
Incident Reporting Procedure

Overview

SourcePoint's critical incident management policy defines an incident as any occurrence which departs from the normal routine or expected outcome and poses a risk to SourcePoint as an organization, our staff, contracted partners, volunteers and/or those we serve.

When staff identify or are advised of an incident, it is the staff member's responsibility to start the incident reporting procedure. If unsure whether an incident has occurred, staff should discuss the specifics with their direct supervisor. Incident reporting forms and procedure document are located S:\Agency Policies and Procedures\Emergency\Incident Reporting

Procedure

1. When incident is identified, staff will select the appropriate incident reporting forms. If unsure which form to use, reach out to your supervisor. SourcePoint's incident reporting forms include:
 - a. Health and Well-Being
 - b. Information Technology
 - c. Foreign Object in Food
 - d. Food Borne Illness
 - e. Property Damage, Loss and Theft
2. Staff will have the individual most directly connected to the incident document the facts of the incident on the appropriate form. This may be the staff person or could also include a volunteer or a member.
3. Staff will assure the incident report is complete, including all required signatures and submit form to direct supervisor for further evaluation.
4. Other members of leadership staff may reach out to staff for clarification or additional information before incident can be fully closed. This does not indicate staff completed the form incorrectly.

Other Considerations

1. **Crisis Communication:** If incident may threaten the integrity or reputation of SourcePoint, staff must inform their supervisor immediately to determine if incident constitutes crisis communication and notification of the Executive Director and the Director of Communications is necessary.
2. **Anonymous or Whistleblower Incidents:** staff may directly report incidents to the quality assurance administrator if concerned about retaliation. This includes anonymous reporting of potential fraud, waste or abuse as defined by the Centers for Medicare and Medicaid Services.
3. **Discrimination or Harassment Complaints:** Allegations of workplace discrimination or harassment should be reported through SourcePoint's anti-harassment and anti-discrimination policy.

Food Borne Illness Incident Report

In accordance with SourcePoint's Critical Incident Policy, use this form to report when a food borne illness is potentially connected to SourcePoint provided food. If possible, the report should be completed within 24 hours of the event. Submit completed reports to your direct supervisor for review. Supervisors submit report along with Leadership Incident Sign-Off to Director for review.

Information on Person(s) Impacted		
Were more than 2 people impacted?		
<input type="checkbox"/> Yes (<i>attach list of names, contact information and role with SourcePoint of those impacted</i>)		
<input type="checkbox"/> No (<i>complete below for person impacted</i>)		
Full Name:		
Home Address:		
<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Member <input type="checkbox"/> Client <input type="checkbox"/> Guest <input type="checkbox"/> Other:		
Home Phone:	Cell:	Work:
Physician Name and Contact Information:		

Information on Incident (<i>summary of details on back</i>)		
Date & Time:	Employee:	Supervisor:
Suspected Food Item & Manufacturer's Product Information:		
Symptoms reported, including duration:		
Was medical treatment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
If yes, explain what treatment and by who:		
Was EMS called? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was person transported? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Required Notification(s)	
<i>Consider: Health Department, law enforcement, vendors, contractors, HHS(HIPAA). Attach additional pages, as necessary.</i>	
Notification to outside organization required:	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>complete below</i>)
Organization Contacted:	Date of Contact:
Name of person contacted & contact info: <i>Include summary of contact on back</i>	

Complete summary of incident on the back

Incident Description & Follow Up

Summary of Incident (*consider who was notified, when, description of physical harm, and any other relevant facts. Include additional documentation as necessary*)

Bag, Label and Current Location of Object:

Intervention/Corrective Action:

Results of Investigation (if applicable)

Signature of Person Completing Report

Signature:

Date:

Foreign Object in Food Incident Report

In accordance with SourcePoint's Critical Incident Policy, use this form to report when a foreign object is reported in SourcePoint provided food. If possible, the report should be completed within 24 hours of the event. Submit completed reports to your direct supervisor for review. Supervisors submit report along with Leadership Incident Sign-Off to Director for review.

Information on Person Impacted		
Full Name:		
Home Address:		
<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Member <input type="checkbox"/> Client <input type="checkbox"/> Guest <input type="checkbox"/> Other:		
Home Phone:	Cell:	Work:

Information on Incident <i>(summary of details on back)</i>		
Date & Time:	Employee:	Supervisor:
Food Item:		
Foreign Object Description:		
Manufacturer's Product Information:		
Was medical treatment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
If yes, explain what treatment and by who:		
Was EMS called? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was person transported? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Required Notification(s)	
<i>Consider: Health Department, law enforcement, vendors, contractors, HHS(HIPAA). Attach additional pages, as necessary.</i>	
Notification to outside organization required: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(complete below)</i>	
Organization Contacted:	Date of Contact:
Name of person contacted & contact info: <i>Include summary of contact on back</i>	

Signature of Person Completing Report	
Signature:	Date:

Complete summary of incident on the back

Incident Follow Up

Summary of Incident (*consider who was notified, when, description of physical harm, and any other relevant facts. Include additional documentation as necessary*)

Bag, Label and Current Location of Object:

Intervention/Corrective Action:

Health & Well-Being Incident Report

In accordance with SourcePoint's Critical Incident Policy, use this form to report injury accidents, other injuries, medical situations, etc. If possible, the report should be completed within 24 hours of the event. Person completing report should enter facts of the situation as they know it. Submit completed reports to your direct supervisor for review. Supervisors submit report along with Leadership Incident Sign-Off to Director for review.

