



RFENC

Rowell Family Empowerment of Northern California, Inc.

April 14, 2011

To: Respite Care Providers

From: Monica Thoma and Alex Stephens

Alex and I attended a Special Incident Report training a couple of weeks ago. The information we received is now implemented into our respite program. The following information falls under the California Code of Regulations, Title 17.

The Special Incident Reporting is when a provider feels that **any unusual events** have taken place, such as a:

- 1. 911 call**
- 2. Mandated reporting incident=Physical, sexual, emotional, financial abuse or neglect**
- 3. Missing consumer**
- 4. Injury or accident beyond first aid treatment which can include:**
 - A. Puncture wounds
 - B. Fractures
 - C. Dislocations
 - D. Bites that break the skin
 - E. Internal bleeding
 - F. Medication errors
 - G. Medication reactions
 - H. Burns
- 5. Hospitalization:**
 - A. Respiratory illness
 - B. Seizure-related
 - C. Cardiac-related
 - D. Internal infections
 - E. Wound care
 - F. Nutritional deficiencies, dehydration or anemia
- 6. Death of a consumer**
- 7. Victim of a crime**
 - A. Robbery
 - B. Aggravated assault
 - C. Larceny
 - D. Burglary
 - E. Rape or attempted rape



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Communication to RFENC is essential! **TIME IS OF THE ESSENCE!** Should any of these events occur during your shift, you will need to write the written report prior to the end of your shift. Drop off the form to the office, after hours place it in the drop box. Ultimately, the form needs to be faxed to FNRC within 24 hours of the event.

1. For Special Incidents that take place M-F during office hours, please call 226-5129 and mention that you are reporting a Special Incident.
2. For Special Incidents that occur M-F in the evening, please call 226-5129, go to mailbox 109 and leave a message.

The Special Incident form is on our website (RFENC.org) under the respite section. Please take a minute to understand what is being asked on the form and go to our website so you are familiar with where the form is. The form has 2 sides and each line needs to have something written on it. It is important that the form is complete!

For weekend **EMERGENCY respite special incidents:**

1. Please call the RFENC pager number of **224-3079** and leave a return number. A staff person from RFENC will call you back with assistance. This number is to be used in emergency situations only!
2. Please go to our web-site, **RFENC.org**, and print the Special Incident Form.
3. Fill out the form and fax, or drop it off to Rowell Family Empowerment. Our fax number is **226-5141**.
4. A respite supervisor will look at the form and fax it to FNRC within 24 hours of the incident.

Please fill out the box below and return the form to RFENC.

Thank you for your cooperation with RFENC to keep our children, youth, and adults safe.



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I have read the above information and understand my responsibilities as a Respite Care Provider of RFENC to report a Special Incident situation.

Written Name:

Signature:

Date:

FAR NORTHERN REGIONAL CENTER
VENDOR UNUSUAL INCIDENT/INJURY/DEATH REPORT

Please use "NA" (Not Applicable) where needed to complete this form.

NAME OF FACILITY: _____
(PLEASE PRINT)

FACILITY ADDRESS: _____

FACILITY TELEPHONE NUMBER: (_____) _____ EXT: _____
Area Code

DATE OF INCIDENT: ____/____/____ TIME OF INCIDENT: _____ AM/PM
Month (XX) Day (XX) Year (XXXX)

CONSUMER NAME: _____ CONSUMER UCI#: _____
(PLEASE PRINT)

NAME OF SERVICE COORDINATOR: _____
(PLEASE PRINT)

INCIDENT TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Alleged Consumer Abuse/Neglect | <input type="checkbox"/> Injury – First Aid Only |
| <input type="checkbox"/> Alleged Violation of Rights | <input type="checkbox"/> Injury – Med Trmt Required |
| <input type="checkbox"/> Arrest/Incarceration | <input type="checkbox"/> Involuntary Psych Admit |
| <input type="checkbox"/> Assaultive/Self-Injurious Behavior | <input type="checkbox"/> Medical Emergency (ER/911) |
| <input type="checkbox"/> Death | <input type="checkbox"/> Medication Error |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Missing |
| <input type="checkbox"/> Hospitalization-Planned | <input type="checkbox"/> Sexual Incident |
| <input type="checkbox"/> Hospitalization-Unplanned | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Victim of a Crime |

PROTECTIVE AGENCIES/INDIVIDUALS NOTIFIED: (Specify names and telephone numbers)

- DEPARTMENT OF HEALTH SERVICES (DHS) _____
- DEPARTMENT OF SOCIAL SERVICES/COMMUNITY CARE LICENSING (DSS/CCL) _____
- ADULT/ CHILD PROTECTIVE SERVICES _____
- OMBUDSMAN _____
- PARENT/GUARDIAN/CONSERVATOR _____
- LAW ENFORCEMENT _____
- DAY PROGRAM _____
- PHYSICIAN/HOSPITAL _____
- OTHER ENTITY _____

