UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF JUVENILE JUSTICE AND YOUTH SERVICES POLICY AND PROCEDURES	
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INCIDENT REPORTS	
RATIONALE: *The purpose of this policy is to establish a consistent and comprehensive reporting system that accounts for all incidents occurring within the Division, its facilities and programs. This system will ensure communication occurs during a crisis situation, a chain of command is followed, and the Division is able to monitor all incidents, thereby enhancing Division efficiency. Further, incident reports document critical situations and help provide an accurate description of events.* *Related Policies, Applicable Standards, Statutes: DHHS Policy 01-02 Records Management and Access; JJYS Policy 06-01 Creation, Storage, and Retention of Juvenile Records.*	

Original Effective:	**Revision:**	**Next Review Due:**
December 02, 2003	November 22, 2024	November 23, 2027

I. DESCRIPTION

This policy established criteria for creation and submission of incident reports. It is intended to help create consistent incident reports throughout the Division.

II. DEFINITIONS

The following terms are defined for this policy as:

A. **Incident:** A safety concern, non-routine, unusual, or potentially threatening event.
B. **Primary Incident Report**: A report generated by the staff member who is predominantly involved in the incident. There should only be one primary report per incident. This is determined by the lead staff or shift lead following the incident.
C. **Supplemental Report:** A report generated by all other staff directly involved or who witnessed an incident. These reports are to accompany the Primary Incident Report.
D. **Absent Without Leave (AWOL):** A minor who is absent from a community-based placement for an extended or unexpected

period of time without authorization.

E. **Addendum Report:** A report generated by a staff member who has already submitted either a Primary or Supplemental Report. The addendum clarifies, corrects, or includes additional information after the original incident report was submitted.
F. **Level of Severity:** Defines the seriousness or urgency of an incident. The two different levels of severity are critical incidents and standard incidents.
G. **Critical Incidents:** Include safety concerns, or non-routine, unusual, or potentially threatening events that are critical in nature, require immediate response, and impact the wellbeing of the youth or staff.
H. **Standard Incidents:** Include safety concerns, or any non-routine, unusual, or potentially threatening event that does not meet the definition of a Critical Incident. These events may require immediate response and do not impact the wellbeing of the youth or staff.
I. **Classification:** The process of identifying the type of behavior, activity, or potentially threatening situation involved in an incident and selecting all applicable options in the primary incident report.

III. POLICY

A. Division staff shall complete an incident report anytime there is a safety concern, or unusual, non-routine, or potentially threatening event. Reports shall be completed in a timely manner as directed by policy. This system of notification, documentation, and distribution shall be performed in accordance with this policy.
B. This Policy is to be used in conjunction with information and directions included in the electronic JJYS Incident Report form.
C. Each incident shall be documented in the appropriate report format using the current incident reporting form accessed through the DHHS Forms Icon.
D. Staff shall provide immediate notification of critical incidents to the person(s) or party(s) as outlined on the Incident Report Form.
E. Staff shall inform their immediate Supervisor and APD of standard incidents and critical incidents.

IV. PROCEDURE

A. Incident Report Form
    1. Staff shall access the Electronic Incident Report form for reference, read all applicable definitions, and follow all directions located on the form.

2. Following an incident, the team lead shall work with staff to determine which staff member was predominantly involved and is to complete the primary report. All other staff directly involved shall complete supplemental reports.
3. Primary and supplemental reports shall be completed prior to the end of one's shift when the incident occurred. A request for a delayed report must be submitted to a supervisor for approval and documented in the incident report. A delayed report shall be completed no later than 24 hours after the incident.
4. Once a report has been submitted, it is considered complete and cannot be edited. The report is an official document accounting for the incident. If additional information is needed, then an Addendum Report shall be used to document this information.
5. A request made by facility administration (Supervisor or Assistant Program Director), JJYS Program Director (PD), Deputy Director, Director or Internal Review for additional incident documentation or corrections shall be made by the end of the next scheduled shift unless otherwise directed.
6. Each incident shall be classified as identified in this policy and the Incident Report form.
    a) Supervisors and Assistant Program Directors (APDs) shall review each incident report after it is submitted to ensure proper classification.
    b) If changes are required to the form, Supervisors shall inform the staff and request that they submit an addendum to correct the issue. If staff does not agree, they may elevate the concern up the chain of command and discuss this with their APD.
7. Supervisors shall review each incident to ensure that every employee involved has completed an incident report within required timeframes.

B. Incident Classification

The topics below are required to be documented in an incident report:

1. Critical Incident selections (definitions are included in hover boxes within the electronic incident report):
    a) Allegation of Abuse, Neglect, or Exploitation
    b) Death of a Client - Including Death by Suicide
    c) Client Accident/Injury/Illness (beyond basic first aid)
    d) Criminal Activity other than Abuse, Neglect, Exploitation, Use of Illegal Drugs, Illegal Contraband, Assault, Use of a Weapon, Sexual Misconduct
    e) Use of Illegal Drugs/Substances, Chemical Solvents Alcohol or Psychotoxic Chemical Solvents (huffing)
    f) Illegal Contraband

g) Assault – Injury
h) Physical Escort or Physical Intervention
i) Use of Mechanical Restraints
j) Use of Weapon
k) Misuse of an Item Outside of its Intended Purpose
l) Suicide Self-Directed Violence or Serious Suicide Attempt
m) Sexual Misconduct
n) Staff Sexual Misconduct
o) Medication Errors that Impact the Wellbeing of a Client
p) Client Rights Violation
q) Outbreak of Illness
r) Unauthorized Departure – AWOL, Absconsion, Attempted Escape from a Detention/Secure, Escape
s) Damaging a Facility and/or State Property
t) Natural Disaster
u) Contacted Law Enforcement Non-Emergency
v) Fire Department or Law Enforcement Responds to Take Command
w) Confinement/Isolation over 1 hour
x) Building Safety Issues
y) Allegation of Staff Misconduct
z) Staff Injury While on Shift

