Special Incident Reports for Far Northern

Far Northern must be notified within 24 hours regarding anything out of the ordinary happening during your respite appointment. This reporting falls under the California Code of Regulation, Title 17. A Special Incident Report (SIR) is submitted when a provider feels that any unusual events have taken place during your respite appointment, such as:

1. 911 Call
2. Mandated Reporting Incident – physical, sexual, emotional, financial abuse, or neglect
3. Missing Consumer
4. Injury or Accident Beyond First Aid Treatment which can include:
   a. Puncture Wounds
   b. Fractures
   c. Dislocations
   d. Bites that break the skin
   e. Internal Bleeding
   f. Medication Errors
   g. Medication Reactions
   h. Burns
5. Hospitalization:
   a. Respiratory Illness
   b. Seizure-related
   c. Cardiac-related
   d. Internal Infections
   e. Wound Care
   f. Nutritional Deficiencies, Dehydration or Anemia
6. Victim of a Crime
   a. Robbery
   b. Aggravated Assault
   c. Larceny
   d. Burglary
   e. Rape or Attempted Rape
7. Death of a Consumer

Communication to RFENC is essential! TIME IS OF THE ESSENCE!

Should any of the events mentioned above occur during your respite appointment, you will need to write the written report (attached page) prior to the end of your appointment. This report will be used in entering the information into the computer when submitting the electronic report to Far Northern.

For SIR’s that occur Monday – Friday during office hours, please call (530) 226-5129 and mention that you need to speak with the Respite Supervisor to submit an SIR to Far Northern.
For SIR's that occur Sunday – Thursday in the evening, please call (530) 226-5129, go to mailbox 203 and leave a message. The Respite Supervisor will return your phone call the next morning. If you do not receive a phone call by 10:00 am, please call the office again and mention that you need to speak with the Respite Supervisor to submit an SIR.

For SIR's that occur Friday evening – Sunday, please call (530) 224-3079 and leave a message on the pager. The Respite Supervisor will receive the message and return your phone call. This number is to be used in emergency situations only!

Respite Care Providers can also contact the Respite Supervisor or another Staff member by sending an email to Respite@rfenc.org. This email address is monitored during and after office hours. A staff member will respond via email or phone call back to the Respite Care Provider.

SIR's must be submitted electronically to Far Northern. The Respite Supervisor is the person who has access to Far Northern's electronic system. The Respite Care Provider will need to meet the Respite Supervisor at the office with the written report. The information on the written report will be used to submit the electronic report to Far Northern. The electronic report must be submitted to Far Northern within 24 hours of the incident.

Do not hesitate to reach out to the Respite Department should you have any questions or if you are unsure if an incident needs an SIR submitted. Thank you for your cooperation with RFENC and Far Northern to keep our children, youth, and adults safe.
FAR NORTHERN REGIONAL CENTER
VENDOR UNUSUAL INCIDENT/INJURY/DEATH REPORT

Please use "NA" (Not Applicable) where needed to complete this form.

NAME OF FACILITY: ________________________________
(PLEASE PRINT)

FACILITY ADDRESS: _______________________________________

FACILITY TELEPHONE NUMBER: (_____) __________________ EXT: __________

DATE OF INCIDENT: __________ / __________ / __________
Month (XX) Day (XX) Year (XXXX)

TIME OF INCIDENT: __________ AM/PM

CONSUMER NAME: ________________________________
(PLEASE PRINT)

CONSUMER UCI#: __________

NAME OF SERVICE COORDINATOR: ________________________________
(PLEASE PRINT)

INCIDENT TYPE:

☐ Alleged Consumer Abuse/Neglect
☐ Alleged Violation of Rights
☐ Arrest/Incarceration
☐ Assaultive/Self-Injurious Behavior
☐ Death
☐ Fire
☐ Hospitalization-Planned
☐ Hospitalization-Unplanned

☐ Other

☐ Injury – First Aid Only
☐ Injury – Med Trmt Required
☐ Involuntary Psych Admit
☐ Medical Emergency (ER/911)
☐ Medication Error
☐ Missing
☐ Sexual Incident
☐ Suicide Attempt
☐ Victim of a Crime

PROTECTIVE AGENCIES/INDIVIDUALS NOTIFIED: (Specify names and telephone numbers)

☐ DEPARTMENT OF HEALTH SERVICES (DHS)

☐ DEPARTMENT OF SOCIAL SERVICES/COMMUNITY CARE LICENSING (DSS/CCL)

☐ ADULT/CHILD PROTECTIVE SERVICES

☐ OMBUDSMAN

☐ PARENT/GUARDIAN/CONSERVATOR

☐ LAW ENFORCEMENT

☐ DAY PROGRAM

☐ PHYSICIAN/HOSPITAL

☐ OTHER ENTITY

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CONSUMER NAME ___________________________ UCI # ___________________________

( Last ) ( First ) ( MI )

DESCRIBE INCIDENT IN DETAIL: When identifying other consumers, use ONLY the initials of that consumer.
Please attach additional pages, as needed.

LOCATION OF INCIDENT

EXPLAIN IN DETAIL IMMEDIATE ACTION(S) TAKEN: (Include names of person(s) contacted)

MEDICAL TREATMENT? ☐ YES ☐ NO If "YES", Describe treatment.

a. WHERE TREATED: ___________________________ BY WHOM: ___________________________

b. FOLLOW-UP TREATMENT, IF ANY: ___________________________

FACILITY RISK MANAGEMENT ACTION TAKEN OR PLANNED:

Agency Contact if additional information is required:

Print Name ___________________________ Date ___________________________

Telephone Number ___________________________ (E-mail address) ___________________________ Facility Name ___________________________