STATEWIDE INCIDENT REPORTING AFTER NORMAL BUSINESS HOURS – (weekdays 4:30 pm to 8:00 am and 24 hours on weekends & holidays)

**REPORTABLE INCIDENTS – (REQUIRED NOTIFICATION)**

|  |  |  |
| --- | --- | --- |
| INCIDENT TYPE | DESCRIPTION OF INCIDENT | WHO/HOW TO NOTIFY |
| **DEATH – expected**  **DEATH - unexpected** | Anticipated death of an individual receiving services from DDS Public Operations.  Sudden or unanticipated death of an individual receiving or services from DDS Public Operations. | **For both anticipated and sudden or unanticipated deaths:** Notify/Leave voicemail for DDS Residential Manager, DDS Case Manager, and the individual’s guardian or legal representative. Notify/Leave voicemail for the appropriate Regional Health Services Director. Submit DDS Death Report Form as required and submit DDS Incident Report Form 255 immediately to regional email or fax number below.  **For sudden/unanticipated deaths only:** in addition to above, also notify the appropriate Regional Director by calling the phone number indicated below. |
| **HOSPITAL ADMISSIONS** | Hospital admission of an individual supported or funded by DDS, **ONLY IF THE ADMISSION IS THE RESULT OF** **A CRITICAL INCIDENT**. (Death, severe injury, vehicle accident involving moderate or severe injury, missing person, fire requiring emergency response and/or involving a severe injury, police arrest, victim of aggravated assault or forcible rape). | Notify/Leave voicemail for DDS Case Manager, DDS Residential Manager, and the individual’s guardian or legal representative. Submit DDS Incident Report Form 255 immediately to regional email or fax number below. |
| **MISSING PERSON** | Whereabouts unknown; supervision/pattern of behavior cause for concern; absence reported to police. | **Follow Missing Person protocol.** Notify/Leave message for DDS Residential Manager and DDS Case Manager. Submit DDS Incident Report Form 255 immediately to regional email or fax number below. |
| **POLICE** | Incident involving criminal investigation, arrest or police intervention. | Notify/Leave voicemail for DDS Residential Manager, DDS Case Manager, and the individual’s guardian or legal representative. Submit DDS Incident Report Form 255 immediately to regional email or fax number below. |
| **EMERGENCY/**  **NATURAL DISASTER,**  **FIRE/SMOKE** | Emergency or disaster situation that causes structural damage or other problem(s) rendering a place uninhabitable or unsafe and requiring resident/staff relocation; fire/smoke requiring Fire Department intervention. | **Call 911 first.**  Notify/Leave voicemail for DDS Residential Manager, DDS Case Manager, and the individual’s guardian or legal representative. Submit DDS Incident Report Form 255 immediately to regional email or fax number below. |
| **SUSPECTED ABUSE/NEGLECT** | Allegation of suspected abusive or neglectful act(s) involving individual supported or funded by DDS. | Contact appropriate abuse/neglect reporting entity listed below.Notify/Leave message for DDS Residential Manager and DDS Case Manager. Submit DDS Incident Report Form 255 immediately to regional email or fax number below. |
| **DO NOT RESUSCITATE (DNR)** | Clarification of an individual’s DNR status or to initiate or obtain information (re: process due to imminent need). | Notify/Leave voicemail for regional Public Nurse On-Call. |
| **NEWS MEDIA** | Contacts by TV, radio or newspapers requesting interview or information. | Notify Regional Director by calling the phone number indicated. |

**Public Regional Director’s phone number:** (860) 966-2983

**Regional Health Services Directors’ phone numbers:**

**North Region:** (860) 263-2621

**South Region:** (860) 859-5405

**West Region:** (203) 805-7437

**Abuse/Neglect Reporting:**

**Persons age 18-59:** *DDS Abuse Investigation Division*  (844) 878-8923

**Persons under 18:** *Dept. of Children and Families*  (800) 842-2288 **Persons 60 and over:** *Dept. of Social Service*  (888) 385-4225

***PLEASE NOTE:*** *If an incident report is emailed, it must be encrypted or secure. Otherwise, it should be faxed.*

*Revised 2/9/18*

**Public Nurse On-Call phone numbers:**

**North Region**

*Eastern side* (860) 726-8537

*North/Central side* (860) 726-8148

**South Region**

*Eastern side* (860) 334-6193

*Western side* (203) 314-9403

**West Region**

*North Sector* (203) 841-6370

*South Sector* (203) 841-6368

**Regional email addresses and fax numbers for Incident Reporting:**

**North Region:** [DDS-NR.IncidentReports@ct.gov](mailto:DDS-NR.IncidentReports@ct.gov),

or fax number (860) 920-3037.

