



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Incident Report**

Staff completes this form to report any critical and non-critical incident involving a person who receives Developmental Disabilities Services Division (DDSD) services.

Name	Date of report
Provider agency	Incident location
Date of incident <input type="checkbox"/> observed <input type="checkbox"/> discovered	Time of incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

**Critical incidents, check all that apply.** Notify staff per OAC 340:100-3-34. Any critical incident requires immediate verbal notification to DDSD case manager or, if incident occurs after regular working hours, DDSD on-call staff.

- Suspected abuse, neglect, or exploitation, notified:
  - Adult Protective Services    Office of Client Advocacy    Child Welfare Services
- Threat of suicide     Attempt of suicide
- Death
- Unplanned hospital admission:
  - psychiatric facility    result of medication error     transport by ambulance
- Medication event resulting in need for emergency medical treatment
- Law enforcement involvement:     criminal     behavioral
- Loss of property more than \$500:
  - fire    natural disaster    theft    behavioral destruction
- Missing person:
  - lost    in danger     community protection issue     police notified
- Unusual or significant incident that may attract media attention
- Use of highly restrictive procedure:
  - p.r.n. medication for behavioral control, medication \_\_\_\_\_ time \_\_\_\_\_ dose \_\_\_\_\_
  - physical hold, amount of time in hold \_\_\_\_\_
  - authorized in Protective Intervention Plan (PIP)
  - injury
  - other, describe \_\_\_\_\_

**Non-critical incidents, check all that apply.**

- Injury or  Unplanned health-related event:
  - treatment not required     treatment, consultation, or both by physician
  - treatment by other than physician
  - emergency room visit     transport by ambulance

- Physical aggression toward:
  - self, self-injurious behavior (SIB)  staff  others
- Fire setting
- Deliberate harm to an animal
- Loss of property less than \$500:
  - fire  natural disaster  theft  behavioral destruction
- Vehicle accident
- Suspension, removal, or termination of person's program including employment
- Medication event:
  - dose at wrong time  missed dose  wrong dose
  - wrong medicine  wrong route  refused medication
  - documentation incorrect  incorrect label or instruction
  - no medical treatment required
  - other significant occurrence involving medication \_\_\_\_\_

**Incident details.** Describe what happened from beginning to end of incident, include who, what, when, where, how, and why. Use additional pages as needed.

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Person reporting signature and title	Date
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**Action taken:**

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Program coordinator signature	Date
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**Follow-up/action needed:**  Yes  No

Explain:

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Case manager signature	Date
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Routing: Original – service recipient home record  
 Copy – any incident, DDSD case manager  
 Copy – critical incident only, DDSD State Office, attention Kim Akins, fax (405) 522-3037 or e-mail [Kim.Akins@okdhs.org](mailto:Kim.Akins@okdhs.org)