

Incident Reports (Title 15, Section 1362)

511.1 PURPOSE:

To establish a standardized process for completing an Incident Report (IR) for the Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs).

511.2 DEFINITIONS:

Incident Commander (IC): The first supervisor to arrive on the scene of an incident or designated by the Watch Commander (WC)/Treatment Facility Supervisor (TFS).

Scribe Reporter (SR): The staff assigned by the IC to document the actions of the Officer Reporter (OR) in the Incident Report.

Officer Reporter (OR): Any staff designated by the IC/WC to complete an Incident Report.

511.3 GUIDELINES:

- A. Incident Reports will be completed as quickly as possible. Completion of IRs supersedes all other non-emergency duties.
- B. A written report of all incidents which result in physical harm, use of force, serious threat of physical harm or death of an employee, youth, or other person(s) shall be maintained. Such written record shall be prepared by the staff and submitted to the IC or designee by the end of the shift unless additional time is necessary and authorized by the WC/TFS.
- C. Refer to the Death of a Youth While Detained in a JDAC/TF procedure when the use of force results in death.

511.4 RESPONSIBILITIES:

- I. Scribe Reporter (SR):
 - A. Complete the Primary Incident Report in Caseload Explorer (CE).
 - B. Participate in the debriefing as directed by the IC.
 - C. Ensure the Primary Incident Report is printed, signed, and submitted to IC or designee by the end of the shift unless additional time is necessary and authorized by the WC/TFS.
- II. Officer Reporter (OR):
 - A. Complete the Secondary Incident Report in CE.
 - B. Participate in the debriefing as directed by the IC.
 - C. Ensure the Secondary Incident Report is printed, signed, and submitted to IC or designee by the end of the shift unless additional time is necessary and authorized by the WC/TFS.
- III. Incident Commander (IC)/ PCSI/II/ Acting PCSI:

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- A. Will designate the Scribe Reporter and the Officer Reporter(s).
 - B. Notify the WC/TFS of all incidents.
 - C. When possible, provide coverage for staff to ensure they are able to complete their IRs.
 - D. Ensure staff have the resources to complete Incident Reports (IRs) within a reasonable time frame.
 - E. Complete the Incident Summary in CE and document debrief with the youth(s) involved in applicable incidents.
 - F. Review related IRs, including corrections, as required.
 - G. Retrieve, review, and download the passive and handheld video. Log and secure video recordings in accordance with the Closed Circuit Television Security System (CCTSS)/Digital in-Vehicle Recording System (DIVRS) procedure and submit to the WC/TFS.
 - H. Ensure appropriate notifications have been completed by the SR and complete additional notifications as necessary.
 - I. Send completed incident reports to the WC/TFS.
- IV. Watch Commander (WC)/Treatment Facility Supervisor (TFS):
- A. Ensure the IC provides coverage for staff when possible to ensure staff are able to complete their IRs.
 - B. Review all IRs for accuracy and thorough details.
 - C. Collect and review the passive and handheld camera DVDs.
 - D. Ensure all applicable notifications have been completed.
 - E. Notify the On Call Director of any critical incidents as outlined in the Critical Incident Notification procedure.
 - F. Conduct the debriefing as applicable.
- V. Medical Services:
- A. Complete the Medical Services Incident Report Addendum (Attachment A) for those incidents directly involving medical staff in the assessment and/or treatment of:
 - 1. Incidents involving the need for off-site transport to the Emergency Department
 - 2. Self-injuries/suicide attempts
 - 3. Use of force assessment
 - 4. At the discretion of the WC/TFS
 - B. Submit the completed Medical Services Incident Report Addendum to the WC/TFS by the end of the shift.

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- C. Complete an IR for those incidents where medical staff were the primary observer or had firsthand knowledge of an event that requires immediate reporting (i.e. suicide, fight).
 - D. Complete a Medical Services Medication or Treatment Incident Report (Attachment B) when a medication or treatment error has occurred as soon as it is discovered and by the end of the shift.
 - E. Participate in the debriefing as directed by the IC.
- VI. Forensic Adolescent Services Team (FAST):
- A. Notify the IC and WC/TFS of all incidents.
 - B. Complete and submit an IR as soon as possible and before the end of the shift, unless otherwise directed by a supervisor.
 - C. Participate in debriefings as requested by the IC.
 - D. Provide mental health services as needed upon request once the scene is safe.
- VII. School Personnel:
- A. Notify the IC and WC/TFS of all incidents.
 - B. Complete and submit a memo as soon as possible, and before the end of the shift, unless otherwise directed by a supervisor.
 - C. Participate in debriefings as requested by the IC.
- VIII. Division Directors I/II:
- A. Review and ensure all IRs are completed according to department procedures.
 - B. Direct supervisors to provide corrective action as needed.

511.5 ATTACHMENTS:

[See attachment: Incident Reports Attachment A \(Lexipol 3-23-21\).pdf](#)

[See attachment: Incident Reports Attachment B \(Lexipol 3-23-21\). pdf](#)

Attachments

Incident Reports Attachment A (Lexipol 3-23-21).pdf



TRACY REECE
Chief Probation Officer

JULIE FRANCIS
Assistant Chief Probation Officer

MEDICAL SERVICES INCIDENT REPORT ADDENDUM

1. REPORTING FACILITY <input type="checkbox"/> CVJDAC UNIT <input type="checkbox"/> HDJDAC UNIT <input type="checkbox"/> GATEWAY CVJDAC <input type="checkbox"/> GATEWAY RYEF 3. INCIDENT INVOLVED <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Self-Inflicted Injury <input type="checkbox"/> Medical/Psychological <input type="checkbox"/> OC Pepper Spray Use <input type="checkbox"/> Restraint of Youth <input type="checkbox"/> OTHER		2. Time of incident Date of incident Date of Report Reported by: 4. YOUTH/S INVOLVED <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">NAME</td><td></td></tr> <tr><td>DOB</td><td></td></tr> <tr><td>PIN</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>DOB</td><td></td></tr> <tr><td>PIN</td><td></td></tr> </table>		NAME		DOB		PIN				NAME		DOB		PIN	
NAME																	
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5. STAFF	1. _____	2. _____															
	3. _____	4. _____															
6. NARRATIVE DETAILS & NURSING INTERVENTIONS:		7. NURSING ACTION															
		<input type="checkbox"/> Communicable Disease	1														
		<input type="checkbox"/> Nurse evaluation req'd	2														
		<input type="checkbox"/> Referred to MD Clinic	3														
		<input type="checkbox"/> ER evaluation req'd	4														
		<input type="checkbox"/> Hospitalization req'd	5														
		<input type="checkbox"/> Death	6														
		<input type="checkbox"/> Medical Chart Entry															
		<input type="checkbox"/> No Injury observed															
		<u>OC Spray Intervention</u>															
		<input type="checkbox"/> Respiratory difficulties															
		<input type="checkbox"/> Yes <input type="checkbox"/> No															
		<input type="checkbox"/> Handcuffs evaluated for circulation/injuries															
Nurse Signature _____		Date _____															
<small>I hereby certify that the facts contained herein are true and complete to the best of my knowledge. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</small>																	
Completed Form Received by: _____		PCSI _____															
		PCSII _____															

Print hard copy on blue paper

Incident Reports Attachment B (Lexipol 3-23-21).pdf



TRACY REECE
Chief Probation Officer

JULIE FRANCIS
Assistant Chief Probation Officer

MEDICAL SERVICES MEDICATION OR TREATMENT INCIDENT REPORT

FACILITY: CVJDAC HDJDAC GWC-JH GWRYEF UNIT: _____ DATE: _____ TIME: _____

YOUTH'S NAME: _____ DOB: _____ AGE: _____ PIN: _____
(LAST) (FIRST) (M.I)

NATURE OF MEDICATION INCIDENT: ADMINISTRATION ERROR OMISSION CHEEKING OTHER

NAME AND DOSAGE OF MEDICATION/TREATMENT (If not known, describe shape, color, etc.)

DATE AND TIME OF LAST MEDICATION/TREATMENT:

REASON FOR MEDICATION/TREATMENT:

WAS R.N. NOTIFIED? YES NO IF "YES," NAME OF R.N., DATE AND TIME OF NOTIFICATION:

DETAILS OF INCIDENT:

COMPLETE THE FOLLOWING SECTION IF THIS IR INVOLVES A "CHEEKING" INCIDENT

1.	APPROXIMATE DATE/TIME PILL WAS FOUND	
2.	NUMBER OF PILLS	
3.	IS THE YOUTH CURRENTLY ON THIS TYPE OF MEDICATION	
4.	DOES THE YOUTH'S ROOMMATE TAKE THIS TYPE OF MEDICATION	
5.	LOCATION WHERE MEDICATION WAS FOUND (ROOM, TOILET, ON PERSON, ETC)	

YOUTH FLAGGED AS 'KNOWN CHEEKER' YES NO IF 'NO,' WHY? _____

ORDER TO CRUSH MEDICATION OBTAINED YES NO IF 'NO,' WHY? _____

INCIDENT COMMUNICATED TO THE UNIT YES NO IF NO,' WHY? _____

PHYSICIAN/PROVIDER OR REGISTERED NURSE'S COMMENTS:

PHYSICIAN/PROVIDER OR REGISTERED NURSES SIGNATURE

SUGGESTIONS FOR PREVENTION:

SUPERVISOR (WC, CSN) COMMENTS:

REPORTING PARTY: _____

SIGNATURE PRINT DATE

WATCH COMMANDER: _____

SIGNATURE PRINT DATE

SUPERVISING NURSE: _____

SIGNATURE PRINT DATE

REVIEWED: HEALTH SERVICE MANAGER DATE

NOTE: THIS FORM MUST BE COMPLETED IN ITS ENTIRETY BY THE END OF THE SHIFT AND DISTRIBUTED AS FOLLOWS:
Original-Health Services Manager Copy-Watch Commander Copy-Designated Nursing Supervisor