

Clarification Restraint, Use of Alcohol and Reporting in HCSIS

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Use of Alcohol and Incident Reporting

Not every instance of an individual using alcohol needs to be reported as an incident. If, however, an individual has an alcohol restriction in place and has been drinking, that, in and of itself, constitutes a reportable incident. An incident report will be developed in HCSIS as a “significant behavioral incident”. In this case, the reporter would answer “yes” to the question, “did the incident involve the unauthorized use of drugs/alcohol?” and answer yes to the question “did the incident involve non-compliance with a medical directive?”

If an alcohol related event reaches the threshold in HCSIS for a reportable event under another category, such as criminal activity or unexpected hospital visit, then the reporter will indicate the primary category to which the event applies and answer the question as to whether the unauthorized use of drugs/alcohol occurred during the event. The reporter is not making a judgment as to whether the use of alcohol affected the event, but only whether it was present. The reporter can answer yes, no or unknown.

For all other incidents that do not rise to the HCSIS level of a reportable event as described in the 2 paragraphs above, no HCSIS incident report is entered.

Use of Unauthorized Restraint

The use of restraint is not permitted in homes supporting individuals with an acquired brain injury. However, there may be emergency situations where some type of physical intervention needs to be used because of the possibility of immediate, serious threat of injury or death to the individual him or herself or to others. Examples would be when an individual uses a weapon, such as a knife to try to hurt someone else and immediate intervention is required to protect others or when an individual is attempting to run into traffic on a busy road and immediate intervention is required to protect the individual from serious harm. Events such as these meet the threshold for reportable incidents under the category of “significant behavioral incident,” or if the person is taken to the hospital as a response to their actions, “unexpected hospital visit.”

Events such as described above meet the criteria for escalation for a major review. The facts of the incident, any response to protect the individual and any proposed future action to address individual needs would be reviewed both on the case manager level and the regional level to determine if the incident was handled appropriately and if any further action is needed. Reporters should indicate that a physical intervention was used when describing the incident in the narrative description. The incident, however, does not need to be reported to DPPC as suspected mistreatment.

If a restraint is applied when there is no imminent threat to the individual or to others, the restraint is unauthorized and the incident should be reported under the category of “suspected mistreatment” with a secondary category of “alleged victim of physical abuse” and needs to be reported to DPPC. An example of unauthorized restraint is when a staff person attempts to take something away from an individual that belongs to him or her, such as lip balm, and ends up restraining the individual as a result of the confrontation. This situation did not put the individual or others at risk of serious, immediate injury or death and restraint is not allowed to address the situation.