



## INCIDENT REPORTING POLICY AND PROCEDURE

### 1. Purpose

This operating procedure establishes procedures and guidelines for identifying and reporting information related to incidents that may be defined as major or critical. A major or critical incident shall be any unplanned event resulting in or having the distinct potential of seriously or negatively impacting the health, safety, welfare, public trust or media coverage of a certified center, program participant, staff, volunteer, visitor, or center facility. It is impossible to identify every instance of what would constitute a major or critical incident; therefore the definitions of the types of incidents in Paragraph 5 shall be used to guide centers in reporting incidents to FCADV.

### 2. Scope

- a. This operating procedure applies to all incident reporting and risk prevention in certified domestic violence centers under contract with FCADV.
- b. This reporting procedure does not replace the abuse, neglect and exploitation reporting system as required by Chapter 39 and 415, F.S. Regardless of the status as an event in incident reporting, allegations of abuse, neglect or exploitation shall always be reported immediately to the Florida Abuse Hotline on the statewide toll-free telephone number (1-800-96ABUSE).
- c. It is the responsibility of all certified domestic violence center staff paid or unpaid to promptly report all incidents in accordance with the requirements of these procedures.

### 3. Time Lines

- a. Time Lines: Incidents are reported as immediate (five hours) or within 24 hours of the incident or at the time in which you were notified of the incident.
- b. Immediate Notification: Incidents which require immediate notification are to be reported to the center Executive Director and notification to FCADV within 5 hours by telephone. At a minimum, however, regardless of the perceived severity of the issue, all incidents of death, communicable disease or negative media coverage should be reported to FCADV immediately by telephone.

During normal business hours telephone reporting may be to FCADV by contacting the FCADV Contract Administrator or Contract Manager at the main phone line (850) 425-2749. Incident reporting after normal business

hours may be made to the Quality Assurance Department at (850) 284-0286 or to the Director of Contracts and Grants Administration at (850) 528-4114

All incidents requiring immediate notification telephonically and shall be followed-up with the completion of the incident reporting form within 24 hours of the incident to the FCADV Contract Manager.

#### 4. Submission Methods of Incident Reports

Incident reports must be sent electronically to the FCADV Contract Manager at IncidentReporting@fcadv.org or through fax at (888) 749-0991. Regardless of the method used for submission, the report shall be complete and list the contact information for the person submitting the report.

#### 5. Definitions of Reportable Incidents

- a. Death (Immediate Reporting) - Any incident that involves the death of participant or their dependent which occurs while residing at the shelter facility or while receiving outreach services, or any incident that involves the death of an employee or a volunteer while working or on center property.
- b. Altercation - Any incident resulting in a serious injury that requires medical treatment by a licensed health care professional due to a physical altercation between two or more participants, or their dependents; or between one or more participant, their dependent, an employee, or a volunteer.
- c. Sexual Battery - Any incident resulting in a participant alleging sexual battery by another participant, employee, or volunteer while residing at the shelter facility or while receiving outreach services.
- d. Serious Injury/Illness - Any incident resulting in a serious injury or illness that requires the response of law enforcement, emergency medical services, paramedics, or firefighters **and** is a result of conditions at the center that pose a serious risk of imminent harm to the health or safety of participants.
- e. Communicable Disease (Immediate Reporting) - Any outbreak of a communicable disease in the shelter facility that requires implementation of control procedures or a quarantine order issued by the State Health Officer or county health department.
- f. Embezzlement – Theft/larceny of center assets (money or property) by any staff member or volunteer.
- g. Closure of Facility, Outreach Office or Hotline Failure (Immediate Reporting) – Any act in which the facility must close or there is hotline failure of five hours duration or longer. FCADV may assist with the coordination of relocation for residents and the transfer of hotline calls to another center.
- h. Other (Immediate Reporting) - Any action by a program participant, their dependent, an employee, or a volunteer, that results in an adverse/negative inquiry by public media, the Legislature, or the Office of the Governor.

#### 6. Center Procedures

Centers are required to maintain their own internal policy, procedure and incident documentation log for recording and documenting all incidents. This log shall document incidents regardless if they rise to the level that requires reporting to FCADV, but shall identify those that are reported to FCADV or other agency and

the date reported. This Internal Incident Documentation Log shall be maintained chronologically and each incident assigned a sequential report number. The log shall also include the date, time, subject of incident, name of staff person(s) involved if applicable, participant ID if applicable, staff responding/witnessing incident and a brief description of the incident.

#### 7. Reporting Procedures

- a. There are two incident reporting forms, Domestic Violence Center General Incident Report form, Attachment I and Domestic Violence Center Death Incident Report form, Attachment II. Centers may use the attached forms as part of their own internal incident reporting policy and procedure, even if the incident does not rise to the level of requiring a report to FCADV.
- b. The Domestic Violence Center Incident Report Form and the Domestic Violence Center Death Incident Report form shall be filled out by the staff person having witnessed the incident or having first hand knowledge of the issue. Hand written documentation and documentation that is not 100% perfect English is completely acceptable. Clarification or more detailed information can always be obtained later if necessary.
- c. For incidents that involve participants or their dependents, the actual names shall not be included in the report, only participant case numbers shall be used for identification.
- d. Incident reporting forms shall be completed fully and provide a detailed summary of the incident including specifics as to who, what, where, how and when.
- e. The report form shall be submitted to FCADV as stated in Paragraph 4, within 24 hours of the incident or notification of the incident.

