

A. Policy and Procedures

- a. Friendship Community is committed to protecting the health, safety, rights, and wellbeing of Individuals served within all programs. Every attempt shall be made to prevent incidents from occurring and to effectively and efficiently manage the efforts of reportable incidents. Recognizing, reporting, and responding to incidents are key elements in providing high quality services that protect the health and safety of Individuals.
- b. The primary goal is to establish and maintain an environment where Team Members are instructed and trained on recognizing, reporting, and responding to reportable incidents. Instruction and Training includes but is not limited to:
 - i. Team Member training in ODP Incident Management, Individual Support Plans, proper supervision of Individuals, careful scheduling of Individuals' activities, and, correction of actions that may lead, or have lead, to a reportable incident.
- c. Friendship Community shall be responsible for implementing and supporting the following actions:
 - i. Promote the health, safety, and rights of all Individuals receiving services.
 - ii. Implement specific policies and procedures for Incident Management to coincide with the Office of Developmental Programs that reflect person-centered practices.
 - iii. Designate a certified Team Member with responsibility for Incident Management oversight and ensure up to date training and accountability for their responsibilities.
 - iv. Designate Team Members with responsibilities as Points Person, Certified Investigator, and Administrative Review Committee Member; (see definitions below) and ensure training and accountability for their responsibilities.
 - v. Provide orientation and continued education for all Team Members in the areas of Individual's rights, recognizing reportable incidents, positive approaches, self-determination, reporting incidents, use of behavioral modification techniques, *Everyday Lives*, *Values in Action*, responding to incidents, and other relevant topics as per Friendship Community's training plan in coordination with regulations.
 - vi. Provide supervision of Team Members to ensure quality training as a protection to Individuals and to ensure compliance with the Department of Human Services and appropriate regulations.
 - vii. Ensure that when reportable incidents occur that Team Members take timely and appropriate action to protect the Individual's health, safety, and rights. This will also include the separation of the target when the safety of an environment may be jeopardized and that the separation of the target

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continues until the investigation is completed. The target will additionally not be permitted to work with other Individuals during the certified investigation proves until deemed appropriate by the Administrative Review Team.

- viii. Ensure that when incidents occur involving two or more Individuals and absolute separation is not possible, that every reasonable protective measure will be instituted.
- ix. Implement corrective action as appropriate by the Administrative Review Team in regards to Team Members who are responsible for the occurrence of an incident or who fail to report a reportable incident in accordance with established policies, procedures, and regulatory guidelines.
- x. Ensure that active programming, goal plans, and other contracts established with Individuals are reviewed by the Individual, Supports Coordinator legal guardian, and/or other members of the Individual's support team.
- xi. Every attempt will be made to use positive reinforcement to impact change. If this approach should fail, plans will be established to support an Individual's health, safety, wellness, and other appropriate desired outcomes in the least restrictive manner.
- xii. Ensure that any Individual expressing concern regarding his/her treatment is acknowledged, documented when appropriate, and supported in accordance to the grievance procedure outlined in the Policy and Procedure Manual, as desired by the Individual or an active member of their support team.
- xiii. Permit the use of emergency physical restraints only in order to prevent the Individual from immediate physical harm to themselves or others. Restraints that are permitted by Friendship Community in coordination with the Office of Developmental Disabilities policy and procedure, regulations, or laws are to be reported as physical restraints. All other restraints shall be reported as abuse.
- xiv. Contact appropriate law enforcement agencies when suspicion of a crime has taken place and ensure compliance with all applicable laws, regulations, and policies.
- xv. Ensure that all incidents requiring investigations are completed by Certified Investigators only and in a timely, thorough, and objective manner. Ensure that an investigation file is maintained with the organization and that all investigations are analyzed for quality by the Administrative Review Committee.
- xvi. Ensure that families/designated persons of Individuals are informed of incidents where applicable, that questions and concerns are address about the incident reporting and investigations process with the

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- families/designated persons, and that they are notified of the findings of an investigation in a timely manner.
- xvii. Maintain a committee responsible for oversight of Incident Management Point Persons, Certified Investigators, and other relevant members of the team to ensure the following:
 - 1. Review the CI report and if necessary, the investigatory file,
 - 2. Evaluate the CI's adherence to the principles of speed, objectivity, and thoroughness,
 - 3. Develop preventative and additional corrective actions; and
 - 4. Conclude the investigation by making a determination of confirm, not confirmed, or inconclusive.
 - d. Friendship Community shall release to the Individual and persons designated by the Individual upon request of the incident report, or a summary of the incident, the findings and actions taken, redacted to exclude information about another Individual and the reporter, unless the reporter is the Individual who receives the report.
 - i. A summary of the incident to include:
 - 1. A description of the incident
 - 2. The immediate action(s) taken to protect the health, safety and well-being of the Individual
 - 3. The classification
 - 4. All notification information to include date and person or entity notified
 - ii. The findings, to include:
 - 1. Additional information
 - 2. Investigation findings and determination (when applicable)
 - iii. The actions taken, to include:
 - 1. Corrective actions planned or implemented
 - 2. Medical intervention information

