How to Report an Incident

Effective Date 9/18/06
Revision Date 9/18/06

Purpose To inform staff of the procedure to thoroughly and promptly report and investigate an incident.

Legal Authority Risk Management is responsible for determining County liability and attempting resolution of claims.

Insurance Information San Bernardino County is self-insured and self administered for both Workers’ Compensation and liability claims. Coverage includes:

- Property damage to others
- Public and general liability
- Workers’ Compensation
- Damage to or loss of County Property

Definition An incident is defined as an event that results in injury to County employees, volunteers, and/or members of the public; damage to County property or the property of others, or the loss of County property, money, or securities.

Procedures Follow the steps below to report all incidents:

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<th>Staff</th>
<th>Responsibilities</th>
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| Employee                        | • Notify the immediate supervisor or designee of incident, even if medical attention is not needed.  
                                  | • If injured and/or hospitalized, have someone notify the immediate supervisor or designee. |
| Supervisor and Employee         | Was employee in an auto accident?  
                                  | • If yes, refer to [Vehicle Accidents Reporting procedure](#)  
                                  | • If no, then both supervisor and employee complete the NCR Incident Report form (obtain from your Regional Secretary)  
                                  | • If employee is injured, refer to [Occupational Injury and Illness procedure](#) |
County of San Bernardino  
Department of Behavioral Health

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| Supervisor           | • If death to consumer, **IMMEDIATELY** refer to [Investigating & Reporting Death of a Consumer procedure](#)  
|                      | • If serious Injury to a consumer; or death or serious injury to employee or member of the general public, **IMMEDIATELY** contact the following:  
|                      |   o DBH Director  
|                      |   o DBH Assistant Director  
|                      |   o Appropriate Deputy Director  
|                      |   o Appropriate Program Manager  
|                      |   o Risk Management at (909) 386-8623  
|                      | Notify the Communications Center at (909) 356-3811 after 5:00 p.m. weekdays, weekends or legal holidays, instead of Risk Management.  
|                      | • Complete the following forms:  
|                      |   o [Incident Report form](#)  
|                      |   o [Investigation of Workplace Incidents, Occupational Injury, Illnesses and Hazardous Exposure](#)  
|                      |   o Workers Compensation Packet (see [Risk Management Forms](#))  
|                      |   o [Unusual Occurrence/Incident Report](#) form (if applicable)  
|                      | • Obtain the Director's signature on all forms  
|                      | • Submit all forms to Payroll within 24-hours  
| Payroll              | Send copy of Incident Reports to:  
|                      | • Risk Management  
|                      | • Disaster/Safety Coordinator  
| Safety Coordinator    | Disaster/Safety Coordinator will:  
|                      | • Review the incident reports quarterly with DBH Safety Committee  
|                      | • Make recommendations to management to reduce occurrence of incidents  
|                      | • Maintain data on all incidents for tracking and annual report.  

Notices

[Investigating & Reporting Death of a Consumer procedure](#)  
[Incident Report form](#)  
[Investigation of Workplace Incidents, Occupational Injury, Illnesses and Hazardous Exposure](#)  
[Unusual Occurrence/Incident Report form](#)  
[Risk Management Forms](#)