

Revision of Policy 44 – Serious Incident/Injury and Death

Background:

CBH staff have reviewed the CBH Serious Incident/Injury and Death Policy 44 and are pleased to recommend revisions to the Board of Directors for review.

A primary theme of the recommended changes is the movement of several portions of the Policy to the level of procedure. These changes are made without compromising the intent or integrity of the Policy itself.

This policy and accompanying revisions have been reviewed and endorsed by the agency's lawyer, Pat McDermott.

Summary of Changes: This policy should be eliminated and archived as the information in this policy speaks to the theme of incident reporting - Policy 16.

| Current Serious Incident/Injury and Death Policy | Proposed Changes to Policy |
|--|---|
| Policy Statement | Eliminate and archive. The theme of the information is incorporated with the statement in policy 16 – incident reporting. |
| Definitions | Some of the information was moved to Policy 16. |
| Procedures – Employee Responsibility | Some of the information was moved to Policy 16 and procedures will be developed to incorporate the information. |
| Investigation | Moved to Policy 16 |

Motion from the CBH Executive Committee:

That the Board approve retiring the Current Serious Incident/Injury and Death policy as presented.

COLONIAL BEHAVIORAL HEALTH

COUNSEL REVIEW OF BOARD POLICY

Name of Policy: Serious Incident/Injury and Death
Category: Administration and Operations
Policy No.: 44

Review Date: April 28, 2026

Name of Counsel: Patrick B. McDermott, Esq.

Comments of Counsel:

- 1. Virginia Code Compliance: N/A**
- 2. Federal Law Compliance: N/A**
- 3. Grammar and Punctuation: N/A**
- 4. Comments: This policy should be deleted and archived. Please see Counsel Review of Policy #16 dated April 20, 2026.**

Patrick B. McDermott, Esq.

Signature of Counsel

Policy and Procedures

Category: Administration and Operations
Title: Serious Incident/Injury and Death
Policy Number: 44
Primary Areas Affected: CBH Organization

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Policy Statement

It is the policy of Colonial Behavioral Health to report and document serious incident and/or injuries resulting in bodily damage, harm, or loss that that requires medical attention by a licensed physician, Doctor of Osteopathic Medicine, physician assistant or nurse practitioner while the individual is supervised by or involved in services. Deaths are reported under any circumstance when an individual has an open case with CSB. All employees are responsible to report and document serious incidents, injuries, and deaths immediately upon discovery.

Source of Authorization

Legal/Regulatory References

Definitions

With regard to this policy, the following definitions apply (12VAC35-105-20):

1. Serious incident: any incident which is not consistent with the routine operation of a service provider or the routine care of an individual that is likely to lead to adverse effects, cause harm or could cause harm upon an individual. The term serious incident includes death and serious injury.
 - a. Level I serious incident: a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does not meet the definition of a Level II or Level III incident. Level 1 incidents will be reviewed quarterly by the Quality and Compliance Office or designee.

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- b. Level II serious incident: a serious incident that occurs or originates during the provision of a service or on the premises of the provider that result in a threat to the health and safety of an individual that does not meet the definition of a Level 1 or Level III incident. Level II serious incidents includes a serious injury caused by another individual or person, an individual who is missing for any period of time, an emergency room, unplanned psychiatric or medical hospital admission, choking incidents, ingestion of hazardous substances, and a diagnosis of a decubitus ulcer, bowel obstruction or aspiration pneumonia. A root cause analysis will be completed by the Quality and Compliance Department staff.
 - c. Level III serious incident: a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in any death of an individual, sexual assault of an individual, or any suicide attempt by an individual admitted to services resulting in a hospital admission. A root cause analysis will be completed by the Quality and Compliance Department staff.
2. Serious injury: any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, Doctor of Osteopathic Medicine, physician assistant, or nurse practitioner.

Procedures

Employee Responsibility

Whenever an employee observes, obtains knowledge of, or is otherwise aware of or involved in a serious incident, injury or death, the employee should:

1. Promptly notify his/her/their respective Supervisor, Coordinator, or Program Director.

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2. Promptly notify the individual's guardian or authorized representative and/or emergency contact person that is listed in the record.
3. Document the incident (event), injury or death in the health record.
4. Complete an Incident Reporting Form within 8 hours of the discovery of the serious incident, injury or death and submit through the incident reporting system, that will notify the Quality and Compliance Department that a serious incident, injury or death has occurred. At the time the incident report is submitted via CBH electronic system, the Executive Director, Program Director, Director of Operations, Quality and Compliance Officer, Program Coordinator and Program Manager are notified of the incident.
5. The Quality and Compliance Department staff will submit all serious incidents, injuries and deaths to the Office of Licensing and Office of Human Rights, within 24 hours upon discovery. The information will be entered in the Virginia Department of Behavioral Health and Developmental Services (DBHDS) electronic data base system (CHRIS – Comprehensive Human Rights Information System).
6. The Quality and Compliance Department will retain the incident report that is related to the event for Risk Management purposes and may facilitate investigation of events when applicable. Incident reports will be retained for three years.

Investigations

1. Internal investigations include review of records, root cause analysis, corrective actions: which includes the development, and implementation of preventative measures. The investigations will be completed by the Quality and Compliance Department employees within 10 business days of a reported death. A Level I serious incidents will be reviewed upon submission of the incident report as well as quarterly. A

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root cause analysis will be completed for all Level II and Level III serious incidents to include a detailed description of what happened, an analysis of why it happened, identification of all identifiable underlying causes of the incident that were under the control of the provider and identify solutions to mitigate the reoccurrence of the incident. The report will be available to the Executive Director and DBHDS Office of Licensing.

2. Deaths that occur at or during program services, which are directly or indirectly related to implemented services or are deemed to be the result of a suicide, will be additionally reported to Local Law Enforcement if appropriate and will be internally investigated.

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Diary of Changes

Date of Origin

03/13/2002

Dates of Review

| | | | |
|--------------------------------|------------|------------|------------|
| 06/06/2024 – ADA Compliance | 12/13/2023 | 12/15/2022 | 12/15/2021 |
| 12/15/2020 – COVID 19 Protocol | 10/30/2019 | 10/31/2018 | 10/03/2017 |
| 08/10/2016 | 09/11/2015 | 09/19/2014 | 03/17/2013 |
| 03/08/2010 | | | 10/01/2010 |

Dates of Revision

10/24/2025 4/30/2025

Approved By

Signature

Ryan Ashe

Printed Name

05/05/2026

Effective Date

CBH Board Chair

Title