#### 8. FCADV Responsibilities:

FCADV will review the incident report and will contact the center for any additional information that may be necessary. FCADV will also review the center's response to the incident and will contact the center if it is believed that additional safeguards should be implemented by the center.



**ATTACHMENT I  
DOMESTIC VIOLENCE SERVICES GENERAL INCIDENT REPORT**

**This form may be faxed to (888) 749-0991 or emailed to IncidentReporting@fcadv.org**

Initial Report      Supplemental Report      Amended Report

**Section 1: General Information**

**Center Name:** \_\_\_\_\_ **Report Number (Center Identification):** \_\_\_\_\_

**Staff Name if applicable:** \_\_\_\_\_

**Program Participant File # if applicable:** \_\_\_\_\_

**Dependents File Number if applicable:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Additional Names or Program Participants File #:** \_\_\_\_\_

**Telephone Notification to FCADV:** \_\_\_\_\_ **Date of Call:** \_\_\_\_\_ **Time of Call:** \_\_\_\_\_  
**Call from:** \_\_\_\_\_ **Call to:** \_\_\_\_\_

**Incident Report Distribution: (CHECK ALL THAT APPLY)**  
 Center File \_\_\_\_\_  
 FCADV Contract Manager \_\_\_\_\_  
 DCF, if applicable \_\_\_\_\_  
 Other Agency-Please Identify \_\_\_\_\_

Law Enforcement Agency Notified?    Yes                  No                  Specify Case #:  
 Emergency Medical Services Notified?                  Yes                  No  
 Is follow-up required?                                  Yes                  No                  Specify:

**Section 2: Background Information**

**Reporting Date:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location Where Incident Occurred:** \_\_\_\_\_

**Type of Incident:**    Employee Related                  Participant-Related (    Child                  Adult)

(See FCADV Incident Reporting Procedures for definitions of the categories below)

1.            Altercation
2.            Serious Injury/Illness
3.            Communicable Disease
4.            Sexual Battery
5.            Embezzlement
6.            Closure of Facility/Outreach Office

- 7. Hotline Failure
- 8. Other Critical (Please Explain):

**Section 3: Background Information**

Summary of Events: Describe the incident in detail (include location of incident):

Other Agencies Responding to Incident: Provide name of agency, contact person, phone number and address:

Staff/Volunteers Who Witnessed the Incident:

Program Participants or Others Witnessing Incident:

**Section 4: Planned Corrective Actions/Countermeasures**

Indicate all disciplinary, personnel, or corrective actions planned or taken, along with date of action.

Center follow Up: Is a follow up report being prepared for submission to FCADV? Yes      No

**Section 5: Person Submitting Report**

Name:

Title/Position:                      Phone/Pager/Mobile:

Name of Supervisor:

Title:

Phone No.:



**ATTACHMENT II  
DOMESTIC VIOLENCE SERVICES DEATH REPORT**

This form may be faxed to (888) 749-0991 or emailed to IncidentReporting@fcadv.org

Initial Report

Supplemental Report

Amended Report

**Section 1: General Information**

**Center Name:** \_\_\_\_\_ **Report Number (Center Identification):** \_\_\_\_\_

**Staff Name if applicable:** \_\_\_\_\_

**Program Participant File # if applicable:** \_\_\_\_\_

**Dependents File Number if applicable:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Additional Names or Program Participants File #:** \_\_\_\_\_

<b>Telephone Notification to FCADV:</b>	<b>Date of Call:</b>	<b>Time of Call:</b>
	<b>Call from:</b>	<b>Call to:</b>

<b>Incident Report Distribution: (CHECK ALL THAT APPLY)</b>	Center File FCADV Contract Manager DCF, if applicable Other Agency-Please Identify
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Law Enforcement Agency Notified?	Yes	No	Specify Case #:
Emergency Medical Services Notified?	Yes	No	
Is follow-up required?	Yes	No	Specify:

**Section 2: Background Information**

**Date of Death (MM/DD/YYYY):** \_\_\_\_\_ **Time of Death:** \_\_\_\_\_ **Place of Death:** \_\_\_\_\_

**Suspected Cause of Death:** \_\_\_\_\_

Classification of Death:

Natural, expected	Natural, unexpected	Homicide	Suicide	Accident
Unknown, explain:				

Location Where Incident Occurred: \_\_\_\_\_

**Section 3: Death Review Information**

Summary of Findings: Provide a brief description of the findings, major issues related to the death – use extra pages if necessary:

Other Agencies Responding to Incident: Provide name of agency, contact person, phone number and address:

Staff/Volunteers Who Witnessed the Incident:

Program Participants or Others Witnessing Incident:

**Section 4: Planned Corrective Actions/Countermeasures**

Indicate all disciplinary, personnel, or corrective actions planned or taken, along with date of action:

Center follow Up: Is a follow up report being prepared for submission to FCADV? Yes No

**Section 5: Death Review Summary**

Medical Examiner Case?	Yes	No	If yes, Case #:
Autopsy Requested?	Yes	No	If yes, date requested:
Autopsy Done?	Yes	No	Pending

If yes, date of autopsy:

Medical Examiner/Physician Cause of Death:

Law Enforcement Involvement: Include charges filed, if any.

**Section 6: Person Submitting Report**

Name:

Title/Position: Phone/Pager/Mobile:

Name of Supervisor: Title: Phone No.: