

AIR – Adverse Incident Reporting User Manual



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General Instructions

Purpose

The electronic Adverse Incident Reporting (AIR) form is used to report adverse/critical incidents involving individuals receiving services from agencies licensed or funded by the Kansas Department for Aging and Disability Services.

System Requirements and Browser Settings

- Internet ConnectionInternet Browser:
 - Microsoft Internet Explorer 11 or newer Recommended, and the only browser that KDADS supports for Web Applications.
 - Other browsers may be used with the understanding that KDADS cannot troubleshoot any issues that may arise using KDADS Web Applications with another browser.

Contact Persons

Issue	Contact Person
Application How To Questions and Security	KDADS Help Desk
Access	Phone:
	(785) 296-4987 or
	(800) 432-3535
	E-Mail:
	KDADS.helpdesk@ks.gov
Questions about AIR Policies and Guidelines.	Phone:
	(785) 296-4986 or
	(800) 432-3535
	Ask for the program manager for the waiver
	or service that the affected client is
	associated with.

Important The required fields referenced in this chapter refer to system-required fields. These fields are required in order for the form to be saved. The information that is required due to policy may be different from those that are system required.

All information saved in any KDADS web application or web form is encrypted and secure.

How To

Follow the steps in the table below to access a blank AIR form from the KDADS public website.



Introduction All required fields must be completed before the AIR form can be successfully saved. The initial creation (saving) of the form is done via the 'Create Report' button. When the completed form is submitted to KDADS, the reporting process is complete.

Kansas Adverse Incident Reporting Adverse Incident Reporting Purpose Effective incident management is essential to assuring the health and welfare of KDADS program participants. The Adverse Incident Reporting (AIR) System focuses on the identification and follow-up to critical events or incidents that bring harm, or create the potential for harm, to a KDADS program participant. AIR focuses on critical events or incidents that the state stel deems as sufficiently services the warman tear-term review and follow-up by an appropriate authority. Notice Hotline Phone Numbers and Information Are you a Mandat Once the report is created, a "Upload Supporting Documents)" Region will display to securely upload any documents related to the Incident.
 The Report needs to be completed and submitted to KDADS prior to closing the window.
 If you wish to relatin a copy, print this form by using the "Print AIR Report" button provided below.
 User Manuals.
 All instructions for Downlots AIR Instructions for Providers
 Quick Reference for Submitting AIR Reports v2 Create Report Report Status: WORK IN PROGRESS Note: * Designates that the item is required. Person Reporting Incident Information * Reporter To Remain Anonymous: O Yes
No If "Yes" the Reporter information will only be housed with the State. Report Completed By: First Name:
 Reporter Phone:
 Reporter Phone: Reporter Phone: Reporter Email (If Known):
 Relationship to Individual Involved: Select ~ * Service Provider Name (If Known): * Report Date: 09/05/2018 Report Submitted Date: Individual Involved in Incident Information * First Name: Last Name: Date of Birth (If Known): Uate of Birth (If Known): Medicaid ID (If Known): Select ~ • Program Type (If Known): Select ~ • **T** Service Received During Incident (If Known): ~ Select ~ KAMIS Person Number (If Known): Incident Information Incident Date: Time of Incident (If Known): County Where Incident Occurred (If Known): Select ~ Ŧ * List person(s) Involved in Incident:: Include relationship to individual - - For example: staff; family member (spouse; sibling; child, etc.) Adverse Incident(s) Click on the Incident Link to see the detailed definition. This Report DOES NOT replace a DCF or KDADS Long Term Care Complaint Hotline Report Abuse: Death: Death: Elopement: Elopement: Energency Medical Care: Elopement: Fiduciary Abuse: Misuse of Medications: Neglett: Seclusion: Suicide: Exploitation: Law Enforcement Involvement: Natural Disaster: 🔲 Restraint: 📄 Serious Injury: Suicide Attempt: Other: Reported to Appropriate State Agency: O YES O NO O UNKNOWN Which Agency Contacted: ODCF Adult (APS) / Child (CPS) Protection Services OKDADS Long Term Care Complaint Hotline Date Notified (If Known): Intake Number (If Known): **Incident Details** * Summary of Facts Relevant to Incident: * Results of Incident (Transport to hospital, Outpatient Medical Treatment, Law Enforcement Involvement, Screen Requested, Transferred, Other):

Sample Blank form:

Create Report

How To Follow the steps in the table below to create a new Adverse Incident Reporting form.

Step	Action	Result				
1.	Click on the AIR form link as	A blank AIR form displays.				
	described in the previous steps.					
2.	Enter the information for the	All required fields must be completed before the				
	incident being reported.	form can be saved.				
3.	Click on the Create Report button	• The report is created, and the data is saved.				
	(located at the top and the bottom	The Create Report button no longer displays				
	of the form.)	Annly Changes hutton displays				
	,	Submit to KDADS button displays.				
Note: Vali	l dation errors will display for any mission	g required information and the report will not be				
note. Vali	or the missing required fields and click	the Create Report button again				
Saveu. Em		the create Report button again.				
	Deferre the for	rea is exected (could be				
۸	Before the for	m is created/saved:				
Advers	se Incident Reporting					
Adverse la	ncident Penorting Purpose					
Effective incider	nt management is essential to assuring the health and welfare of KDADS proc	gram participants. The Adverse Incident Reporting (AIR) System focuses on the identification and follow-				
up to critical eve AIR focuses on	ents or incidents that bring harm, or create the potential for harm, to a KDA critical events or incidents that the state itself deems as sufficiently serious to	ADS program participant. warrant near-term review and follow-up by an appropriate authority.				
Notice						
Hotling R	hone Numbers and Information					
Are you a M	Andated Reporter?					
Once the re	eport is created, a "Upload Supporting Document(s)" Region will display to see	curely upload any documents related to the Incident.				
The Report needs to be completed and submitted to KDADS prior to closing the window. If you wish to retain a copy, print this form by using the "Print AIR Report" button provided below.						
 User Manual AIR Inst 	als: tructions for Providers					
Quick Reference for Submitting AIR Reports v2						
		Create Report				
Report Status:	WORK IN PROGRESS					
Note:	* Designates that the item is required.					
Person Re	eporting Incident Information					
* Reporter To	Remain Anonymous: O Yes O No If "Yes" the Reporter information will or	nly be housed with the State.				
* Report Com	npleted By: First Name: * Last Name	ne:				
* Reporter Ph	none: Reporter Email (If Known):					
* Relationship	o to Individual Involved: ~ Select ~ V					
* Service Pro	vider Name (If Known):					
* Report Date	8: 09/05/2018 Report Submitted Date:					

How To Continued After the form is created, but before it is submitted to KDADS: Adverse Incident Reporting Adverse Incident Reporting Purpose Effective incident management is essential to assuring the health and welfare of KDADS program participants. The Adverse Incident Reporting (AIR) System focuses on the identification and follow-AIR focuses on critical events or incidents that the state itself deems as sufficiently serious to warrant near-term review and follow-up by an appropriate authority. Notice · Hotline Phone Numbers and Information · Are you a Mandated Reporter? Once the report is created, a "Upload Supporting Document(s)" Region will display to securely upload any documents related to the Incident. The Report needs to be completed and submitted to KDADS prior to closing the window. If you wish to retain a copy, print this form by using the "Print AIR Report" button provided below. User Manuals: All Destructive for Device AIR Instructions for Providers Quick Reference for Submitting AIR Reports v2 Apply Changes (Save) Print View of AIR Report Report Status: WORK IN PROGRESS Designates that the item is required. Submit to KDADS Person Reporting Incident Information

Action	Result
A new region displays to the right of the AIR	Upload Supporting Document(s) displays.
form once it has been created.	
Additions and/or changes to the report can	
be made as necessary.	
Click on the Apply Changes button to save	Additions/changes are saved.
any additions/changes made.	
	Action A new region displays to the right of the AIR form once it has been created. Additions and/or changes to the report can be made as necessary. Click on the Apply Changes button to save any additions/changes made.

Form FieldsRefer to the next chapter, Field Descriptions and Requirements if there are any questions about any
of the fields in the AIR form.

Uploading Files Refer to the chapter on *Uploading Supporting Documentation to an AIR Report* for details on how to attach a file to a saved AIR form.

Field Descriptions and Requirements

FieldThe table below lists all the report fields and their purpose. All fields marked with a red asterisk (*)Requirementsare required. Fields that are conditionally required will be also checked for a valid entry when the
form is saved.

Field or Button	Action / Purpose			
Create Report	Creates the report once all required fields are entered. The button disappears after the report is successfully created, and is replaced by the Apply Changes button.			
Apply Changes	Button displays after the report is successfully created. Saves any subsequent changes to the initial data entered.			
Submit to KDADS	Button displays after the report is successfully created. When data entry is complete, clicking on this button will submit the report to KDADS, and the report changes to a read-only status.			
Close	Closes the Adverse Incident Reporting window or tab. Once the window/tab is closed, the report cannot be accessed again by the Reporter.			
Create Report Close Close Close Close Close Close				
Pe	erson Reporting Incident Information Region			
Reporter to Remain Anonymous	If the reporter elects to remain anonymous then no reporter fields will be displayed on any of the Report Detail pages or reports. However, the information will be available if the investigator is associated with the State of Kansas agency.			
All fields	Contains the Reporter information and the Provider to which the reporting person is associated.			
Report Date	Date the AIR form is filled out. (Defaults to the current date.)			
Report Submitted Date	Date the AIR form was submitted to KDADS. (Defaults to the current date.)			

Field Descriptions and Requirements, continued

Field or Button	Action / Purpose				
Ind	ividual Involved in Incident Information Region				
First/Last Name of the Individual	Name of the Individual involved in the incident being reported.				
Date of Birth (If Known)	Individual's date of birth.				
Medicaid ID (If Known)	If the client is a Medicaid customer, and the Medicaid ID number is known, it must be entered here.				
MCO Organization (If Known)	The individual's KanCare provider.				
Program Type (if known)	 Aging and Disability Resource Center Autism Center for Independent Living Community Developmental Disability Organization Community Mental Health Center Financial Management Services Provider Frail Elderly Intellectual / Developmental Disabled Mental Health Provider (Non-CMHC) Money Follows the Person OAA PACE Physically Disabled Private Psychiatric Hospital Psychiatric Residential Treatment Facility Senior Care Act (SCA) Severe Emotional Disturbance Substance Abuse Treatment Facility Technology Assisted Traumatic Brain Injury Unknown 				
Service Received During Incident (if known)	 Day Supports Lives in Shared Living Arrangement Lives with Parents/Family/Friend Mental Health - Community Mental Health - Onsite Personal Service Attendant Residential Supports Targeted Case Management - HCBS Only Unknown 				
KAMIS Person Number (if known)	Not required, but if the individual is in KAMIS, and the person number is known, it is entered here.				

Field Descriptions and Requirements, continued

Field or Button	Action / Purpose
	Incident Information Region
Incident Date	Date the incident occurred.
Incident Time (If Known)	Time the incident occurred.
County Where Incident Occurred	The county where the incident occurred. Facilitates assignment of KDADS staff for incident review.
List person(s) involved in incident.	List which individuals other than the Individual are involved, the name(s) and their relationship to the Individual involved.
	Adverse Incident(s) Region
Adverse Incident(s) Listing as of September 1, 2018	
At least one incident must be checked.	If Other is selected, enter an explanation in the Other Explanation text box.
Adverse Incident(This Report DOES NOT replace a D	S) Click on the Incident Link to see the detailed definition. CF or KDADS Long Term Care Complaint Hotline Report
Abuse: Elopement: Exploitation: Law Enforcement Involvement: Natural Disaster: Restraint: Serious Injury: Suicide Attempt: Other: Other Explanation: Click on an Adverse Incident label to dis	Death:
This Report DOES NOT replace Abuse: Elopement: Exploitation: Law Enforcement Involvement: Natural Disaster: Restraint: Serious Injury: Suicide Attempt: Other:	Abuse - Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to a consumer, including: (1) infliction of physical or mental injury; (2) any sexual act with a consumer that does not consent or when the other person knows or should know that the consumer is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship; (3) unreasonable use of a physical restraint, isolation or medication that harms or is likely to the consumer; (4) unreasonable use of a physical restraint, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the consumer that results or might reasonably be expected to result in fear or emotional or mental distress to the consumer; (6) fiduciary abuse; or (7) omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.