B. Incident Management Process Roles

- a. As indicated in the Incident Management Policy, a Team Member or Team Members shall be designated and assigned roles and responsibilities of the Incident Management process, acting in the Enterprise Incident Management (EIM) system.
- b. Initial Reporter – Any person who witnesses or experiences the incident, is informed of an allegation of an incident, or is the first to discover or recognize the signs of an incident. Initial reporters may be Individuals receiving services, family members, community members or service system staff.
 1. Respond to the situation by taking immediate action to protect the individual’s health, safety, and rights.
 2. Notify the appropriate point person of the incident.
 3. Document observations about the incident in a narrative report.
 4. Comply with the applicable laws and regulations for incidents of alleged abuse, neglect, or exploitation.
- c. Point Person – A person that receives information from an initial reporter and is responsible to manage the incident from beginning to end. At Friendship Community the point person can be identified as Program Director, Associate Directors, Program Coordinators, Program Managers, or On-Call (DAP). The purpose of this role is to ensure that all Incident Management activities are completed for each incident and is considered the person of direct contact about the incident and must be available to respond to questions or issues that arise related to the incident. When an incident is reported the point person must ensure the following:
 1. All actions needed to protect the health, safety, rights, and well-being of the individual are taken following the initial knowledge or notice of the incident.
 2. Referral to victim’s assistance services is offered and supported to access services is provided when an Individual expresses an interest in these services.
 3. If the incident involves abuse, suspected abuse, or alleged abuse, the target is separated from the victim.
 4. If the incident involves abuse, suspected abuse, or alleged abuse the following are notified about the incident as appropriate:
 - Adult Protective Services
 - Child Protective Services
 - Older Adult Protective Services
 - The individual and persons designated by the individual, unless the person designated by the individual is the target
 - The Department of Aging and Department of Human Services
 - The designated managing entity (AE)

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- The county government office responsible for the intellectual disability program if applicable
5. The Individual is informed of his or her rights and options related to contacting law enforcement.
 6. The Individual, family members or persons designated by the individual are provided with timely response to questions or concerns related to the incident.
 7. The following Incident Management activities are completed:
 - The initial incident report is submitted to the Friendship Community's information management system (EIM) within 24 to 72 hours of discovery, depending on the incident category.
 - The incident report is finalized within 30 calendar days of discovery of the incident.
 - If an extension is needed, the need for the extension, including the reason for the extension, is submitted to EIM before the 30-day expiration.
 - Follow up on all comments received from initial or final management reviews is completed in order to ensure incident closure.
 8. If the Individual is deceased, information is sent to the County ID Program/AE, when applicable, and the appropriate ODP regional office or uploaded to be included as part of the electronic incident report. The final section of the incident report is to be supplemented by a copy of a the following:
 - Lifetime medical history
 - Copy of the Death Certificate
 - Autopsy report, as applicable
 - Discharge summary from the final hospitalization, if the Individual died while hospitalized
 - Results of the most recent physical examination
 - Most recent health and medical assessments
 - A copy of the entire completed investigation file
- d. **Incident Management (IM) Representative** – The IM representative is the person designated by Friendship Community who has overall responsibility for Incident Management and must be a Certified Investigator (CI). The CI certification must be obtained within 12 months of assuming the role of IM representative. The IM may delegate the activities listed below within the organization but must maintain overall responsibility to ensure completion as required by applicable laws, regulations, policies, and procedures. The IM must ensure:

