



STATE OF CONNECTICUT
Department of Mental Health & Addiction Services

Commissioner's Policy Statement and Implementing Procedures

SUBJECT:	Reporting Alleged Violations of DMHAS Policies, Procedures, Regulations or Work Rules
P & P NUMBER:	2.26
APPROVED:	<i>Miriam Delphin-Rittmon</i> 11/1/16 Miriam Delphin-Rittmon, Commissioner Date:11/1/2016
EFFECTIVE DATE:	
REVISED:	Replaces White book Policy & Procedure AC 230 D19 dated January 2007
REFERENCES:	AC 230 D 20, "Investigation of Alleged Violations of DMHAS Policies Procedures, Regulations or Work Rules"
FORMS AND ATTACHMENTS:	<ul style="list-style-type: none"> • Alleged Policy/Regulation/Work Rule Violation Report--MHAS-20 • DMHAS General Work Rules • Statement of Witness/Involved Person

STATEMENT OF PURPOSE:

This procedure has been established to ensure consistent reporting of alleged violations of DMHAS policies, procedures, regulations or work rules.

POLICY: Every employee of the Department of Mental Health and Addiction Services has an obligation to report alleged violations of DMHAS policies, procedures, regulations or work rules in accordance with this procedure.

DMHAS will not tolerate any form of retaliation against employees who report alleged violations of DMHAS policies, procedures, regulations or work rules, or against employees who participate in investigations concerning the alleged violations. Any allegations of retaliation should be brought to the attention of the facility Labor Relations representative. The facility Labor Relations representative shall notify the Agency Director of Labor Relations and/or the Agency Human Resources Administrator for review of the facts and appropriate action.

DEFINITIONS:

Involved Person(s) – any and all persons directly affected by, or involved in, the incident. This may include clients, employees, volunteers, visitors or other members of the general public.

Witness – a person who observed the incident or who was present in the general area of the incident when it occurred. For the purposes of this procedure, a witness is not an “involved person” as defined above.

MHAS-20 Report – The ALLEGED POLICY/REGULATION/WORK RULE VIOLATION

REPORT (hereinafter referred to as the MHAS-20 Report) is a comprehensive report form which collects the following information:

1. Alleged violator;
2. Name of person reporting the alleged violation;
3. Type of violation;
4. Indication of possible affirmative action violation, criminal or client related activity;
5. Location of incident;
6. Description of incident;
7. Names of persons involved;
8. Names of witnesses;
9. Names of persons notified
10. Copies of relevant policies, procedures, regulations and professional standards
11. Appended to the MHAS-20 is the MHAS-20A, which is the written statement from any witnesses or involved persons.

PROCEDURE:

Obligation to Report

1. Every employee of the Department of Mental Health and Addiction Services has an obligation to immediately report alleged violations of DMHAS policies, procedures, regulations or work rules in accordance with this procedure. The reporting obligation arises under the following three (3) conditions:
 - a. when an employee is directly involved in an incident which is an alleged violation;
 - b. when an employee observes an incident which is an alleged violation;
 - c. when an employee is made aware of an incident which is an alleged violation.
2. **Any employee who fails to report alleged violations may face disciplinary action up to and including dismissal.**

Incident Review and Report

Employee must make an oral report IMMEDIATELY to the employee's supervisor and to the supervisor of the area in which the alleged violation occurred. In the absence of the employee's supervisor or if the employee's supervisor is the individual alleged to have committed the violation, the oral report shall be made immediately to the next available supervisor or manager.

Reports of incidents that occur on evening, night or weekend shifts must not be delayed for first-shift or Monday morning processing. Each facility must clearly designate those individuals responsible for report processing in the absence of a regular supervisor or manager. The supervisor/manager should make every effort to obtain a written statement describing the incident on a MHAS-20A report from each involved person and each witness immediately or as soon as possible. Each statement must be signed and dated by the individual who authored it.

The written report shall be made on the MHAS-20 report form, and statements obtained from witnesses and/or involved persons shall be made on the MHAS-20A form. The supervisor/manager who received the oral report shall be responsible for completing the MHAS-20 report form, in its entirety as soon as possible. Any relevant policies, procedures, regulations and/or standards must be noted on the form.

Any employee who knowingly falsifies the MHAS-20 report or MHAS-20A violates DMHAS General Work Rule #20 and may be subject to disciplinary action, up to and including dismissal.

All written statements obtained by the supervisor or manager shall be attached to the MHAS-20 report and the packet must be submitted to the appropriate manager or designee in accordance with the facility's protocol as soon as possible.