Field Descriptions and Requirements, continued

Field or Button	Field or Button Action / Purpose			
Adverse Incident(s) Region (continued)				
Reported to Appropriate State Agency	Indicates if the appropriate State Agency was notified, or if this information is unknown. Note : Submitting an Adverse Incident Reporting form does <u>not</u> replace reporting the incident to a Protection Reporting Center.			
Which Agency Contacted	 Select the appropriate agency that was contacted - Department of Children and Families (DCF) Adult (APS) or Child (CPS) Protection Services KDADS Long Term Care Complaint Hotline 			
Date Notified (If Known)	If an State Agency was notified, the date of notification.			
Intake Number (If Known)	If an State Agency was notified, enter the Intake Number.			
	Incident Details Region			
Summary of Facts Relevant to Incident	The relevant facts of the incident being reported.			
Results of IncidentThe actions taken regarding the client, as a result of the reported incident.(Transport to hospital, OutpatientThe actions taken regarding the client, as a result of the reported incident.Medical Treatment, Law EnforcementInvolvement, Screen Requested,Transferred, Other)Transferred, Other				
Incident Details				
* Summary of Facts Relevant to Inciden	t			
Results of Incident (Transport to hospital, Outpatient Medical Treatment, Law Enforcement Involvement, Screen Requested, Transferred, Other):				

Introduction Submitting a completed Adverse Incident report to KDADS adds it to the Adverse Incident Listing in the *Adverse Incident Reporting (AIR)* web application. Only KDADS staff with authenticated web application user accounts have access to the AIR web application, and only those users assigned to the group matching the specified Program Type indicated in each submitted incident have access to those incidents.

* First Name:	* Last Name:
* Date of Birth:	* Gender: OFEMALE ON
* KanCare Member: OYES O	NO O UNKNOWN Medicaid ID:
* Program Type: PSYCHIATRIC	RESIDENTIAL TREATMENT FACILITY
* Service Received During Incide	nt: ~ Select ~
Kamis Porcon Number:	SAPT Block Grant ID:

How To

Follow the steps in the table below to submit a completed AIR report to KDADS. Note: Supporting Documentation (covered in the next chapter) can be uploaded to an AIR report before or after the form is submitted to KDADS.

Step	Action	Result			
1.	From the completed AIR report page, click on the Submit to KDADS button.	A warning message displays. The form is saved, and all fields are read only. An e-mail is forwarded to the appropriate KDADS			
	Note: Either button, located at the top and the bottom of the page, can be used.	staff for review.			
2.	Read the message before continuing!				
	Message from webpage ****WARNING****: You are about to submit this report make changes to this report after Report or click Cancel to return to the submit the su	Dort to KDADS. You will NOT be able to r submission. Click OK to Submit the o report for additional editing.'			
3.	 Click on the OK button to submit the report and make it read-only. OR Click on the Cancel button to return to the report. OK = Report submitted to KDADS. No further changes can be made.* Cancel = Return to report to make chan Report is <i>not</i> submitted to KDADS. 				
*\ su	*While no additional changes can be made to an AIR report once it is submitted to KDADS, supporting documents <i>can</i> still be uploaded. See the next chapter for instructions.				

Uploading Supporting Documentation to an AIR Report

Introduction If there is supporting documentation related to the adverse incident being reported, an electronic version of the document can be uploaded to the AIR form. AIR uses the same Attach/Upload File utility that is used by many other KDADS web applications for this purpose.

