An "incident," as defined in 10A NCAC 27G .0103(b)(32), is " any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer." Therefore, Category A and B providers are required to report any adverse event that is not consistent with the routine operation of a facility or service or the routine care of a consumer.

Type of Incident	**Report to Host LME**	**Report to Home LME**	**Report to DMH/ DD/SAS (all providers)**	**Report to DHSR Complaint Intake Unit (122C-Licensed providers only)**
Level II incident (including death from natural causes or terminal illness)	IRIS report within 72 hours	If required by contract	No report except for Opioid providers	No report
Level III incident (other than death)	Verbal report immediately IRIS report within 72 hours	Verbal report immediately IRIS report within 72 hours	IRIS report within 72 hours	No report
Death from suicide, accident, homicide, other violence	Verbal report immediately IRIS report within 72 hours	Verbal report immediately IRIS report within 72 hours	IRIS report within 72 hours	IRIS report within 72 hours
Death from unknown cause	Verbal report immediately IRIS report within 72 hours	Verbal report immediately IRIS report within 72 hours	IRIS report within 72 hours	No report
Death within 7 days of seclusion or restraint	IRIS report immediately	IRIS report immediately	IRIS report immediately	IRIS report immediately

Providers should download the appropriate form (based on the type of incident that has occurred) and fax the incident report to the appropriate agencies. The provider must enter the data into IRIS as soon as possible once the IRIS system is available.

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Note: Illness of a Consumer: Medical illness is not reportable unless it results in injury or death, or is believed to be caused by abuse/ neglect or medication error.

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Injury

Complete this section whenever a consumer is injured and requires more than first aid. First aid given by a licensed health professional should be considered a Level I incident and does not need to be reported outside of the provider agency. Use the federal Occupational Safety and Health Administration's guidelines [29 CFR 1904.7(b)(5)(ii)] in Appendix D to distinguish between injuries requiring first aid and those requiring treatment by a health professional.

A visit to an emergency room (in and of itself) is not considered an incident. Do not submit incident reports for visits to a hospital emergency room, if the person received no treatment. An X-ray, CAT Scan, drawing of blood or any other diagnostic assessment is not considered treatment. (Example: Bob thinks his arm is broken and goes to the E.R. An x-ray is performed and his arm is not broken. This is not an incident. If the x-ray showed his arm to be broken and the doctor applied a cast, the application of the cast is treatment. Putting a sprained arm in a cast, stitches, cleaning a wound, all of these are treatment. Shots and prescription medication are treatment.

Allegations of Abuse, Neglect or Exploitation

Report all suspected or alleged cases of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult to the local DSS, pursuant to G.S. 108A Article 6, G.S. 7B Article 3 and 10A NCAC 27G .0610.

Note: Level I incidents of suspected or alleged cases of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult must still be reported pursuant to G.S. 108A Article

Medication Errors

In the case of any medication error, the consumer's physician or pharmacist, should be notified immediately of any medication error, as required by 10A NCAC 27G .0209(h).. The physician pharmacist, physician's assistant or a nurse practitioner should determine the level of threat to the consumer's health and determine the treatment required, if any.

If the physician or pharmacist indicates that the medication error does not threaten the consumer's health or safety, document the error as a Level I incident. The Level I documentation should indicate the type of error, name of the physician or pharmacist consulted, their statement about the error, the date and time of the contact, and the name of the person making the contact.

A provider must submit an initial incident report within 72 hours of learning about an incident, even if the provider does not have all of the facts about an incident. This report should contain all of the information that the provider knows at the time of submission. When provider obtains or is informed about new or additional information related to the incident, the provider must update the original report and submit the update information by the end of the next business day after becoming aware of the information. **If the cause of death is initially unknown and later determined to be a result of suicide, accident, homicide or other violence or occurs within 7 days of seclusion or restraint, file a Level III incident/death report within 72 hours of receiving the additional information on the cause of death.**

The provider must submit the updated report even if the new information does not change the level of the incident. Providers are further required to submit, "upon request by the by the LME, other information obtained regarding the incident, including:

- hospital records including confidential information;
- reports by other authorities; and
- the provider's response to the incident."

When updating an incident report, the supervisor of a provider agency needs to provide information regarding the reason for the resubmission of incident report in the boxes on the Supervisor Action section of the incident Report.

GLOSSARY

Incident: An "incident," as defined in 10A NCAC 27G .0103(b)(32), is " any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer." Some variation in reporting requirements occurs due to differences in the types of services being provided to or sought by the individual. There are three levels of response to incidents, based on the potential or actual severity of the event. The criteria for determining these levels is outlined in Appendix B

Level I includes any incident, as defined above, which does not meet the definition of a Level II or III incident. Level I incidents are events that, in isolated numbers, do not significantly threaten the health or safety of an individual, but could indicate systematic problems if they occur frequently. Level I incidents **may signal a need for the provider to review its clinical care and practices,** including supervision and training. These incidents require communication among the provider's staff, documentation of the incident, and report to other authorities as required by law. In addition, aggregate information on Level I incidents involving restrictive interventions, medication errors, and searches/seizures must be reported to the host LME, according to guidelines provided by DHHS.

Level II includes any incident, as defined in 10A NCAC 27G .0602, which involves a consumer death due to natural causes or terminal illness, or results in a threat to a consumer's health or safety or a threat to the health or safety of others due to consumer behavior. Level II incidents **may signal a need for the LME to review the provider's clinical care and practices and the LME's service management processes**, including service coordination, service oversight, and technical assistance for providers. These

incidents require communication between the provider and LME, documentation of the incident, and report to the LME and other authorities as required by law.

Level III includes any incident, as defined in 10A NCAC 27G .0602, that results in (1) a death, sexual assault or permanent physical or psychological impairment to a consumer, (2) a substantial risk of death, or permanent physical or psychological impairment to a consumer, (3) a death, sexual assault or permanent physical or psychological impairment caused by a consumer, (4) a substantial risk of death or permanent physical or psychological impairment caused by a consumer or (5) a threat caused by a consumer to a person's safety. Level III incidents **signal a need for the DHHS and LME to review the local and state service provision and management system**, including coordination, technical assistance and oversight. These incidents require communication among the provider, LME and DHHS, documentation of the incident, and report to the LME, DHHS and other authorities as required by law. Level III incidents that occur while the consumer was receiving a service or on the provider's premises also require a formal internal team review process to be initiated by the provider within 24 hours of the incident, according to guidelines provided by DHHS.