

Complete the following section for all medication deviations except for customer refusals:

Explain the deviation in detail: _____

Who was contacted regarding deviation? _____

What was their recommendation? _____

How could this deviation have been avoided? _____

Signature of Staff Completing Report _____ Date _____

THIS REPORT IS TO BE SUBMITTED TO YOUR SERVICE COORDINATOR WITHIN 24 HOURS OF THE OCCURANCE OF ANY UNUSUAL INCIDENT

For office use only: BDDS Reportable Incident? _____
 Reported by: _____ Date/Time: _____

Dissemination Protocol:

*Original to Service Coordinator for review and investigation, if appropriate, then to Customer file.
Copy to Agency Nurse for medication deviations and health related incidents.*

BDDS Reportable Incidents include:

- 1) Physical, sexual, verbal or mental abuse and/or Neglect
- 2) Exploitation
- 3) Death of an individual
- 4) Interruption of a major utility that compromises safety
- 5) Environmental/structural problems
- 6) Residential fire
- 7) Missing persons
- 8) Suspected criminal activity by staff or individuals
- 9) ER visits and Hospitalizations
- 10) Admission to nursing facility
- 11) Injuries of unknown origin
- 12) Significant injuries including fractures, burns, choking, lacerations and injuries that occur while individual is restrained
- 13) Med error that physician determines to pose health risk
- 14) Inadequate staff supports
- 15) Inadequate medical supports
- 16) PRN medication administration for behavioral purposes or prior to medical appt.

BDDS Reportable Incident Dissemination Protocol:

*Submit Incident Report online at <https://secure.in.gov/apps/fssa/bdds/ifur/ifurServlet>. Copy to Services AA for file.
E-mail copy to BDDS Service Coordinator, Case Manager, Options ADS, Parent/Guardian (if applicable), Options Nurse (if pertaining to customer receiving HCC).*