The Attach / Upload File utility is accessible after the incident has been created, and before the incident page is closed.

Only KDADS staff that have authorization to access the associated AIR report will have access to any uploaded documents attached to the incident.

Sample Blank Form



Region	Purpose
Steps to Upload a File:	Instructions for the upload process
Source file / Browse	The source file path and file name appear here after
	browsing to/selecting the file.
	This file name must be unique from any other file
	that may have been uploaded into our system from this application or any other web application
Document (short descriptive name)	A description that provides a simpler name for the file
	(required)
	This description name must be unique from any other
	file that may have been uploaded into our system
	from this application or any other web application.
Upload or Delete File button	Completes the Upload process and displays a link to
	the file in a table list
	OR
	Deletes the selected/checked file from the table list
Uploaded Files	Uploaded files will display in a table
To Delete a File:	Instructions for Deleting an uploaded file

Source File Requirements **Source File Name:** There are specific rules that must be followed in the naming of the source file that will be uploaded. If necessary, rename the source file before you attempt to upload it. The source file name can contain *only* the following characters:

- Alpha-numeric characters (A-Z and 0-9)
- The following special characters: dash (), underscore (_), slash (/), and period (.)

Source File Size: The source file (the file you are uploading) has a maximum file size of 100MB. To conserve KDADS file server space, we request that the source files be saved in a way to reduce the file size as much as possible. For example, if you are scanning a hard copy of a file, make sure your scanner is not using too high of a resolution (200-300 dpi should be sufficient.) Be aware of the size of picture files that are uploaded and resize/compress them if possible. If uploading a PDF file and you have Acrobat Pro, there are optimizing features that can reduce the size of the file.

Source File Type: Most file types are compatible with the Attach/Upload File utility. However, be aware that files that are application-specific may not be accessible if the user opening the file does not have that application installed on their computer. For this reason, we recommend the following file types, as they are accessible via multiple image-viewing applications or PDF readers that are common to many business applications:

- PDF (current Microsoft Office applications have a built-in 'save as PDF' option)
- JPG/JPEG (most scanners will scan images to this format)
- BMP (most scanners will scan images to this format. Preferred after JPG/JPEG, as BMP files tend to be larger in size than JPG/JPEG)

Note: Word (.docx) and Excel (.xlsx) files are not compatible with the Attach/Upload File utility. Make sure to save these file types as PDF files before uploading.

How To Follow the steps in the table below to upload a file to a saved Adverse Incident Report.

Step	Action			Result					
1.	Click on the B	rowse button.	owse button. The			The 'Choose File to Upload' dialog box			
		displays.							
	Source f	ile							
	File size li	mited to 100mb!						Browse	
		Choose File to Upload	ds ▶ temp		• 4	• Search temp	<mark>ــــــــــــــــــــــــــــــــــــ</mark>		
		Organize 🔻 New folder				80	• 1 0		
		▶☆ Favorites	Name	Date modified	Туре	Size			
		> 🧊 Libraries	 IMG_12.jpg IMG_13.jpg IMG_14.jpg 	6/15/2016 1:00 PM 6/15/2016 1:00 PM 6/15/2016 1:07 PM	JPG File JPG File JPG File	89 KB 70 KB 97 KB			
		Computer	iMG_15.jpg	6/15/2016 1:00 PM	JPG File	158 KB			
		> 🗣 Network							
		File <u>n</u> ame:			-	All Files (*.*)	▼ Cancel		

