

**DDS Incident Reporting
Injuries – Unusual Incidents - Restraints
Form 255 Guidelines**

General

The form 255 can be used to record multiple incident types if they relate to the same overall incident. An example would be completing the Restraint Section, and , if an injury resulted from the restraint, completing the injury section as well. If there are two distinctly separate incidents, two form 255's must be completed.

1 – Header Information

This information must be completed for all incidents.

Field	Instructions
Name/DDS #	Enter Person's Name and DDS Number
Incident Date	Enter Date of Incident (or Initial Date In of Restraint)
Date of This Report	Enter Date Report Completed
Responsible Provider/Program	Identify the Provider and Program responsible for the person at the time of the incident. This information must always be completed. If the incident occurred at a location other than the actual program location the provider and program responsible for the person at the time of the incident should be recorded.
RDID #	This can be entered in if known but is not required in Form 255 (required entry in CAMRIS)
If not directly at Responsible Program	Check off the appropriate code or write in Other. A Responsible Provider/Program must still be entered in above.

2a – Injury

This section should be completed if an actual injury is either observed or discovered. Accidents with no apparent injury must be recorded in Unusual Incidents if they are felt to be significant and/or dangerous.

Field	Instructions
Observed/Discovered	Check the appropriate selection depending on whether the injury incident was actually observed by the person reporting or the result of the injury (bruise, cut, etc.) was discovered after the incident
Time	Note the Time the Injury was either observed or discovered
Time of Treatment	Note the time treatment (if any) was provided in response to the injury
Treatment Date	Note the treatment date only if different than the Incident date
Cause	Select only one cause (if multiple, select the cause of the highest level injury or complete another form 255)
Injured By	Select one of these choices or describe in "Other"
Injury Type	Select only one Injury Type (if multiple, select the type of the highest level injury or complete another form

	255)
Severity of Injury	Select one indicating the highest level of severity provided for that injury incident
Treatment provided	Select one indicating the highest level of treatment provided for that injury incident
Body Part(s)	Select up to three body parts injured in the incident (if more than three, select the most severely injured)

2b – Unusual Incidents

This section should be completed only if the incident involves behavior or a situation specifically covered by the Incident Types, which is dangerous, or life threatening; illegal, involves police or fire or significant behavior (extreme or worrisome behavior not normally exhibited by the individual) not already covered by a behavior program or guideline. Behaviors, which are normally recorded and tracked by approved behavior programs, do not need to be recorded here unless they meet the criteria of “dangerous” or “life threatening”.

Field	Instructions
Incident Time	Enter Time of Incident
Incident Type	Enter Incident Type. More than one Unusual Incident Type can be selected if they all relate to the same overall incident (ex. Police Arrest in response to a fire setting incident). Those two selections would need to be entered as two separate incidents in CAMRIS however.
Comments	Comments section must be entered for all Unusual Incidents.

2c – Restraints

This section should be completed for all restraints used on individuals including both those approved by PRC/HRC and included in the individual's program and emergency restraints. Medical Restraints **are not to be reported**. A medical restraint can be defined as follows: There are two types of medical restraint (A and B). Type A is physical, mechanical, or chemical restraint that is used to safely administer medical or dental services. Type B is physical, mechanical, or chemical restraint that is used to aid a healing process and prevent an otherwise acceptable behavior.

Examples of Type A

- physically holding a person's arm to draw blood, suture, etc.
- use of a papoose board to apply sutures, casts, etc.
- chemical sedation prior to dental or MD appointment

Example of Type B

- use of chair with tray to prevent person from walking while sprained/broken ankle heals

Restraint Log

In selected instances a "Restraint Log" may be used as an attachment to a Form 255 to record multiple uses of Restraint for an individual, if that Restraint Type does not allow Multiple Restraint Reporting (see related section below). The Restraint Log must contain enough detailed information on each Restraint Incident to allow the data entry operator to enter each reported restraint as a separate incident.

The following are criteria for acceptable use of a restraint log. All other instances of restraints, not covered by multiple restraint reporting (see below), must be reported on separate Form 255's.

- The Restraint is used as a "Graduated Guidance Procedure" to encourage appropriate behavior, even though the individual is resistive. This would include:
 - Escort to move to desired location
- Incidents with logs should be reported on a **weekly** basis
- The Restraint should be a regularly applied restraint (several times a week) and must be a "programmatic restraint" not an Emergency Restraint. Emergency Restraints must be reported separately on a Form 255
- If an incident involves either an injury or a suspicion of Abuse/Neglect it must be reported separately on a Form 255

Field	Instructions
Final Date Out	Enter a final date out <u>only</u> if the incident took place over the course of two days (ex. Incident began at 11:55 PM and ended at 12:10 AM) In cases of multiple restraint reporting (see below) the final date must be entered
Time In/Time Out	Enter the time the first restraint was started and the time the final restraint was completed for that incident. If there were short breaks between restraint applications, (10 minutes or less) this should still be treated as one incident of restraint. If individual is released from restraint for exercise for