2. Standard Incident selections:
a) Confinement/Isolation between 15 minutes to 1 hour
b) Medication Errors that do not impact the wellbeing of the client
c) Damaging Personal Property
d) Accident/Injury/Illness Resulting in Basic First Aid
e) Any potential Litigation or Threat/Notice of a Lawsuit
f) Suicide Precautions
g) Contraband – Program Prohibited
h) False Alarm
i) Gang Activity
j) Suicide Awareness
k) Threat of Violence not Resulting in Law Enforcement Contact
l) Suspicious Circumstance
m) Youth Self Confinement – Sick Day
n) Age-Appropriate Physical Contact – Non-Sexual – Program Prohibited (kissing, hugging)
o) Non-Suicidal Self-Directed Violence
p) Information Only

C. Notification of Incidents and Distribution of Incident Reports
1. Critical incidents require immediate notification to the person(s) or party(s) as outlined on the Incident Report Form. This information is included in the hover box over each Critical Incident topic in the

electronic form.

a) Notification shall be done by telephone and contact shall be made with a live person.
b) A voicemail message is not sufficient notification for a Critical Incident; although a message should be left indicating that notification was attempted.
c) Once a live person has been contacted, it is the responsibility of that contacted person to notify the next person or party in the chain of command.
d) Case managers, when applicable, shall be notified immediately of a Critical Incident. This notification is in addition to the chain of command. Staff shall attempt to speak to the case manager directly but may leave a voicemail or text message.

2. Staff shall inform their immediate Supervisor and APD of critical incidents that do not require a call up the chain of command and standard incidents no later than 24 hours after the occurrence via email, text, voice mail, or incident report. The APD shall immediately notify the PD of all critical incidents via voice, voicemail, direct messaging or text message. Critical incidents that do not require a call up the chain of command include the following:
    a) Allegations of abuse, neglect or exploitation that did not occur within a JJYS facility;
    b) Physical escort;
    c) Misuse of an item outside of its intended purpose;
    d) AWOL;
    e) Damaging a facility or state property;
    f) Contacted Law Enforcement non-emergency (e.g., calling law enforcement to pick up evidence or contraband). Includes NCIC (National Crime Information Center) during intake; and
    g) Seclusion up to three hours.
3. Case managers (when applicable for JJYS custody youth) shall be notified within 24 hours of critical incidents that do not require immediate notification and standard incidents after the occurrence via email, text, direct message, voicemail, or incident report.
4. The Supervisor, or Lead when a Supervisor is not available, shall notify parents/guardians, case workers, and probation officers of all critical incidents, as well as incidents involving medical concerns or law enforcement action, as soon as possible. The Supervisor, or Lead when Supervisor is not available, shall attempt to speak to a live person, but may leave a voicemail or text message.
5. Supplemental Incident Reports shall be sent to the designated Office Support staff to assign the primary episode number, at which time the report will be sent to the Supervisor and APD. It is the

APD's responsibility to forward all Critical Incident reports to their assigned PD.

6. For youth in JJYS custody, incident reports for all levels shall be distributed to the case manager within three business days of the incident. This is the responsibility of the Supervisor.
7. Except as noted in V.C.8, primary incident reports, both critical and standard, of minors in JJYS custody shall be uploaded to the minor's CARE file under the JJYS Incident Reports tab as a protected "JJS Document" by a case manager.
8. The following incident reports shall not be uploaded to CARE by case managers in a minor's JJYS CARE file:
    a) Allegation of abuse, neglect, or exploitation;
    b) Death of a Client - Including Death by Suicide;
    c) Staff Sexual Misconduct;
    d) Medication Errors that Impact the Wellbeing of a Client
    e) Client Rights Violations; and
    f) Allegation of Staff Misconduct.
9. Incident reports noted in V.C.8 may be uploaded to CARE by Internal Review in the JJS - APD CARE file.

D. A facility that transfers a minor to another facility or placement shall notify the receiving facility or placement of any critical incidents, including but not limited to, assaultive or violent behavior towards others, suicide precautions ~~watch~~, suicide attempts or self-directed violence on the Transfer of Information Form (05-03C). A supervisor and QMHP from the transferring facility or /program shall contact the receiving program to share any additional information regarding suicide risk, attempts, or self-directed violence.

E. Incident reports may only be released as per JJYS policy 06-01 Creation, Storage, and Retention of Juvenile Records. Requests for records from any other person shall be forwarded to the APD, who shall then submit it to the GRAMA coordinator for review.

V. Continuous Renewal

This policy shall be reviewed every three years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Division of Juvenile Justice and Youth Services Executive Management Team and is approved upon the signature of the Director.



Brett Peterson, Director

11/22/2024
Signature Date

Division of Juvenile Justice and Youth Services