Uploading Supporting Documentation to an AIR Report, continued

How To

Continued

Step	Action	Result
2.	Navigate to the location on your computer	The desired file name appears in the file list
	or organization's network where the file is	window.
	located.	Note: Your window may look different
		based on the file list type you have
		selected.
3.	Click on the file you want to upload.	The file is highlighted.
4.	Click on the Open button.	The file name appears in the Source file
		field of the Attach/Upload File page.
5.	Enter a short descriptive name in the	There are no character type limitations for
	Document field.	this descriptive name.
	Upload Supporting Document(s) To Attach / Upload File:	
	Steps to Upload a File: Browse to the file location by clicking on the "Browse" buttor Uploaded source file name can not contain any special charac underscore, slash, or period) Type a unique name in the "Document" field for easy identifica Click the "Upload or Delete File" button. Do not upload ".docx" or ".xlsx" files. (Save "docx"/xbs" files as PDFs then upload the PDF file.)	To Delete a File: Only the person who uploaded the file can delete the file. Click on the checkbox next to the file to be deleted. Click on the "Upload or Delete File" button.
	Source file C:USersijobaueriDownloadsitempiIMG_13.jpg File size limited to 100mb! Document (short descriptive name): photo of incident location Upload or Delete File Uploaded Files Actions No data found.	Browse
6.	Click on the Upload or Delete File button.	 The uploaded file information displays in the Uploaded Files table, indicating the source file is attached to the AIR report. The date and time of the upload is indicated next to the Browse button, and in the Uploaded Files table.
	Source file File size limited to 100mb! Document (short descriptive name): Upload or Delete File Uploaded Files View Document _ Size Sou View photo of incident location _ 71490 13.jp	Browse File(s) Uploaded 08/28/18 01:41:47 PM
		1 - 1

Uploading Supporting Documentation to an AIR Report, continued

Important NoteIf the source file you are trying to upload contains invalid characters in the file name or is a
duplciate of an existing file within the Upload system, you will receive a message when you
attempt to upload the file stating the file has been deleted. The file will not be uploaded and you
will need to rename the source file before attempting to upload it again.

To Attach / Upload File: Steps to Upload a File: 1. Click on the "Browse..." button. Browse to the file location. 3. Click on the file and then the "Open" button. · Uploaded source file name can not contain any special characters. (except dash, underscore, slash, or period) Uploaded source file name can not duplicate ANY Uploaded source file name in the system 4. Type a unique name in the "Document" field. The "Document" field name can not duplicate ANY "Document" field name in the system 5. Click the "Upload or Delete File" button. Do not upload ".docx" or ".xlsx" files. (Save "docx"/"xixs" files as PDFs then upload the PDF file.) 6193548908835431/Hydrangeas.jpg DELETED UPLOÁDED IMAGE! 09/06/2018 09:22:20 Source file Duplicate source file 'our file upload name is a duplicate. Please rename your upload file and Descriptive Name Document (short descriptive name) Flowers our document name is a duplicate. Please give your document another name Upload or Delete File

Upload MultipleYou can upload multiple files to the same AIR report. Repeat the previous steps for each file to be
uploaded. The Uploaded Files table will update with each additional file that is uploaded.

View anAfter you have attached a file to an incident, you can view it to confirm it uploaded successfullyAttached Fileand is accessible.

Step	Action	Result
1.	To view an uploaded file, click on the 'view' link next to the uploaded file name in the Uploaded Files table.	The file will display automatically, or you may be prompted to open <i>or</i> save the file. If prompted, choose 'Open.'
		bepending on your browser settings and the type of file that was uploaded, the file will open in either a browser window/tab, or in the application it was created in.
2.	After viewing the attachment, close the window/tab or the associated application.	The window containing the AIR form redisplays.

Delete anIf you discover you uploaded the wrong file, or you decide you no longer want to include the
uploaded file with this incident report, you can delete the attachment.

Note: Deleting an attached file does *not* delete the source file from its original location.

