

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Incident Reporting

Policy Number: 507.04.76

Effective Date: 02/15/2022

Page Number: 1 of 4

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

An Incident report will be completed for any Unusual Occurrence involving offenders with review and follow-up by the Facility Director of Nurses or designee. This procedure is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders including private and county prisons.

II. Authority:

- A. GDC Board Rules: 125-3-2-.05;
- B. GDC Standard Operating Procedures (SOPs): 507.04.46 Medication Errors, 203.03 Incident Reporting, and 205.06 Administrative Duty Officer;
- C. NCCHC 2018 Adult Standard: P-D-02; and
- D. ACA Standards: 5-ACI-6A-43 and 5-ACI-6D-02.

III. Definitions:

- A. **Unusual Occurrence** - Any unexpected outcome or patient reaction to be a procedure or treatment, equipment malfunction, or other reportable event.
- B. **Incident** - Any unusual event that normally would not occur in the day-to-day operation of a facility or an event has an unexpected outcome.

IV. Statement of Policy and Applicable Procedures:

- A. Incident Reporting:
 - 1. Just the facts will be stated on the Medical Report Form (P-55-0002-01) or other approved form. Indicate if injury was involved and the extent of the injury, if known. Information regarding requested lab studies or x-rays ordered will be included.

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2. The report will be printed in black ink and include the offender's name, State ID#, date, and time of the Incident.
3. The Incident will NEVER be placed or referenced in the medical record. No copies of any Incident report will be made.
4. The Incident report is an educational tool, not a punishment device and will not be placed in an employee's file.
5. Incident reports will be maintained in a confidential file by the Director of Nurses or designee with review through CQI to assess for trends and methods for improving quality of care.

B. Medication Adverse Actions:

1. A medication Incident/error report will be completed by either the person discovering the Incident, or the person(s) involved with any Unusual Occurrence involving medication.
2. A brief and accurate statement of the occurrence will be recorded in the progress notes of the medical record. Only the facts need be stated.
3. The Responsible Physician or Advanced Clinical Provider will be notified of the medication Incident and any side effects noted.
4. Notation of the patient's condition and any treatment ordered by the clinician to counteract the Incident will be documented in the medical record.
5. The statement "Incident Report Filed" will NOT be referenced in the medical record.

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6. Medication adverse action reports will be reviewed by the P & T Committee and through the CQI process to assess for trends and make recommendations for correcting problems.

C. General Incidents:

1. When a reportable Incident (e.g., fall, equipment failure, etc.) occurs involving an offender, a general Incident report will be completed by the person most closely related to and familiar with the Incident. Incident reports will not be filed in the medical record
2. A factual account of any Incident will be recorded in the medical record. There will be NO reference to an Incident report made in the medical record.
3. The Responsible Physician or Advanced Clinical Provider will be notified, and orders will be documented.
4. Should there be "No apparent injury", this will be documented on the Incident report form and in the medical record.
5. Any grave or serious accident/Incident will be brought to the attention of the Responsible Health Authority as soon as possible for immediate investigation.

D. Disciplinary Reports:

1. Medical staff members are not to initiate or participate in disciplinary actions towards an offender. This will place the medical staff in an adversarial role with the patients they care for. If an offender is given a specific instruction, profile, or restriction and the offender fails to follow this instruction, profile, or restriction security staff can initiate actions that they feel are appropriate to the specific case. When necessary, medical staff may need to provide an Incident statement regarding any witnessed infraction.

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2. If medical staff witness infractions by offender that pose a threat to the security of the institution, or if staff are directly involved, e.g., victim of an assault, exposure to blood or other body fluids, etc., medical staff should follow the appropriate chain of command to initiate a disciplinary action report towards the offender involved in accordance with established standard operation procedure 209.01, Offender Discipline.
3. Disciplinary reports will not be placed in the medical record.

Note: The clinical update and forms associated with this SOP may be found on the GDC Intranet at Captiva/Resources/Health Services Documents/02 Physical Health/Clinical Updates.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.