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1. The point person(s) has completed all required actions and activities.
 2. Corrective actions are implemented and monitored.
 3. All quality and risk management activities are completed which include, but are not limited to
 - Monitoring of incident data
 - A trend analysis of incident data at least every three months
 4. Administrative reviews are conducted for all incidents that were investigated by a CI.
 5. Investigation files are complete, securely maintained, and readily available for review by oversight entities.
 6. The quality of investigations is reviewed using the standardized CIPR process and, as a result of the CIPR, the following occur if necessary:
 - Feedback is provided to the CI that conducted the investigation
 - Corrective actions are implemented
 - CI retraining, suspension of CI duties, or removal of CI certification
 - All staff, contractors, consultants, volunteers, and interns are trained on all applicable regulations and laws pertaining to the service provided, and internal incident management policies and procedures.
 7. Individuals and families or persons designated by the Individual are offered education, training, and information about incident management policies and procedures in a format that meets their communication needs.
 8. Roles (point persons, CI, etc.) are managed in EIM including:
 - Maintaining a list of active CIs including recertification dates.
 - Managing CI roles based on quality management activities and feedback from monitoring completed by oversight entities.
 - Ensuring the previous staff's access to the EIM system has been removed when necessary.
 - There is a timely response to complaints about a service that is related to the incident management or investigation processes. The response must be provided in the communication method preferred by the Individual.
- e. Certified Investigator (CI) – A Person who has been trained and certified by the Department to conduct investigations. The CI must:

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1. Conduct investigations using the process, standards of quality, and template(s) outlined in the most current ODP CI manual.
 2. Create a CI Report and enter the investigation information in EIM.
 3. Ensure the complete original investigation file is given to Friendship Community.
 4. Participate in the CIPR process.
 5. A persons CI certification can be suspended or removed by the Department at any time for any reason.
- f. Administrative Review Committee Member – A person designated by Friendship Community to participate in the Administrative Review process. An Administrative Review committee member must be familiar with the CI process and will:
1. Review the CI report, and if necessary the investigatory file
 2. Evaluate the CI's adherence to the principles of speed, objectivity, and thoroughness
 3. Develop preventative and additional corrective actions
 4. Conclude the investigation by making a determination of confirmed, not confirmed, or inconclusive.

C. Response Upon Discovery/Recognition of an Incident

- a. Team Members must take immediate action to protect the health, safety, rights, and well-being of the Individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident. Actions may include but are not limited to:
 - i. Dialing 911
 - ii. Quickly reducing or removing any imminent risk to the Individual
 - iii. Arranging for emergency or timely medical care
 1. Medical care refers to the assessment, examination or treatment by a qualified medical professional or basic first aid. This includes, but is not limited to:
 - Offering medical assessment, examination or treatment more than once when an injury or illness may not be immediately recognizable at the time of the incident.
 - Offering and ensuring access to a medical professional, such as a Sexual Assault Nurse Examiner (SANE), that is trained to examine Individuals and collect evidence for incidents of sexual abuse.
 - iv. The point person must ensure separation of the victim from the alleged target(s). This separation shall continue until the investigation is completed.
 1. When the alleged target is an employee, staff, volunteer, contractor, consultant, or intern of Friendship Community, the target shall not be permitted to work directly with the victim or any other Individual during the investigation process until the investigation determination is completed and corrective action(s) specific to the target are implemented.
 2. When the alleged target is another Individual receiving services and presents a reasonable expectation of on-going risk to the victim or other Individuals, Friendship Community must collaborate to identify ways to protect the health, safety and rights of the victim. Actions taken should be implemented using a victim centered approach, which includes a systematic focus on the needs and concerns of a victim to ensure the compassionate delivery of services.
 - Examples of actions that may be taken include, but are not limited to, relocation of the target (or victim if requested), increased staffing, and risk mitigation/safety planning.
 3. When the alleged target is not an employee, staff, volunteer, contractor, consultant, or intern, (i.e. family member, unpaid caregiver, community member, etc.) Friendship Community should work with the appropriate County ID Program/AE and/or

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- protective service entity and take all available action to separate the victim from the alleged target(s).
- v. Notifying the following about the incident as appropriate in accordance to regulation:
 - 1. Adult Protective Services
 - 2. Child Protective Services
 - 3. Older Adult Protective Services
 - 4. The Individual and persons designated by the Individual, unless the person designated by the Individual is the target.
 - 5. The Department of Aging and the Department of Human Services
 - 6. The designated managing entity (AE)
 - 7. The county government office responsible for the intellectual disability program (County ID Program) if applicable
 - vi. Notifying the person(s) designated by the Individual immediately upon recognizing or discovering an incident as stated with the ISP.
 - vii. Arranging for counseling by a qualified professional or a victim's assistance program.
 - viii. Notifying local law enforcement in accordance with protective service law requirements. Law enforcement notification must occur anytime there is reasonable cause to suspect:
 - 1. The Individual is an alleged victim of sexual abuse
 - 2. The Individual is considered a missing person whose health and safety may be compromised
 - 3. The Individual is a victim of serious bodily injury
 - 4. The Individual is deceased, and the circumstances of the death are suspicious
 - 5. A crime has been committed
 - ix. Informing the Individual that he/she can request assistance from their local law enforcement.
 - x. Assisting the Individual to notify or access local law enforcement, when requested, regardless of the nature of the incident.

