

Client-Related Reportable Event: Required Fields

Reportable Events must be documented in a Reportable Event Report.
The Report form must contain all of the following fields:

Client Name:	<i>Name of BHPN client the event is related to</i>
Client DOB:	<i>Client's Date of Birth</i>
Reporting Staff:	<i>Name of the staff completing the report</i>
Position:	<i>Position of the reporting staff.</i>
Event was:	<ul style="list-style-type: none"> • Witnessed by Staff : Staff observed the event first hand • Reported to Staff: Event was reported to the staff (staff not present when the reported event took place)
Date of Event:	<i>Date that the event actually took place</i>
Date Reported to Staff:	<i>Date the event was communicated to the reporting staff (if the event was not witnessed by staff)</i>
Reporting Supervisor:	<i>Name of the supervisor that the reporting staff reports to and who will receive this completed form</i>
Clinic/Provider:	<i>Name of the provider that the client is seen by for services</i>
Date of Report:	<i>Date that the report is being written</i>
Client Present:	<i>Was the client present at time of the event? Yes or No.</i>
Staff Present:	<i>List the names and titles of all staff that were present during the event</i>
Family Members Present:	<i>List the names of all client family members present during the event and include their relationship to the client.</i>
Time of Event:	<i>Time of day that the event occurred (or was reported to the staff)</i>
Event as part of Session?	<i>Indicate whether or not the event took place outside of or during a session. Use the following checkboxes/options: Outside of Appointment, During Start of Appointment, During Middle of Appointment, at End of Appointment</i>
Site of Event:	<i>Where did the actual event take place? Use the following checkboxes/options: Outside Clinic Building, Inside Clinic or Building, Customer Home, Other</i>
Description of the event:	<i><u>If you observed the actual event:</u> In the third person (using titles and positions), describe the details of the event. Do not make any conclusions or state any opinions. What you write in this section should be able to be copied and pasted to anyone, and should clearly inform them of the event as if they had seen it themselves.</i>
Description of the event (continued):	<i><u>If you did not observe the actual event (it was reported to you):</u> In the third person (using titles and positions), describe who reported it to you, when they reported it to you, and exactly what they reported. Include everything they told you, including who was involved, when it</i>

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	<i>happened, where it happened, and exactly what happened. What you write in this section should be able to be copied and pasted to anyone, and should clearly inform them of the event as if they had been part of the conversation with you when it was reported to you.</i>
What led up to the event?	<i>In the third person (using titles and positions), describe anything that was taking place immediately prior to the event, or that may have escalated the event and/or led to the event taking place. If the event was reported to you- describe anything that the reporting party told you and include anything that led up to the reporting party telling you about the event.</i>
How did staff respond to the event?	<i>In the third person (using titles and positions), describe what actions staff took during the event and immediately following the event. If the event was reported to you- describe anything that the reporting party told you and include any actions you took at time of the report, or conversations you had with the reporting party when they informed you of the event.</i>
How was the event resolved?	<i>If applicable at this point, describe how the client, family, staff, and supervisors have already resolved the issue. If it has not yet been resolved, please state "N/A" in this section.</i>
Action(s) taken (select as many as appropriate)	<p>Check each box that represents actions taken place.</p> <ul style="list-style-type: none"> • <u>911 notified</u>: Police, Fire, or paramedics were contacted at time of the event. • <u>First Aid Given</u>: First aid was administered at time of the event. • <u>Verbal Intervention</u>: staff provided verbal interventions to client and/or family de-escalate the situation. • <u>CPS notified</u>: A report was made to CPS (or APS) due to abuse or neglect. If this occurred, be sure to attach copy of the CSP/APS report to this report. • <u>Other</u>: If there were any other actions that took place during or at the end of the event, please note them here.
Family/Parent Communication	<p><u>Family or Caregiver present</u>: check this box if a family member or other caregiver was present during the event</p> <p><u>Family or Caregiver informed</u>: check this box if a family member or caregiver has already been contacted and informed of the event.</p>
Is follow up with Family needed?	Does the family need follow-up regarding this event? Yes or No.

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Reportable Event Types:

Each reportable event should be classified as one or more of the following to allow tracking and trending of events as part of quality improvement efforts.

