

Revision of Policy 16 – Incident Reporting

Background:

CBH staff have reviewed the CBH Incident Reporting Policy #16 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: It should be noted that Policy 44 – Serious incident/injury and death was merged with Policy 16 – Incident Reporting.

Policy 44 should be deleted and archived.

Current Incident Reporting Policy	Proposed Changes to Policy
Most of the information remains	Policy statements include statements from policy 44 with some of the sentences revised.
Definition of Terms was revised	The definitions were scaled back and removed. There is a reference to the code of Virginia of Virginia which is in the current policy. Also, there are three definitions per the policy of employee related events; serious incidents and serious injury based on DBHDS definition.
Individual Incident/Injury	Reporting timeline was added so it reads Individual Incident/Injury Reporting Timeline.
Employee Incident/Injury	Reporting Timeline was added to it reads Employee
Complete external reporting as required by DBHDS. Where this statement lives is a procedure.	Added a paragraph about external notification to include HL, OHR, MCO, family, guardian, AR, social services, law enforcement etc. when it is appropriate
Not in the current policy	Added Types of Incident Levels. This information was in Policy 44.

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	Recommendation is to move to Policy 16 as policy 44 should be deleted.
There are a few sentences that references investigations for human resources and quality management.	There is a section added and titled Incident Investigations.
There is one sentence that references root cause analysis.	Root cause analysis section added referring to the policy 85 – root cause analysis.
Under QM Staff responsibility	Section added Quality Improvement measures that implies incidents will be compiled and reviewed and report findings will determine if training, procedure changes and risk mitigation plan is needed.
Employee Responsibility listed under procedure	This section was modified.
Not in the current policy	Compliance section was added. After reading the guidance from DBHDS, there must be a section on enforcement.
Not a section in the current policy but throughout the policy	Confidentiality and Incident Report Record Retention section was added. There is a huge change in LVA requirements for individual incidents. In September 2025, the change went from 3 year to 10 years all involved incidents with individuals which aligns with the health records retention.
Procedure Section – Employee Section	Most of the information deleted was procedures and only relevant information, that is a policy remains. The information that remained was timelines for reporting, who is responsible, and transportation.
Procedure Section – Human Resources Staff Responsibility	Most of the information deleted being it was procedures and only relevant information related to investigations and retention remains in policy.
Procedure Section – Quality Management	Most of the information deleted being it was procedures and only relevant information related to investigations, root cause analysis, external reporting and retention remains in policy.
Guidelines	Deleted; will become a procedure
Guidelines for writing incident report	Deleted; will become a procedure

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Motion from the CBH Executive Committee:

That the Board approve the revisions to the Incident Reporting policy as presented.

COLONIAL BEHAVIORAL HEALTH

COUNSEL REVIEW OF BOARD POLICY

Name of Policy: Incident Reporting
Category: Administration and Operations
Policy No.: 16

Review Date: April 20, 2026

Name of Counsel: Patrick B. McDermott, Esq.

Comments of Counsel:

- 1. Virginia Code Compliance:** The reference to 12VAC35-115-230 should be retitled to read: “Provider requirements for reporting.” Other references are correct.
- 2. Federal Law Compliance:** N/A
- 3. Grammer and Punctuation:** Acceptable
- 4. Comments:** Policy #44 “Serious Injury and Death” will be deleted and archived as its provisions have been merged into this Policy #16.

Patrick B. McDermott, Esq.

Signature of Counsel

Policy and Procedures

Category: Administration and Operations
Title: Incident Reporting
Policy Number: 16
Primary Areas Affected: CBH Organization

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Policy and Procedures

Category:	Administration and Operations
Title:	Incident Reporting
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Policy Statement

The purpose of this policy is to define the mechanism for documenting and reporting incidents that occur at Colonial Behavioral Health (CBH). It is the policy of CBH to report and document incidents that occur when the individual is supervised by or involved in services or sustains a serious injury, as well as employees, visitors and vendors related incidents or injuries while working.

The reason for reporting and documenting incidents is an ongoing quality improvement effort to ensure compliance, reduce individual injuries, reduce employee injuries, compile data of the various types of incidents to reduce CBH's exposure to litigation, manage risks and implement corrective measures to prevent future incidents. Additionally, information identified in incident reports may also be used to assess the effectiveness of services, as well as the policies and procedures at CBH, with the goal of continuously improving the quality-of-service delivery.

