

# HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Public Safety  
Prisons

SECTION: Administrative-Performance  
Improvement& Risk Management

POLICY # AD II-6

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SUBJECT: Medical Incidents and Adverse Events

EFFECTIVE DATE: April 2016  
SUPERCEDES DATE: May 2010

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## References

**Related ACA Standard**

**4<sup>th</sup> Edition Standards for Adult  
Correctional Institutions 4-4410**

## PURPOSE

To provide guidelines in reporting medical incidents and adverse events.

## POLICY

Incident Reports and Sentinel Event Root Cause Analyses related to inmates are considered internal management reports as directed by Quality Council and are for Department of Correction, Division of Prisons Health Services use **ONLY** as outlined in G.S. 131-E-95 and GS90-21.22A. These reports shall not be filed in the patient's chart, shared with patients, family, or any non-employee except by court order. Any requests for these documents shall be directed to the Chief of Health Services. Copies shall not be made without prior authorization from the Chief of Health Services.

Monthly summary reports will be provided to Quality Council/Nurse Executive Team for review and identification of patterns and/or trends as part of the overall Performance Improvement Plan of the Division of Prisons Health Services.

## DEFINITIONS

**Incident Report-** a tool developed to provide a means to monitor, investigate and evaluate medical incidents involving inmates in order to provide a safe living environment.

**Incident-** an unexpected or unintended event related to the inmate that may impose liability concerns and legal implications for the Department of Correction or has a potentially negative impact on the inmate's physical or emotional well-being and/or has risk management implications for the Department of Correction. These include physical attacks with injury, accidents (including falls), choking, self-injurious behavior, injury of unknown origin, or use of force injury requiring nursing assessment or intervention.

**Adverse Event-** is any incident which may become the subject of litigation or results in apparent serious injury with potential for negative outcome for the individual. Examples of an adverse event include, but are not limited to sentinel events, unintentional overdose, suicide attempt, suicide, and unexpected death.

**Serious Incident-** any incident in which the necessary care, for the level of injury, exceeds care that can be initiated by use of the Nursing Protocols only.

## PROCEDURE

The Office of Risk Management/Standards in Health Services Section must be notified as soon as possible during business hours or next business day if any of the following occurs:

1. Suicide
2. Unexpected death
3. Self Injurious Behavior with serious injury (MD must make determination)
4. Attack with a weapon resulting in serious injury
5. Any serious incident requiring immediate transfer of individual to medical services or local medical center for treatment

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## 6. Unintentional overdose

When any of the above events (1-6) occurs, a debriefing by the multidisciplinary leadership team at the facility will occur. Minutes of the debriefing will be kept on file at the facility and a copy will be forwarded to the Risk Manager in Health Services for review and filing.

### **I. Reporting of Incidents**

All medical incidents are to be documented. A full account of the incident should be recorded in the inmate's healthcare record at the facility in which incident occurred.

- A. The Medical Incident Report form (DC798) is to be completed:
  - 1. By health services staff at the unit for all serious injuries or incidents.
  - 2. For all incidents occurring while patient is in medical, even if minor injury.
  - 3. On each patient, if several are involved in same incident.
  - 4. Then reviewed by nurse manager/designee at unit for completeness (attached documentation from Emergency Room, x-ray results etc).
  - 5. And forwarded to the Provider (medical and/or mental health clinician) for review & signature as indicated in instructions on DC798 Medical Incident Report Form to be reviewed and signed.
  - 6. Not placed in inmate's health record.
  - 7. Not to leave the medical area until it is forwarded to regional nurse supervisor/designee with any accompanying witness statements.
- B. The Nurse Manager/designee will:
  - 1. Review the Medical Incident Report (DC-798) for completeness.
  - 2. Forward report to provider (medical or mental health) for their review and signature.
  - 3.
  - 4. Assure that DC 798 is forwarded to the Regional Nurse supervisor.
  - 5. Assure that DC 798 is not placed in the inmate's medical record.
- C. The regional nurse supervisor/designee will:
  - 1. Review and assign a score.
  - 2. Contact nurse manager if there are questions regarding report.
  - 3. Determine if follow-up action is needed.
  - 4. Enter report into database.
  - 5. Forward report to Risk Management/Standards Director.

### **II. Adverse Events**

Any incident which receives a score of 5 or more is considered an adverse event. All adverse events will receive some level of investigation as directed by the Chief of Health Services. The Risk Manager/Standards Director will serve as lead for the investigation and may contact the nurse manager to initiate the investigation. Some investigations may be done in conjunction with custody.



4/16/2016

Paula Y. Smith, MD, Chief of Health Services

Date

SOR: Risk Manager