Incident Report Form Instructions

Please fill out the Incident Report form completely within 24 hours of the incident.

Major Incidents Include (per Iowa Administrative Code):

1. Results in physical injury to or by the individual that requires a physician's treatment or admission to a hospital
2. Results in the death of any person
3. Requires emergency mental health treatment for the individual
4. Requires the intervention of law enforcement (the police were involved)
5. Requires a report of child abuse or dependent adult abuse
6. Constitutes a medication error or pattern of medication errors that lead to # 1, #2, or #3 listed above.
7. Involves a member's location being unknown by provider staff who are assigned responsibility for the oversight.

Minor Incidents include (per Iowa Administrative Code):

1. Results in the application of first aid
2. Results in bruising
3. Any seizure activity
4. Results in injury to self, others, or to property
5. Constitutes a prescription medication error

Call the office (515) 270-0093 immediately about the incident. If it's after hours and is a Major Incident, dial (515) 447-0650.

Incident Report

4401 Westown PKWY STE. 250. West Des Moines, Iowa 50266 Provider # X000204506
Phone: 515-270-0093 office 515-447-0650 cell

IFS IOWA Family Services

Consumer's Name: _____ Medicaid # _____ Date of Birth: _____

Major Incident ☐ Minor Incident ☐

Date of Incident: _____ Time of Incident: _____

Exact Location of Incident: _____

Describe who was present at the time of the incident or responded after becoming aware of the incident. Only use initials for other consumers' names to maintain confidentiality.

Describe the incident that occurred. Please give specific details. Include any signs that could help staff recognize a similar incident in the future prior to it occurring.

What injury or illness occurred or could potentially occur as a result of this incident?

Describe what immediate action was taken in response to the incident? (who was called, any first aid given, medical assistance provided by whom, etc.)

Form Completed by: _____ Date Completed: _____

Signature: _____

4401 Westown PKWY STE. 250. West Des Moines, Iowa 50266 Provider # X000204506
Phone: 515-270-0093 office 515-447-0650 cell