Please note: In the absence of the employee's immediate supervisor, the supervisor's responsibilities in this reporting procedure will be executed by the division/department director or manager.

Prior to submitting an MHAS-20 to the Labor Relations unit, the designated Facility or Division management designee must review the MHAS-20 report to determine whether the alleged incident rises to the level warranting an MHAS-20 submission to Labor Relations, in order to ensure that the MHAS-20 process is not utilized for matters which are more appropriately and effectively addressed at the Facility or Division level. Consultation with the assigned facility Labor Relations liaison is recommended if the manager is unclear regarding whether an alleged incident is appropriate for an MHAS-20 submission to Labor Relations.

After the above review, the facility designated manager must transmit a complete set of report documents to the Agency Director of Labor Relations or designee via fax.

Additional Reporting Protocols

1. All MHAS-20 reports that concern Public Safety staff must be sent directly to the Chief of Public Safety
2. The supervisor, manager, or designee will immediately report to the assigned facility Police Lieutenant or designee any report involving possible criminal activity. The Lieutenant or designee will notify the DMHAS Chief and/or the DMHAS Captain or designee. The DMHAS Chief and/or DMHAS Captain shall immediately determine and implement the appropriate police action, if any, and notify the DMHAS Agency Director of Labor Relations.

The Public Safety Department should ALWAYS be notified immediately of the following types of incidents because they may require a criminal investigation:

- a. Physical assaults, including sexual assaults or contacts, or any other workplace violence;
- b. Allegations of physical client abuse;
- c. Complaint of inhumane or cruel treatment of clients;
- d. Allegations of alcohol or drug related activity;
- e. Theft or damage of State property;
- f. Use or possession of any type of weapon (e.g. knife, firearm or other instrument used as a weapon);
- g. Client escapes where it is alleged that staff aided or assisted in the escape.

In those cases where it is questionable whether an incident may be criminal in nature, the Public Safety Department should be notified as a precautionary measure.

If the incident involves an allegation of an affirmative action violation, the supervisor, department head or designee should notify the facility Affirmative Action Manager and the DMHAS Director of Affirmative Action of allegations of affirmative action violations.

3. Retention and final disposition of the incident report packet will be made in accordance with guidelines developed by the State Librarian pursuant to C.G.S. §11-8a.

File Number: _____

Alleged Violator: _____ Employee Number: _____ Sex: _____ Race: _____
 Alleged Violator: _____ Employee Number: _____ Sex: _____ Race: _____
 Alleged Violator: _____ Employee Number: _____ Sex: _____ Race: _____

INSTRUCTIONS

1. Employee makes oral report to Supervisor or Manager before end of shift.
2. SUPERVISOR notify Labor Relations designee, Safety Services, and/or Affirmative Action immediately as required.
3. SUPERVISOR obtain statements from all witnesses and involved persons before end of shift.
4. SUPERVISOR submit original MHAS-20 and all statements to Division Director, Unit/Program Manager or designee by end of shift.
5. Management designee must fax to Labor Relations Representative, or designee, immediately.
6. Send original MHAS-20 with attachments to Labor Relations Representative, or designee, immediately upon completion.

SUPERVISOR COMPLETE THIS SECTION

Check all applicable boxes, print or write legibly, attach additional sheets as needed.

FACILITY	LOCATION OF INCIDENT (<i>Building, Ward, Floor</i>)	INCIDENT DATE	INCIDENT TIME AM PM
INCIDENT REPORTED BY (<i>name</i>)	TITLE	DATE	TIME AM PM
TYPE OF VIOLATION	ALLEGED ABUSE BY EMPLOYEE		
	TYPE	VICTIM	CHECK CORRECT WORK RULE VIOLATION NUMBER (<i>see reverse side for work rules</i>):
	<input type="checkbox"/> Verbal	<input type="checkbox"/> Client	<input type="checkbox"/> #1 <input type="checkbox"/> #5 <input type="checkbox"/> #9 <input type="checkbox"/> #13 <input type="checkbox"/> #17 <input type="checkbox"/> #21 <input type="checkbox"/> #2 <input type="checkbox"/> #6 <input type="checkbox"/> #10 <input type="checkbox"/> #14 <input type="checkbox"/> #18 <input type="checkbox"/> Other: Indicate appropriate policy or regulation.
	<input type="checkbox"/> Physical	<input type="checkbox"/> Employee	<input type="checkbox"/> #3 <input type="checkbox"/> #7 <input type="checkbox"/> #11 <input type="checkbox"/> #15 <input type="checkbox"/> #19 <input type="checkbox"/> #4 <input type="checkbox"/> #8 <input type="checkbox"/> #12 <input type="checkbox"/> #16 <input type="checkbox"/> #20
CHECK IF APPLICABLE	<input type="checkbox"/> Possible Criminal Activity (<i>Notify Safety Services</i>) <input type="checkbox"/> Possible Compliance or Privacy Violation (<i>Notify Compliance or Privacy Officer</i>) <input type="checkbox"/> Possible Affirmative Action Violation or Sexual Harassment (<i>Notify Affirmative Action</i>)		
PERSONS NOTIFIED	SUPERVISOR/DIV. DIR/UNIT OR PROG MGR. (<i>name</i>)	TITLE	TIME AM PM DATE BY (<i>name</i>)
	PUBLIC SAFETY OFFICER (<i>name</i>)	TITLE	TIME AM PM DATE BY (<i>name</i>)
	OTHER (<i>name</i>)	TITLE	TIME AM PM DATE BY (<i>name</i>)
COMPLETED BY	SUBMITTED TO (Management Designee)	TITLE	TIME AM PM DATE SUBMITTED
	SIGNATURE (<i>Supervisor</i>)	TITLE	ALL STATEMENTS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO

General Work Rules

Applicable to All DMHAS Employees, whether Classified or Unclassified

1. Employees shall be responsible for securing prescription and/or nonprescription drugs in their possession while at the work site. An employee taking prescribed medication(s) under the orders of a physician shall report the fact to her/his supervisor if the medication(s) may affect her/his performance.
2. Possession, ingestion or distribution of alcoholic beverages and/or illegal or controlled substances at work sites is prohibited.
3. Racial, ethnic, or sexual harassment of any person is prohibited.
4. Firearms or weapons of any kind are prohibited on work sites.
5. Employees shall maintain current and accurate personal data with their supervisor and the Human Resource Office.
6. Employees shall not conduct any personal business during work hours nor use state or work site telephones or cell phones to place or receive personal calls except in emergencies or with supervisory approval.
7. Unauthorized possession, duplication, or use of agency keys, badges, identification cards or any other State property is prohibited.
8. The removal or destruction of State property, documents, and/or other equipment or material, including client property or records, from work sites without authorization is prohibited.
9. Employees unable to report to work shall call in to their supervisor or designee within one-half hour of the start of their scheduled workday to provide the reason for their tardiness or absence and/or to request the use of earned time, as required. Where continuous operations are involved, a call shall be made at least one-half hour prior to the start of a shift.
10. Employees shall be at their assigned work places at the designated hour ready to work, and remain at work at all times in a fit physical and mental condition until the end of their shift unless excused by their immediate supervisor.
11. Employees are required to work overtime as directed
12. Employees shall not refuse or fail to perform work assigned to them.
13. An employee shall not interfere with the productivity of other employees nor cause any interruption of work.
14. Sleeping or inattentiveness on duty is prohibited.
15. Personal errands, favors or exchanging of personal items, including money, between clients and employees is prohibited.
16. Unauthorized tape recordings, videos, or photographing of clients or employees is prohibited.
17. Employees shall comply with all State and Federal confidentiality laws and regulations and are prohibited from access, use or disclosure of service recipients' protected health information without proper authorization.
18. The development of sexual or otherwise exploitive relationships between employees and clients is prohibited.
19. Physical violence, verbal abuse, inappropriate or indecent conduct and behavior that endangers the safety and welfare of persons or property is prohibited.
20. Employees shall not falsify any client records, work reports, employee records, or other official documents.
21. Employees shall immediately report alleged violations of existing work rules, policies, procedures or regulation to a supervisor.

Note: Reference State Personnel Regulations:

Sec. 5-240-1a. Definitions

- c) "Just cause" means any conduct for which an employee may be suspended, demoted or dismissed and includes, but is not limited to, the following:
1. Conviction of a felony.
 2. Conviction of a misdemeanor committed while on duty.
 3. Conviction of a misdemeanor committed off duty which could impact upon the performance of job responsibilities.
 4. Offensive or abusive conduct toward the public, co-workers, or inmates, patients or clients of State institutions or facilities.
 5. Two successive unsatisfactory service ratings, if filed within two years of each other.
 6. Fraud or collusion in connection with any examination or appointment in the classified service.
 7. Theft, willful neglect or misuse of any state funds, property, equipment, material or supplies.
 8. Deliberate violation of any law, state regulation or agency rule.
 9. Absence without leave for five or more working days or failure to return to duty within five working days following authorized leave.
 10. Use of and/or intoxication from alcohol or illegal drugs while on duty.
 11. Neglect of duty, or other employment related misconduct.
 12. Insubordination, including but not limited to failure to work overtime if directed to do so.
 13. Engaging in any activity which is detrimental to the best interests of the agency or of the state.
 14. Conflict of interest within the meaning of C.G.S. Section 5-266 (a)-1 of the Regulations of Connecticut State Agencies.
 15. Violation of the prohibitions of C.G.S. Section 5-226 (a).

SUPERVISOR COMPLETE THIS SIDE

**DESCRIPTION
 OF
 INCIDENT**

(Describe accurately and completely events that occurred. Indicate persons involved. If injury occurred, describe nature of injury, cause and actions taken to treat injury. Use additional 8 1/2 x 11 sheets if necessary.)

*(*For mandatory overtime violation see reverse side.)*

**PERSONS
 INVOLVED**

NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)
NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)
NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)

WITNESSES

NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)
NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)
NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)
NAME (last, first, MI)	<input type="checkbox"/> Employee <input type="checkbox"/> Client <input type="checkbox"/> Other	ASSIGNED TO: (bldg/ward/unit)

I acknowledge that the above information is accurate and complete to the best of my knowledge and belief.

**COMPLETED
 BY**

SIGNATURE (Supervisor)	TITLE	DATE	TIME AM PM
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Work Rule #11: Mandatory Overtime				
DESCRIPTION OF INCIDENT	1) Statement of direct order to work overtime:			
	2) Statement of employee:			
	3) Notification of consequences of refusal to work mandate:			
	4) Efforts made to avoid mandated overtime:			
	5) Reason for mandated overtime:			
	6) Last overtime worked (voluntary and mandatory); Any OT within pay period preceding incident			
		YES [<input type="checkbox"/>]	NO [<input type="checkbox"/>]	
7) Reason for refusal? Provide explanation:				
PERSONS INVOLVED	NAME (<i>last, first, MI</i>)	[<input type="checkbox"/>] Employee [<input type="checkbox"/>] Client [<input type="checkbox"/>] Other	ASSIGNED TO: (<i>bldg/ward/unit</i>)	
	NAME (<i>last, first, MI</i>)	[<input type="checkbox"/>] Employee [<input type="checkbox"/>] Client [<input type="checkbox"/>] Other	ASSIGNED TO: (<i>bldg/ward/unit</i>)	
	NAME (<i>last, first, MI</i>)	[<input type="checkbox"/>] Employee [<input type="checkbox"/>] Client [<input type="checkbox"/>] Other	ASSIGNED TO: (<i>bldg/ward/unit</i>)	
WITNESSES	NAME (<i>last, first, MI</i>)	[<input type="checkbox"/>] Employee [<input type="checkbox"/>] Client [<input type="checkbox"/>] Other	ASSIGNED TO: (<i>bldg/ward/unit</i>)	
	NAME (<i>last, first, MI</i>)	[<input type="checkbox"/>] Employee [<input type="checkbox"/>] Client [<input type="checkbox"/>] Other	ASSIGNED TO: (<i>bldg/ward/unit</i>)	
	NAME (<i>last, first, MI</i>)	[<input type="checkbox"/>] Employee [<input type="checkbox"/>] Client [<input type="checkbox"/>] Other	ASSIGNED TO: (<i>bldg/ward/unit</i>)	
	NAME (<i>last, first, MI</i>)	[<input type="checkbox"/>] Employee [<input type="checkbox"/>] Client [<input type="checkbox"/>] Other	ASSIGNED TO: (<i>bldg/ward/unit</i>)	
I acknowledge that the above information is accurate and complete to the best of my knowledge and belief.				
COMPLETED BY	SIGNATURE (<i>Supervisor</i>)	TITLE	DATE	TIME AM PM

INSTRUCTIONS

- 1. Describe as accurately and completely as you can the events that occurred. Use other side if necessary.
- 2. Be sure to number the pages at the bottom.
- 3. Attach to MHAS-20

FACILITY	LOCATION OF INCIDENT (<i>Building, Ward, Floor</i>)	INCIDENT DATE	INCIDENT TIME
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AM
PM

STATEMENT OF (<i>name</i>)	TITLE
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I acknowledge that the above information is accurate and complete to the best of my knowledge and belief

SIGNATURE	DATE	TIME
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AM
PM