Field	Instructions
	10 minutes every hour per DDS Policy, the entire incident (including exercise breaks) should be treated as one incident of restraint.
If Multiple	<p>The purpose of multiple restraints reporting is to allow only one Form 255 to be completed for multiple applications of selected regularly applied programmatic restraints over a period of days and/or weeks. The only restraints which can be reported in this way are:</p> <ul style="list-style-type: none"> • Helmets • Bed Rails • Specialized Clothing • Mitts • Vehicle/Transport • Waist Restraint/chest/vest • Safety Cuffs • Arm Splints • Held By Arms <u>only</u> for the purpose of completing ADL Activities <p>If reporting multiple restraints:</p> <ul style="list-style-type: none"> • Only one Restraint Type can be selected • Only one Behavior can be selected • In the Case of Held By Arms to complete ADL activities the this can be the only restraint type reported and ADL can be the only behavior the restraint is in response to <p>Exceptions to multiple restraint reporting are</p> <ul style="list-style-type: none"> • If an injury occurs as a result of restraint • If Abuse or Neglect is suspected • If Restraint is done on an Emergency basis as opposed to planned/programmatic <p>In these instances that incident must be reported separately</p> <p>Multiple restraints must be completed by the end of each month to comply with DDS review requirements</p>
Total Hours/Min	Enter total Hours and/or minutes representing the total time the restraints were used over the time period indicated.
Total Occurrences	Enter the total number of restraint applications over the reported time period.
Restraint(s)	Up to four restraint types may be selected for that incident. At least one must be selected. For multiple restraints, only one restraint type can be selected
Behavior(s)	Up to four behaviors (which necessitated the restraint) may be selected for that incident. At least one must be selected. For multiple restraints, only one behavior type can be

Field	Instructions
	selected
Status	Check PRC/HRC approved if restraint was approved and is part of individual's behavior plan. Otherwise check Emergency
Injury Caused by Restraint	Enter "Yes" if an injury occurred as either a direct or indirect result of the restraint application. If the injury occurred as a result of the behavior necessitating the restraint, enter "No". If an Injury occurred, the Injury section of the form 255 must be completed.
Monitoring	Indicate whether monitoring occurred during course of restraint consistent with DDS Policy
Exercise	Indicate whether individual was released to allow exercise for the time period specified If individual is released from restraint for exercise for 10 minutes every hour per DDS Policy, the entire incident (including exercise breaks) should be treated as one incident of restraint.
Person(s) applying restraint	List the name(s) of staff applying the restraint(s)
Person in charge during restraint	Name of immediate supervisor on site during restraint
Authorizing Signature(s)	Signature of Supervisor reviewing the form.
Person(s) removing restraint	Name of person(s) who removed the restraint(s)
Trauma Check	If the incident was an emergency restraint enter the name of the individual completing a trauma check on the person restrained.

3 – Comments – Reporter Information – Abuse/Neglect Suspected

Field	Instructions
Summary/Comments	This section <u>must</u> be completed for severe injuries, unusual incidents and emergency restraints. It is optional for all other incidents. Include events surrounding the incident and interventions attempted. If additional comments are attached, check “also see attached” box.
Reporter’s Name/Title	Write in Reporter’s Name and Title
Reporter’s Relationship	Select incident reporter’s relationship to the Individual who is the subject of the Incident Report.
Entered into log book/notes	Check this if incident was entered into other supporting documentation.
Abuse/Neglect Suspected	Indicate if Abuse or Neglect was suspected in the incident being reported and, if “Yes”, the date the Abuse Report was completed (see DDS Abuse/Neglect procedure, Section I.F.) and which mandated investigating agency it was sent to. The mandated investigating agencies are: OPA (Office of Protection and Advocacy) DCF (Dept. of Children and Families) DSS (Dept. of Social Services) DPH (Dept. of Public Health) Other (Specify)
Person Completing Form Signature	The Signature of the person completing the form.

4 – Supervisor Review and Follow Up

The Supervisor should review and follow up on all Severe Injuries, Unusual Incidents and Emergency Restraints. The supervisor should also follow up in any incidents where abuse or neglect are suspected.

Field	Instructions
Supervisor Review	Enter Date Supervisor Reviewed this incident. Describe any follow up actions, including other parties notified, related to this incident.
Check Boxes	Check the appropriate boxes to indicate specific follow up action of if additional follow up information is attached to the Form related to this incident. If Critical Incident, ensure Guardian/Primary Responsible Person (PRRP) is notified
Other Review	This can be used if another person in addition to the supervisor (ex. Nurse) reviewed this incident. For Moderate and Severe Injuries, an RN must sign this section Enter Date of Review and any follow up comments
Critical Incident	If the incident was determined to be “Critical” in nature, immediate notification to the DDS Regional Administration is required. Check the “Yes” box and

	indicate the date notification took place.
Distribution	Check the appropriate box for distribution of the Form 255