**South Region:** [DDS-SR.IncidentReports@ct.gov](mailto:DDS-SR.IncidentReports@ct.gov),

or fax number (860) 920-3034.

**West Region:** [DDS-WR.IncidentReports@ct.gov](mailto:DDS-WR.IncidentReports@ct.gov),

or fax number (860) 920-3033.

***PLEASE NOTE:*** *If an incident report is emailed, it must be encrypted or secure. Otherwise, it should be faxed.*

STATEWIDE INCIDENT REPORTING AFTER NORMAL BUSINESS HOURS – (weekdays 4:30 pm to 8:00 am and 24 hours on weekends & holidays)

**PUBLIC OPERATIONAL INCIDENTS – (REQUIRED NOTIFICATION)**

|  |  |  |
| --- | --- | --- |
| INCIDENT TYPE | DESCRIPTION OF INCIDENT | WHO/HOW TO NOTIFY |
| **STAFF MISCONDUCT** | Incident involving staff behavior that may necessitate being placed off-duty. | Notify/Leave voicemail for DDS Residential Manager. |
| **HEALTH CONCERNS** | Any change in health status of an individual receiving services from DDS Public Operations:   * Hospital admission **NOT** the result of a critical incident. * Hospital discharge. * Emergency Room visit. * Medication Administration – all errors, new medication orders, medication refusals. * Questions about nursing delegated tasks. | **For DDS Non-ICF Campus Public Operations:**  Notify/Leave voicemail for Public Nurse On-Call:  Clearly state your name, return phone number, and a detailed message. After two attempts, if you do not receive a return phone call from the appropriate sub-regional Nurse On-Call within 30 minutes, call the Nurse On-Call for another sub-region.  **For DDS ICF Campus Operations:**  Notify the Nurse on duty. |
| **MAINTENANCE** | Urgent physical plant problems that affect the health or safety of individuals receiving services from DDS Public Operations. | Notify/Leave voicemail for DDS Maintenance On-Call:  Clearly state your name, return phone number, and a detailed message. After two attempts, if you do not receive a return phone call from the appropriate regional Maintenance On-Call individual within 30 minutes, call John Massicotte (860-770-1875) or David Elwell ((860-436-8999). |
| **OVERTIME APPROVAL** | Each Region is to follow the regional Overtime Agreement for distribution of overtime, including both Voluntary and Mandatory Overtime. If an employee is required to work more than 16 consecutive hours, the appropriate notification must occur. | If an employee is required to work more than 16 consecutive hours, notify the DDS Residential Manager. |
| **SIGNIFICANT EXPOSURE** | Situations resulting in exchange of significant bodily fluids between staff or individuals receiving services from DDS Public Operations, as defined in the Bloodborne Pathogens Exposure Control Plan. | **For DDS Non-ICF Campus Public Operations:**  Notify/Leave voicemail for Public Nurse On-Call:  Clearly state your name, return phone number, and a detailed message. After two attempts, if you do not receive a return phone call from the appropriate sub-regional Nurse On-Call within 30 minutes, call the Nurse On-Call for another sub-region.  **For DDS ICF Campus Operations:**  Notify the Nurse on duty. |

**Maintenance On-Call phone numbers:**

**North Region:**

*Eastern side* (860) 490-6920

*North/Central side* (860) 500-0551

**South Region:**

*Eastern side* (860) 367-6557

*Western side* (203) 376-6831

**West Region:**

*North Sector* (860) 481-9362

*South Sector* (203) 437-2875

*Revised 2/9/18*