This policy defines what constitutes a serious incident, injury, event and outlines provider responsibilities for categorizing, documenting, reporting, and reviewing incidents.

Source of Authorization

Board of Directors

Legal/Regulatory References

12VAC35-105-20 – DBHDS Licensing Definitions

12VAC35-105 – 160 – Required Reporting

12VAC35-115-230 – Human Rights Regulation

8.01-581.17 – Code of Virginia

GS 20 – Series 200904 - Library of Virginia Record Retention and Disposition

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Definitions

All definitions contained within this policy will be interpreted in accordance with the Virginia Administrative Code 12VAC35-115-30 and 12VAC35-105-20 that governs the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and as defined by Colonial Behavioral Health (CBH).

Employee related events mean any incidents/injuries that occur while performing the duties of their assigned job that may have caused minor or severe injuries or incidents. The injury or incident must have occurred on agency premises, agency vehicles or in the community while providing services to individuals or families or carrying out job related duties.

Serious incidents are any serious injury, incident, event or death that are not consistent with the routine operation of a CBH direct care provider or the routine care of an individual, and that result in or are likely to lead to adverse effects, cause harm or could cause harm upon an individual.

Serious injury means 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.

Individual Incident/Injury Reporting Timeline

All employees are required to report and document incidents to the Quality Management and Compliance Department within eight (8) hours of occurrence. In the event of an individual's death or reportable event defined by DBHDS, it is the responsibility of the Primary Provider, Program Coordinator or Program Manager to submit the incident report within eight (8) hours of discovery. Quality Compliance and Management Department will report the incident to the Department of Behavioral Health and Developmental Services within 24 hours of discovery.

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Employee Incident/Injury Reporting Timeline

Employee related injuries or incident must be reported to Human Resources within 8 hours of the injury, incident or event.

External Notifications

External notifications for reportable incidents will be completed timely. The quality management department will notify office of licensure, office of human rights within the designated timeframe in accordance with the regulation. Clinical or designated employee will report the incident within the required timeframe to the individual's designated emergency contact, family member, guardian, and/or authorized representative, department of social services, law enforcement, managed care organizations (MCO) and other community stakeholders as required by state and federal regulations and laws.

Types of Incidents That Should Be Reported

The types of incidents to be reported and documented include, but are not limited to the following:

1. Abuse, Neglect, or Exploitation (see Human Rights Policy #3)
2. Biohazard Accidents (see Infection Control Procedure #4)
3. Choking
4. Communicable Diseases (when exposure occurs-internal reporting only)
5. Confidentiality Breach (see Confidentiality Policy #2)
6. Contraband
7. Death

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8. Emergency Room Visit
9. Employee Incident (see Human Resources for further guidelines when to report work-related incidents that occur while on duty)
10. Ethical Violation (Policy # 22)
11. Mandated Reporting to Adult Protective Services (APS) and Child Protective Services (CPS) (see Protective Services Policy #17)
12. Medical Related/Medical Emergency to include but not limited to bowel obstruction, pressure wound, urinary tract infection, aspiration pneumonia or ingestion of hazardous substances
13. Medication Error
14. Minor Medical Event
15. Missing Persons/Elopement/Wandering
16. Natural Disaster
17. Peer-on-Peer Aggression (with or without injury)
18. Property Damage
19. Seclusion and/or Restraint
20. Serious Incidents/Injury including bruises, falls, bites, burns, significant scrapes and cuts, ingestion of foreign objects, lacerations, eye injury, self-injurious behavior that requires medical attention, fractures, dislocations, heat exhaustion, etc.
21. Sexual Assault

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22. Suicide Attempt

23. Theft

24. Threat – If the threat involves an employee, this incident would be classified as an allegation; complete the human resources incident report.

25. Unplanned medical hospital admission

26. Unplanned psychiatric hospital admission

27. Vehicle Accident- any company vehicle that is involved in an accident or unsafe situation is to be reported as an incident. Refer to the Policy 50 - Transportation Policy.

28. Violence (with or without injury)

Types of Incident Levels

Not all reportable incidents are categorized into level types. Level types are assigned based on severity and risk.

