



Policy & Procedure Number: BHSD # 15100

<input checked="" type="checkbox"/>	BHSD County Staff
<input type="checkbox"/>	Contract Providers
<input type="checkbox"/>	Specialty Mental Health
<input type="checkbox"/>	Specialty Substance Use Treatment Services

Title: Incident Notification for Major or Sensitive Incidents (Incident Notification)

Approved/Issue Date: 2.28.19	Behavioral Health Services Director: <i>Tommy Miller</i>	Date Developed: 10-15-18
Last Review/Revision Date:	Next Review Date:	Inactive Date:

REFERENCE:

Santa Clara County Policy, Notification of Major or Sensitive Incidents (Incident Notification), VMC #162.0

POLICY: The Santa Clara County Behavioral Health Services Department (BHSD) shall comply with requirements related to notification of County Counsel and County leadership for major or sensitive incidents that occur at BHSD. This policy applies only to BHSD staff, not to contractors.

To ensure the safety and security of employees, clients, and the community by adhering to a process for communication and notification in a timely, consistent manner that complies with the County's requirements when any major or sensitive incident occurs. This will be accomplished through early notification through attorney-client privileged communication to County Counsel, which enables the County to provide an appropriate response to incidents, including timely investigation, provision of legal advice, and risk mitigation.

The County policy requires reporting of any major or media-sensitive incident involving the safety or security of a County employee or individual in BHSD's care. This reporting is separate from other reporting requirements at BHSD, including reporting to law enforcement and reporting utilizing the incident reporting forms. Reportable incidents under this policy include, but are not limited to:

- Serious injury or death of any County employee and/or contractor at work or related to their employment with the County;
- Serious injury or death of any person in the County's and/or contractor's care (except for deaths and serious injuries resulting from natural causes);
- Serious injury or death of any person on County-owned or operated property, including facilities, clinics, and programs;
- Serious damage to property of another by a County employee;
- Serious-injury traffic collisions involving a County vehicle;
- Criminal conduct involving a County employee;
- Deputy-involved shooting;
- Emergency vehicle pursuit resulting in injury or death;



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- Any event that has a significant possibility of resulting in a claim or lawsuit against the County; and Any event that has a significant possibility of receiving public or media attention.

<u>PROCEDURE</u>	
Responsible Party	Action Required
Individuals involved with incident	<p>Recognizes that incident has occurred. Notifies supervisor, manager or BHSD Executive Director, or BHSD Director, providing sufficient information about the event. Completes a BHSD incident report.</p> <p>Initiates actions to assess and ensure immediate safety of clients, staff, visitors, and environment as required. Helps establish corrective action plan.</p>
Supervisor, Manager, or Director	<p>Gathers preliminary information about the event. Notifies Executive Management and Division Director. Ensures that BHSD Clinical Risk Manager has been notified, either by telephone or incident report (preferred).</p> <p>Completes all required sections of the County Incident Notification Form (Attachment A). Writer of Incident Notification will ensure no PHI is embedded with the Incident Notification and client will be referred to as "Man", or "Woman", or "Teenager", etc.</p> <p>Sends by email to BHSD Director or Designee and Division Director for review and approval, with a copy to the Deputy County Counsel assigned to BHSD. All Incident Notifications are to be pre-approved by the BHSD Director or Designee and County Counsel, PRIOR TO SUBMISSION.</p>
Executive Leader/Division Director	<p>Reviews Form and approves for submission. Following approval from the BHSD Director and County Counsel, Division Director submits Form via email to incident@cco.sccgov.org as an MS Word attachment with subject line "Incident Notification-BHSD", with copy to BHSD Clinical Risk Manager and the Deputy County Counsel Assigned to BHSD.</p>



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Deputy County Counsel Assigned to BHSD	Available as needed to review and assist with preparation of Incident Notification and for questions regarding the requirements of this policy and procedure.
Attachments:	County Incident Notification Form

CONFIDENTIAL
ATTORNEY-CLIENT PRIVILEGED COMMUNICATION
INCIDENT NOTIFICATION FORM

INSTRUCTIONS: Complete each of the fields below. *To ensure the attorney-client privilege on this communication, send this completed notification only to the Office of the County Counsel as an MS Word attachment via email to incident@cco.sccgov.org.*

List the Subject of the email as follows: Incident Notification – [Name of Department]

The Office of the County Counsel will use the information in this form to provide legal advice, including by sending a separate notification to the County Executive, Chief Operating Officer, Board of Supervisors, Public Communications Officer or others as necessary. Such communications copy the Department Head and the “Best Available Contact” provided by your department below.

TO: James R. Williams, County Counsel via email at incident@cco.sccgov.org

FROM:

1. SUBMITTING DEPARTMENT:

2. CHECK THE APPROPRIATE BOX TO INDICATE IF THIS IS NOTIFICATION OF A NEW INCIDENT OR AN UPDATE ON A PREVIOUSLY REPORTED INCIDENT.

NEW INCIDENT UPDATE TO PREVIOUSLY REPORT INCIDENT

3. NAME OF BEST AVAILABLE CONTACT FOR QUESTIONS:

4. PHONE NUMBER FOR BEST AVAILABLE CONTACT:

5. EMAIL ADDRESS FOR BEST AVAILABLE CONTACT:

6. IS PRESS COVERAGE OF THIS INCIDENT LIKELY (YES/NO)?

7. DATE AND TIME OF INCIDENT:

8. LOCATION OF INCIDENT:

9. KEY COUNTY PERSONNEL INVOLVED (NAMES AND JOB TITLES) *(If this information is not readily available, please do not delay submission in order to gather this information):*

10. NAME OF OUTSIDE PROVIDER(S)/AGENCY(IES) INVOLVED:

11. DESCRIBE INCIDENT:

12. DESCRIBE ACTION TAKEN IN RESPONSE TO INCIDENT: