OREGON STATE HOSPITAL

POLICY ATTACHMENT

PROCEDURES A:	Incident Response and Reporting an Incident	**POLICY: 1.003**
POINT PERSON:	Director of Quality Management	
APPROVED:	Superintendent	**DATE: AUGUST 10, 2026**
SELECT ONE:	☐ New policy attachment ☐ Reaffirmation of existing policy attachment	☒ Revision of existing policy attachment

I. INCIDENT RESPONSE

A. Staff who are involved in a reportable event will prioritize staff and patient safety in the immediate response.

B. If able, staff are expected to take any reasonable actions or remediations to prevent the incident from reoccurring.

C. Staff should consider the preservation of evidence and consult security for proper preservation and collection.

D. OSH supervisors and managers will provide guidance on reasonable action or mitigation regarding incident response and may aid in problem-solving.

E. For incidents involving patients, a Registered Nurse (RN) will assess the involved patient(s) when it is safe to do so and document the assessment in the Electronic Health Record.

II. REPORTING AN INCIDENT

A. Reporting incidents and near-misses is encouraged, and any OSH staff may enter an Incident Report (IR).

B. For patient incidents, the Charge RN (or as delegated to another licensed nurse) and security staff (if involved) with direct knowledge of a reportable incident is responsible for submitting a report documenting their observations as soon as possible and no later than the end of their shift using the designated incident reporting process.

C. The IR should include clear and complete information about any injury to staff or patients, including the nature and extent of the injury, if known.

D. Staff are also expected to follow any department-specific protocols, which may include more detailed or immediate reporting requirements.

III. REPORTING EXCEPTIONS

A. As an exception, the following reportable incidents will be reported in the electronic OSH incident reporting system by designated persons only. Designated persons only need to create one incident report for the following reportable incidents. Designated persons are as follows:

1. Code Red – reported by the Director of Safety or designee.
2. Code Orange – reported by the Director of Safety or designee.
3. Code Yellow – reported by the Director of Security or designee.
4. Code Silver - reported by the Director of Security or designee.
5. Widespread mechanical system failure (e.g., sallyport or door locking failure) – reported by Director of Facilities or designee.
6. Widespread technology system failure (i.e., phone or network outage) – reported by the Director of Technology Services or designee.
7. Events that require law enforcement, emergency medical services, or fire service response outside the perimeter only; reported by the Director of Security or designee.