- Level I Serious Incident may include minor injuries or potential risks that did not result in injury. Providers must record and review Level I incidents internally as part of quality improvement. Level I incidents do not get reported to DBHDS via Comprehensive Human Rights Information System (CHRIS).
- Level II Serious Incident results in significant harm or threat to health or safety (but does not meet Level III). Includes serious injury, threats to others, significant health risks, or required urgent medical care. Level II is reported to DBHDS via CHRIS.
- Level III Serious Incident include death, sexual assault, suicide attempt, and other critical incidents meeting criteria in regulations. Level III is reported to DBHDS via CHRIS.

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Incident Investigations

Not all reportable incidents will require formal investigation. Investigations are conducted to determine what occurred, why it occurred, and what actions are necessary to prevent similar incidents in the future. Certain incidents, based on their type, frequency, severity, risk level, regulatory requirements, or potential impact on individuals, staff, agency operations, or circumstances of the incident will require a formal investigation.

Internal investigations include review of records, program documentation, corrective action plans, root cause analysis information or any documentation as applicable that will assist the investigation.

The Quality and Compliance Department will complete investigations within ten (10) business days of the incident. The decision to initiate an investigation will be documented, and investigations conducted will follow agency procedures to ensure thorough review, corrective action, and prevention of recurrence.

The Human Resources Department as applicable will conduct investigations of events at a minimum through employee interviews, witness interviews as appropriate, and review of and act upon agency policies and procedures

Investigation reports will be made available to the executive director, program director, and/or coordinator/administrator and the appropriate DBHDS Office as required.

Root Cause Analysis

CBH will conduct a root cause analysis for all Level II and Level III incidents within 30 days of discovery. The root cause analysis will be completed by the quality management department. Refer to Policy 85 – Root Cause Analysis (RCA).

Quality Improvement Measures

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- Data from all incident types and levels will be compiled and reviewed to identify patterns, systemic risks, and opportunities for improvement.
- Report findings will determine the need for employee training, procedural changes, and risk mitigation plans to ensure alignment with CBH risk management plan.

Employee Responsibilities

When an employee who observes, is involved in, obtains knowledge of, or is otherwise made aware of a serious incident, injury, reportable event, or death must immediately notify their program manager, coordinator/administrator, and/or program director.

In addition to department notification, the employee is required to complete and submit an incident report through the electronic reporting system (Clarity) to the Quality Management Department in accordance with this policy and applicable DBHDS regulations.

In situations where an incident involves both an individual receiving services and an employee (e.g., injury or other reportable event), the employee may be required to complete two separate reports:

- An Individual Incident Report submitted to the Quality Management and Compliance Department; and
- An Employee Incident Report submitted to the Human Resources Department.

All reports must be completed accurately, thoroughly, and within the required reporting timelines.

Compliance

An employee failure to report serious incidents in accordance with CBH policy, DBHDS regulations, state and federal regulations may result in corrective action, citation during audits, inspections, or other administrative actions. Such action may lead to corrective or disciplinary action, including verbal or written warnings, suspension, or termination of employment, depending on the severity of the violation.

CBH will provide complete and accurate information, update information as needed and cooperate with regulatory entities during investigations and corrective action implementation when necessary.

Confidentiality and Incident Report Record Retention

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All individual and employee incident reports that contain confidential information must be protected by HIPAA and other relevant privacy standards, while ensuring required reporting elements are provided to authorized entities when necessary.

The Quality Management and Compliance Department and Human Resources will retain all incident report documentation for risk management purposes.

- Incident reports and related documentation based on individuals receiving services must be retained for ten (10) years in accordance with the Library of Virginia record retention schedule. Incident reports related to visitors or vendors will be maintained with the quality management department and retained for three (3) years.
- Incident reports related to employees, student interns, will be maintained in the Human Resources designated file. These types of incidents will be retained for three (3) years.

Incident reports in the Quality Management and Human Resources Departments will be destroyed by shredding.

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Diary of Changes

Date of Origin

07/01/1997

Dates of Review

03/06/2026

06/06/2024 – ADA Compliance	07/01/2023	07/01/2022	02/09/2022
12/010/2021	10/30/2020 – COVID 19 Protocol	10/30/2019	10/31/2018
10/03/2018	08/04/2016	03/31/2016	09/11/2015
06/05/2013	10/01/2010	03/01/2010	08/11/2014

Dates of Revision

03/06/2026 10/24/2025 4/30/2025

Approved By

Signature

Ryan Ashe

Printed Name

5/5/2026

Effective Date

CBH Board Chair

Title