Step	Action Result
1.	To delete an uploaded file from an AIR A checkmark appears in the box, indicating
	report, click on the check box next to the which document is to be removed.
	Document name in the Uploaded Files Note : While documents must be uploaded
	table. one at a time, multiple documents can be
	removed in one delete action.
2.	• The attached file is deleted from the AIR
	report.
	• The Uploaded Files table is updated.
	A deleted file message and date/time
	stamp displays.
	Upload or Delete File
	Uploaded Files
	Actions
	View Document <u>Size</u> <u>Source</u> <u>Add Dt</u>
	view photo #3 🗹 91123 12.jpg 08/26/2016 02:19:21 pm
	view photo #2 of incident 🗹 161449 15.jpg 08/26/2016 02:13:44 pm
	view photo of incident location 71490 13.jpg 08/26/2016 01:41:47 pm
	1 - 3
	Source file Browse 12.jpg File Deleted. 08/26/16 02:22:16 PM
	File size limited to 100mb! 16.jpg File Deleted. 08/26/16 02:22:16 PM
	Upload or Delete File
	Uploaded Files
	Actions
	View Document <u>Size</u> Source Add Dt
	view photo of incident location 71490 13.jpg 08/26/2016 01:41:47 pm
	. 1-1
	NOTE : Only the user that uploaded the file can delete the file.

Printing an AIR Report

Introduction If the person or organization reporting an Adverse Incident wants to keep a copy of the report, it must be printed before the submitted report is closed. Once closed, the incident is no longer available to the Reporter.

The *Print View of Air Report* button is provided for this purpose. While the button is available prior to the report being completed, these instructions assume the report will be printed once the form is complete and has been submitted to KDADS.

How To

Follow the steps in the table below to print an Adverse Incident Reporting form.

Step	Action	Result
1.	Recommended browser page settings: Portrait .5" margins Enable Shrink to Fit turned on	Page settings in Internet Explorer are found under File > Page setup OR File > Print > Page setup
2.	Click on the Print View of AIR Report button located at the top or bottom of the submitted form.	A print View of the report displays.
3.	Click on the Print button.	The report prints to the designated printer.

Close the Submitted AIR Form

Introduction After the AIR form has been submitted to KDADS, the final step is to close the completed form window/tab to ensure there is no unauthorized access to the form.

How To

Follow the steps in the table below to close a completed AIR form.

Step	Action	Result	
1.	Confirm the form has been submitted to KDADS.	The Submit to KDADS button is no longer available.	
		Report Status will indicate "REPORTED"	
2.	Click on the X on the browser tab button.		
3.	If another report needs to be submitted,	The window will refresh, and all fields will be	
	click on the Reset Page to Enter Another	cleared.	
	Report button		
Public Advice Incluent F × ← → C → state of Kansas, Department for Aging and Disability Services [US] https://apex.kdads.ks.gov/devvm/f?p=199:15:::NO:RP:P15_AIR_SEQ_NBR:5 ★ : ✓ → C ✓ → C ✓ → C ✓ → State of Kansas, Department for Aging and Disability Services [US] https://apex.kdads.ks.gov/devvm/f?p=199:15:::NO:RP:P15_AIR_SEQ_NBR:5 ★ : ✓ → C ✓ ✓			
Notic	e	Upload Supporting Document(s)	
Hotline	Phone Numbers and Information		
Are you a Mandated Reporter? Once the report is created, a "Upload Supporting Document(s)" Region will display to securely upload any documents related to the Incident. The Report needs to be completed and submitted to KDADS prior to closing the window. User Manuals: Ouck Reference for Submitting AIR Reports v2 Print View of AIR Report Print View of AIR Report Source file No file sa sPDFs then upload the PDF file Source file No file outpload "Goc"/host" files as (Sever 'door/'host" files as PDF shen upload the PDF file Source file No file outpload "Goc"/host" files as (Sever 'door/'host" files as PDF shen upload the PDF file Source file In the outpload "Goc"/host" files as PDF shen upload the PDF file Source file In the outpload "Goc" of ".sixs" If end the obsen File sate method to be obsen Source file No file obsen Files Source file No file obsen Source file No file obsen Seurce file No file obsen Seurce file Source file No file obsen Seurce file Seurce file No file obsen Seurce file Seurce file No file Seurce file Seurce file Seurce file Seurce file No file Seurce file Seurc			
No	te: * Designates that the item is required.	Document (short descriptive name):	
Person	Reporting Incident Information	Upload or Delete File Uploaded Files	