Information about Person Experiencing Health Incident

Full Name:		
Home Address:		
<input type="checkbox"/> Employee	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Member
<input type="checkbox"/> Client	<input type="checkbox"/> Guest	<input type="checkbox"/> Other:
Home Phone:	Cell:	Work:

Information about Witness Completing Report

Role with SourcePoint: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:		
Name:	Signature:	

Summary of Incident *(Provide details of incident on back)*

Incident Type: <input type="checkbox"/> Injury-Fall <input type="checkbox"/> Injury-other accident <input type="checkbox"/> Health/Medical Event		
<input type="checkbox"/> Illness	<input type="checkbox"/> Other Health/Wellness:	
Location of Incident: <input type="checkbox"/> Client Home <input type="checkbox"/> South Office <input type="checkbox"/> Cheshire Rd.-Outside		
<input type="checkbox"/> Cheshire Rd.-Room:	<input type="checkbox"/> Offsite Location:	
<input type="checkbox"/> Other:		
Any other witnesses to the incident: <input type="checkbox"/> Yes <i>(list names and contact info below)</i> <input type="checkbox"/> No		
Was medical treatment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
If yes, what treatment and by who:		
Was EMS called? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at time report completed		
If yes, was person transported? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown at time report completed		

Required Notification(s)

Consider: law enforcement, vendors, contractors, impacted parties, HHS(HIPAA). Attach additional pages, as necessary.

Notification to outside organization required: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(complete below)</i>	
Organization Contacted:	Date of Contact:
Name of person contacted & contact info: <i>Include summary of contact on back</i>	

Description of Incident

Explain what happened, factors leading to event, what the injury/health event was, witnesses to the incident, was there property damage as well, etc. Attach additional sheets if necessary.

Additional Follow Up/Notes *(attach additional pages if necessary)***For SourcePoint Staff Only** *(If report not completed by staff)*

Report received by:

Date:

*If incident involves an **employee** injury, reference the personnel policy manual for steps to file with Worker's Compensation. If incident involved a **volunteer** injury, Worker's Compensation **does not apply**.*

Information Technology Incident Report

In accordance with SourcePoint's Critical Incident Policy, use this form to report incidents impacting SourcePoint's hardware, software and/or SourcePoint's Information & Technology policies. If possible, the report should be completed within 24 hours of the event. Submit completed reports to your direct supervisor for review. Supervisors submit report along with Incident Action Overview to Director for review.

Incident Type	
<input type="checkbox"/> Technical Policy Violation	<input type="checkbox"/> Unauthorized use of Technical Resources
<input type="checkbox"/> *Computer System Breach: <input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> HIPAA Violation of Information Systems <input type="checkbox"/> Privacy Breach

Severity of Incident		
<input type="checkbox"/> Severe <ul style="list-style-type: none"> Several customers affected Economic loss Material damage to creditability Damage extends outside of Company/ Organization 	<input type="checkbox"/> Moderate <ul style="list-style-type: none"> Few customers affected Some potential economic loss Some material damage to creditability Damage contained inside of Company/ Organization 	<input type="checkbox"/> Low <ul style="list-style-type: none"> Single or no customers affected Minimal economic loss Minimal damage to creditability Some impedance but no damage to creditability

Incident Information	
Date & Time:	Location:
Name of Person Involved:	
Role with SourcePoint: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:	
Asset Tag Involved <i>(if applicable)</i> :	Equipment involved <i>(if applicable)</i> :

Required Notification(s)	
<i>Consider: law enforcement, vendors, contractors, impacted parties, HHS(HIPAA). Attach additional pages, as necessary.</i>	
Notification to outside organization required: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(complete below)</i>	
Organization Contacted:	Date of Contact:
Name of person contacted & contact info: <i>Include summary of contact on back</i>	

Description of Incident

Explain what happened, factors leading to event, include log files, network traffic reports, configuration data. Attach additional sheets if necessary.

Incident Report Sign-Off

Report Completed by:

Date:

Signature:

Property Damage, Loss and Theft

In accordance with SourcePoint’s Critical Incident Policy, use this form to report property damage, property loss, fiscal loss and theft connected to SourcePoint operations. If possible, the report should be completed within 24 hours of the event. Submit completed reports to your direct supervisor for review. Supervisors submit report along with Leadership Incident Sign-Off to Director for review.

Incident Type		
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Property Loss (include SourcePoint equipment)	<input type="checkbox"/> Fiscal Incident (scams, credit card loss)
<input type="checkbox"/> Property Theft (include SourcePoint equipment)	<input type="checkbox"/> Other:	

Information About Person Completing Report		
Role with SourcePoint:	<input type="checkbox"/> Employee	<input type="checkbox"/> Volunteer
Name:	<input type="checkbox"/> Other:	
	Signature:	

Incident Information	
Date & Time:	Location:
Property Owner/ Impacted Party	<input type="checkbox"/> SourcePoint <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Member <input type="checkbox"/> Client <input type="checkbox"/> Other:
Name of Owner/Impacted party <i>(if not SourcePoint)</i>	
Contact information:	
What was damaged/lost/stolen:	
Were there other witnesses to the incident: <input type="checkbox"/> Yes (<i>list names and contact info below</i>) <input type="checkbox"/> No	

Required Notification(s)	
<i>Consider: law enforcement, impacted parties, OSHA, legal counsel, etc. Attach additional pages, as necessary.</i>	
Notification to outside organization required:	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>complete below</i>)
Organization Contacted:	Date of Contact:
Name of person contacted & contact info: <i>Include summary of contact on back</i>	

For SourcePoint Staff Only (If report not completed by staff)	
Report received by:	Date:

Description of Incident *(attach additional pages if necessary)*

Explain what happened, factors leading to event, what the damage was, witnesses to the incident, etc. Attach additional sheets if necessary.

Additional Follow Up/Notes *(attach additional pages if necessary)*