

# Risk Management and Incident Reporting Policy

Shifaa Serenity Therapy Solutions, LLC

Prepared by:

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Founder, CEO, Therapist & Community Advocate

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## 1. Purpose and Guiding Principles

The purpose of this policy is to establish clear procedures for **risk management and incident reporting** at **Shifaa Serenity Therapy Solutions, LLC**. Risk management is essential for protecting clients, staff, and the organization while ensuring compliance with ethical, legal, and safety standards.

This policy ensures that all staff understand their responsibility to identify, report, and address risks and incidents in a timely, professional manner.

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## 2. Scope of Application

This policy applies to:

- Licensed and unlicensed clinical staff
- Administrative and support staff
- Interns, trainees, and fellows
- Contractors and volunteers

It covers all incidents that occur within organizational facilities, during telehealth sessions, at community-based services, or during off-site agency-related activities.

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## 3. Definitions

- **Risk:** Any potential event, condition, or situation that could cause harm to a client, staff member, or the organization.
- **Incident:** Any actual event that results in or could have resulted in harm, injury, breach of confidentiality, or property damage.
- **Near Miss:** A situation where harm was narrowly avoided but could have occurred.

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## 4. Types of Incidents to Report

Staff must report, at minimum, the following:

- Client or staff injury or illness occurring on-site.
- Threats, violence, or unsafe behavior by clients or visitors.
- Breach of confidentiality or HIPAA violation.
- Technology or telehealth system failure that compromises client care.
- Suspected abuse, neglect, or exploitation of vulnerable persons.
- Facility or environmental hazards.
- Medication errors or clinical oversights.

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## 5. Incident Reporting Procedures

### 5.1 Immediate Response

- Ensure the immediate safety of all individuals involved.
- Provide emergency care or call 911 if necessary.
- Notify a supervisor immediately.

### 5.2 Documentation

- Complete an **Incident Report Form** within **24 hours** of the event.
- Reports must include date, time, individuals involved, description of the event, witnesses, and actions taken.
- Documentation must remain factual, objective, and free of judgment.

### 5.3 Submission and Review

- Submit incident reports to the supervisor or designated risk management officer.
- Supervisors will review reports for accuracy, follow-up needs, and risk prevention measures.
- Serious incidents will be reviewed by leadership for further investigation.

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## 6. Risk Management and Prevention

- Supervisors must regularly review incidents to identify patterns or areas of risk.

- Preventive actions may include staff training, policy updates, environmental safety checks, or technology upgrades.
  - The organization will maintain a **confidential log of all incidents** for compliance and quality improvement.
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## 7. Confidentiality and Non-Retaliation

- Incident reports are confidential and will be stored securely.
  - Staff who report incidents in good faith are protected from retaliation.
  - Retaliation against staff who report safety concerns is strictly prohibited.
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## 8. Accountability and Consequences

- Failure to report incidents may result in disciplinary action.
  - Staff found to have engaged in negligence, misconduct, or deliberate harm will face corrective action up to and including termination, and may be reported to licensing boards or legal authorities.
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## 9. Acknowledgment and Signature Page

I, \_\_\_\_\_, acknowledge that I have received, read, and understood the **Risk Management and Incident Reporting Policy** of **Shifaa Serenity Therapy Solutions, LLC**.

I agree to follow the procedures outlined in this policy, including the immediate reporting of risks and incidents. I understand that timely reporting ensures client safety, organizational accountability, and compliance with legal and ethical standards.

I also understand that failure to report incidents or risks may result in disciplinary action and, if applicable, reporting to licensing boards.

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### Employee/Contractor/Volunteer Information

- **Printed Name:** \_\_\_\_\_
  - **Signature:** \_\_\_\_\_
  - **Position/Role:** \_\_\_\_\_
  - **Date:** \_\_\_\_\_
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