Description of Event Types:	
Abuse or Neglect	An event in which someone experiences abuse or neglect that must be reported under CA Penal Code Mandated Reporting of Abuse and Neglect.
Client Danger to Self	An event in which the client engages in behavior that is dangerous to their wellbeing, physically or emotionally. This includes the use or unauthorized possession of weapons and suicide or attempted suicide.
Client Danger to Others	An event in which the client engages in behavior that is dangerous to the wellbeing, physically or emotionally, of those around them. This includes the use or unauthorized possession of weapons and sexual assault
Communicable Disease	Any event that includes an infectious disease transmissible (as from person to person) by direct contact with an affected individual or the individual's discharges or by indirect means.
Infection Control/Biohazard Accident	An event in which staff, or any person, encounters a potentially infectious environment/disease or had to clean/avoid biohazardous materials (blood, mucus, etc.)
Medical Emergency or injury	An event in which the client was physically injured, if medical attention is required or not, and/or any event that requires emergency medical response/ medical attention.
Medication Errors	Any event that may cause or lead to inappropriate medication use or client harm while the medication is in the control of the provider, practitioner, or client.
Responsible Adult Aggression	An event in which the responsible adult engages in behavior that is aggressive towards staff/client/other.
Responsible Adult Danger to Self	An event in which a responsible adult engages in behavior that is dangerous to their wellbeing, physically or emotionally. This includes the use or unauthorized possession of weapons and suicide or attempted suicide.
Responsible Adult Danger to Others	An event in which the responsible adult engages in behavior that is dangerous to the wellbeing, physically or emotionally, of those around them. This includes the use or unauthorized possession of weapons and sexual assault
Unauthorized use and possession of legal or illegal substances	An event in which any person(s) engage in hazardous or harmful behavior relating to legal or illegal substances.
Use of Restraint/Seclusion	An event in which any person is physically restrained against their will, in any way, or in which any person is forced to be away from others against their will.
Wandering/Elopement	An event in which a client(s) leaves the presence of a Responsible Adult and/or staff without approval.
Other	Any event not otherwise defined above.

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Supervisor Review, Response, and Action Items:

The following fields must be completed in order to demonstrate and communicate all actions taken to fully resolve and respond to the event.

Date Supervisor Reviewed with Client, family, and/or staff	<i>Enter the date that a supervisor reviewed the event with involved staff, and any dates that the event was discussed with the client and/or the client's family.</i>
Supervisor's Summary and additional Notes	<i>Enter a summary of the review noted above, and include any additional details that are relevant to the issue and the resolution of the issue.</i>
Recommended Actions	<i>Enter here the actions recommended be taken to resolve the issue.</i>

Client-Related Reportable Event Form

Client Name(full):		Reporting Staff:	
Client DOB:		Position:	
Event was: <input type="checkbox"/> Witnessed by Staff <input type="checkbox"/> Reported to Staff		Date of Incident:	
		Date Reported to Staff:	
Reporting Supervisor:	Clinic/Provider:	Date of Report:	
Client Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Present:	Family Members Present:	
Time of Event:	Time:	<input type="checkbox"/> Outside of Appointment <input type="checkbox"/> During Appointment: <input type="checkbox"/> Start <input type="checkbox"/> End <input type="checkbox"/> Mid.	
Site of Event:	<input type="checkbox"/> Inside Clinic or Building <input type="checkbox"/> Client Home <input type="checkbox"/> Outside Clinic Building <input type="checkbox"/> Other:		
Description Of event (Facts only: <u>who</u> , <u>what</u> , <u>when</u> , <u>where</u> , <u>how</u> ; <u>no</u> conclusions or opinions)			
What led up to the event?			
How did staff respond to the event?			
How was the event resolved? (If not applicable, state "N/A")			
Action(s) taken (select as many as appropriate)	<input type="checkbox"/> 911 notified <input type="checkbox"/> First Aid Given <input type="checkbox"/> Verbal Intervention <input type="checkbox"/> CPS notified (attach copy of report) <input type="checkbox"/> Other:		
Family/Parent Communication	<input type="checkbox"/> Family or Caregiver present <input type="checkbox"/> Family or Caregiver informed Additional Comments:		
Is follow up with Family needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Check applicable event type (s):		
<input type="checkbox"/> Abuse or Neglect	<input type="checkbox"/> Client Danger to Self	<input type="checkbox"/> Client Danger to Others
<input type="checkbox"/> Communicable Disease	<input type="checkbox"/> Infection Control/Biohazard Accident	<input type="checkbox"/> Medical Emergency or Injury
<input type="checkbox"/> Medication Error	<input type="checkbox"/> Responsible Adult Aggression	<input type="checkbox"/> Responsible Adult Danger to Self
<input type="checkbox"/> Responsible Adult Danger to Others	<input type="checkbox"/> Unauthorized use and possession of legal or illegal substances	<input type="checkbox"/> Use of Restraint/Seclusion
<input type="checkbox"/> Wandering/Elopement	<input type="checkbox"/> Other:	

**** Please submit to your Supervisor/Manager ****

Supervisor Review:

Date Supervisor Reviewed with Client, family, and/or staff:

Supervisor's Summary and additional notes:

Recommended Actions	1.
	2.
	3.

Reporting Staff Name (Print)	Signature	Date	Contact Phone Number
Supervisor's Name (Print)	Signature	Date	Contact Phone Number

** Upon completion of this form, email to theBHPN@theBHPNP.org**