



INCIDENT AND COMPLAINT REPORTING PROCEDURE

1.14

Effective Date: 07/18

Purpose: The purpose of the procedure is to ensure that all incidents of work related injury, illness, unsafe occurrences, or any unusual circumstances that deviate from standard policy or procedure be reported to the human resources department. This procedure also provides an avenue for patient complaints.

Failure to Comply: Employees who fail to comply with this procedure will be subject to disciplinary procedures. Agency failure to comply could result in violation of state regulations.

Procedure: Any incident or abnormal occurrence that requires medical treatment must be reported immediately to your supervisor and human resources. Employees providing services in the patient's homes or in an alternate site may complete the visit and then make the initial report from a more confidential environment.

All incident report forms are to be filled out and signed by the employee involved or employee reporting the incident and then forwarded to the employee's immediate supervisor (please do not make duplicate copies.) The original incident report form shall be reviewed and follow-up completed by the supervisor and/or program director and then forwarded to human resources.

Barren River District Health Department (BRDHD) requires that all incident report forms be submitted to the human resources department within 5 working days. If the incident were to involve an injury to an employee, the form must be submitted immediately to human resources. If any incident involves a vehicle accident the supervisor will notify human resources immediately.

Any patient safety event that occurs, causing death or severe harm, must be reported immediately to the direct supervisor, program director and Public Health Director. Incidents of this type require immediate investigation and response, as well as a completed incident report.

BRDHD will accept complaints from patients and/or families in any manner. Complaints can be completed on either the [P-10 Incident / Complaint Report Form](#) or the [P-11 Patient Complaint Form](#).

All incident report forms must be completed in accordance with the incident reports section of the [Administrative Reference](#).

All incident report forms are compiled into a report which is reviewed bi-monthly by the Risk Management Committee. The Risk Management Committee will review incidents and make any needed recommendations regarding the safety and health of employees, patients and visitors of all BRDHD facilities.

Forms: [P-10 Incident / Complaint Report Form](#); [P-11 Patient Complaint Form](#)

References: [Administrative Reference](#)

Contact Person: Human Resources Manager

Procedure Origination, Revision, and Review Tracking

Procedure Number	Origination Date	Description of Revision or Reviewer Name
1.14	12.14.2017	HR Manager – Procedure Creation
1.14	9.29.2020	HR Manager-review