emergency portion of the Pink Medical Incident Report form) (**Reportable Incidents** Attachment A), whether accidental, unexplained, or caused by known, alleged or suspected abuse, mistreatment or neglect, will be promptly reported to the Unit Director/Supervisor and staff physician on-call. On nights, weekends and holidays contact the Administrator on site (AOS) at 372-9834. If not available, contact the administrator **reachable after-hours on-call** (ARAHOC) at 310-3189.

B. Special Notification and Report Requirements:

1. Injury and treatment will also be recorded in the Nursing Notes on the computer.
2. The Unit Director/Supervisor will notify the Superintendent (or Administrator On Call) in cases of serious injury. A copy of the Medical Incident Report form is used to notify of accidental injury. For unexplained injury or injury caused by abuse, mistreatment or neglect by staff, another individual or visitor, a Policy Violation Incident Report will be immediately initiated.
3. When appropriate, the American Fork Police should be notified to investigate the injury in conjunction with the Policy violation report. Telephone the Utah State Developmental Center **executive secretary at 763-4090, the Quality Assurance Office at 763-4080**, or American Fork Police Department at 763-3020 during office hours. The Utah State Developmental Center Switchboard (763-4000) and Administrator-on-Site RN **will be contacted on nights, weekends and holidays.**
4. The Qualified Mental Retardation Professional or designee will notify promptly the individual's parents/guardian of any significant incidents or changes in the individual's condition including, but not limited to, serious illness, accident, injury, death, abuse or unauthorized absence.
 - a. Details of the notification process are provided in Policy #32.02, as modified by instructions in the Overview of Care Section of the individual's Person Centered Plan regarding parent/guardian unique preferences for notification, if applicable.
 - b. The Qualified Mental Retardation Professional or designee making this notification will complete, date-time, and sign Parent/Guardian Notification portion of the Medical Incident Report form. If notification was by letter, attach a copy to the Medical Incident Report in file.

C. Injury Report Processing:

Refer to Reportable Incidents Directive # 11.09