D. Responsibility for Reporting and Investigating

- a. Team Members must take immediate action to protect the health, safety, and well-being of the Individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident.
 - i. Incidents must be reported within 24 or 72 hours of discovery or recognition all categories of incidents, alleged incidents, and suspected incidents in EIM and complete an investigation as necessary when:
 1. Services are rendered by Friendship Community
 2. When an incident involves a target, the alleged target is within the scope of Friendship Community to investigate, which includes employees, staff, volunteers, contractors, consultants, interns, and other Individuals receiving services from Friendship Community.
 - ii. When Friendship Community becomes aware of an incident that is outside of the scope of its responsibility to report, Friendship Community must:
 1. Ensure prompt action is taken to protect the Individual's health, safety, and rights
 2. Contact the Individuals SC to report the incident
 3. Provide the necessary information to the SC to ensure that the incident is able to be reported in the Department's information management system
 4. Collaborate with the SC to develop and implement corrective actions as a result of the incident and investigation, as it applies to the delivery of service by the provider
 - iii. When multiple providers learn of an incident, the provider rendering services for the Individual at the time the incident occurred must report the incident and begin any required investigation within 24 hours. If it cannot reasonable be determined which provider was rendering service at the time of the incident, all providers who are aware of the incident should report the incident and investigate the incident.

E. Reportable Incidents

a. Reporting Guidelines

- i. Specified incidents, alleged incidents, and suspected incidents are to be reported and documented in EIM. Friendship Community shall not conduct an “informal review” of an event that may be classified as an incident in lieu of the incident being reported in EIM.
- ii. In addition to verbal reports, alleged and suspected incidents may be detected via a variety of methods. These include, but are not limited to:
 1. Observation of physical, behavioral, or emotional indicators of abuse, neglect, or another incident type.
 2. Trend analysis that reveals a pattern of injury, illness, or other incidents that could be indicators of abuse, neglect, or another incident type.
- iii. When reporting incidents in EIM, these guidelines must be followed:
 1. All individual incidents are reported under the name of alleged victim.
 2. If the alleged target(s) is an employee of Friendship Community or another Individual receiving services, a standard identifier must be used for the alleged target(s) of an incident report. The format for the standard identified is:
 - The *first and second* initials of the *first* name of the target,
 - The *first and second* initials of the *last* name of the target, and, (All initials must be capitalized and there can be no spaces, dashes, or other characters between the initials and the number. For example: AOBR1234)
 - The *last* four digits of the target’s social security number.
 3. If the alleged target is not an employee of Friendship Community or another Individual receiving services, the alleged target’s full name should be use, if known.
 4. EIM has two sections available to document an incident, each with different timelines based on the incident’s primary category classification.
 - The initial report, which is the first section, must be reported and submitted in EIM within 24 or 72 hours of discovery or recognition of the incident, alleged incident, or suspected incident.
 - Incidents reported within 24 hours required a final incident report, which is the second section, that must be finalized through EIM within (30) days of the discovery of the incident, unless Friendship Community notifies ODP in writing that an extension is necessary and includes the reason for the extension prior to the (30) day expiration.

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5. When multiple Individuals are involved in an incident with a primary category listed below, the incident can be reported using a site incident report.
 - Emergency site closure
 - Fire
 - Law enforcement activity
- iv. **Incidents to be reported within 24 hours** – All incident categories (with the exception of medication errors and physical restraints) shall be reported in EIM within 24 hours. Incidents include suspicions, allegations, and actual occurrences of harm. Incidents must be reported regardless of the actual or perceived harm to the Individual.
 1. **Abuse** – a deliberate or careless act by a person, including another Individual receiving services, which may result in mental or physical harm.
 - *Misapplication/Unauthorized Use of Restraint (injury)* – the use of a restraint that does not follow ODP’s regulatory requirements, the misapplication of an approved restraint technique, or the use of a restraint that results in an injury requiring treatment beyond first aid. Examples include, but are not limited to the following, all of which are prohibited:
 - Prone position physical restraints
 - Any physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allow for a free fall to the floor
 - Any physical restraint that is used more than 30 cumulative minutes within a two-hour period
 - Chemical restraints
 - Mechanical restraints
 - *Misapplication/Unauthorized Use of Restraint (no injury)* – the use of a restraint that does not follow ODP’s regulatory requirements or the misapplication of an approved restraint technique. Examples include, but are not limited to the following, all of which are prohibited:
 - Prone position physical restraints
 - Any physical restraint that inhibits digestion or respiration, inflicts pain, cause embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor

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- Any physical restraint that is used more than 30 cumulative minutes within a two-hour period
 - Chemical restraints
 - Mechanical restraints
- *Physical* – an act which causes or may cause physical injury to an Individual, such as striking or hitting. Physical injuries may or may not be present with physical abuse. Allegations of physical acts without obvious signs of injury must be reported. Monitoring or body checks may be necessary to look for signs of injury after initial discovery of the incident. In addition, injuries attributed to a staff person or another Individual receiving services that require treatment beyond first aid or an inpatient admission to a hospital are to be reported as abuse. If the incident involved an injury, common examples of situations that may be present with physical abuse include, but are not limited to:
 - A patterned bruise, no matter its size, that is in the shape of an identifiable object such as a belt, shoe, hanger, fingermark, etc.
 - Unexplained serious injuries or multiple bruises, cuts, abrasions
 - A spiral fracture
 - Dislocated joints
 - Bilateral bruising, which is bruising on both sides of the body (e.g. the top of both shoulders, both sides of the face or inside of both thighs).
 - Bruising to an area of the body which does not typically or easily bruise (e.g. midline stomach, breasts, genitals, inner thighs or middle of the back).
 - Injuries are not consistent with what is reported to have happened
 - Injuries explained as caused by self-injury to parts of the body the individual has not previously injured or cannot access
- *Psychological* – An act which causes or may cause mental or emotional anguish by threat, intimidation, humiliation, isolation, or other verbal or nonverbal conduct to diminish another. Examples include, but are not limited to:
 - Bullying, rejecting, degrading, and terrorizing acts
 - Disregard for privacy during personal care

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- Paid caregiver ignoring an individual, including but not limited to:
 1. Active ignoring (that is not part of an approved plan) such as ignoring a call or request for help/assistance.
 2. Passive acts, such as non-essential use of a cellphone (or other electronic device), watching TV, etc.
- Threats of isolation
- Yelling, name-calling, blaming, and shaming
- Mimicking or mocking an individual's voice, speech, behaviors, etc.
- Statements that are intended to humiliate or infantilize, including insults, threats of abandonment or institutionalization and other controlling, dominant or jealous behavior
- The act of taking, transmitting, or displaying an electronic image (in any medium including social media, personal computers, cell phones, etc.) on an individual that is intended to shame, degrade, humiliate, or otherwise harm the personal dignity of the individual.
- When an individual witnesses an incident for which they were not the intended victim, but it causes or has caused mental or emotional anguish.
- *Seclusion* – The involuntary confinement of an individual in an area from which the individual is prevented from leaving. This includes verbal instruction or any explicit or implicit intimidation that indicates to an individual that they may not leave a room, regardless of whether the individual has the ability to physically remove himself or herself from the situation. Examples include but are not limited to the following prohibited acts:
 - Placing an individual in a locked room. A locked room includes a room with any type of engaged locking device such as a key lock, spring lock, bolt lock, foot pressure lock, device or object, or a person physically holding the door shut.
 1. Placing an individual in a room from which they are unable to exit independently due to the general accessibility of the room (i.e. wheelchair ramps, transitions, etc.) features

of the door hardware (i.e. handles that do not meet the accessibility needs of the individual), or any other obstacle that prevents an individual from exiting.

2. **Behavioral Health Crisis Event** – An event or situation that exceeds the individual’s current resources and coping mechanisms that causes the individual to experience extreme disorganization of thought, hopelessness, sadness, confusion, panic, or other emotional distress. The event includes action(s) by an individual that pose a danger to themselves or others and are unable to be mitigated without the assistance of law enforcement, mental health, or medical services.
 - *Community-Based Crisis Response* – An event in which the law enforcement or emergency services respond to and resolve without transport to another location for intake, assessment or treatment.
 - *Facility-Based Crisis Response* – An event in which law enforcement or emergency services respond to, and an individual is transported to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital for evaluation or treatment that does not result in an admission.
 - *Immediate Arrest and Incarceration Crisis Response* – An event in which law enforcement response to a behavioral health crisis event and arrest, charges and incarcerates an individual without first obtaining a mental health evaluation/admission at a facility designated to provide such services.
 - *Psychiatric Hospitalization (involuntary)* – An involuntary inpatient admission to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital for evaluation or treatment.
 - *Psychiatric Hospitalization (voluntary)* – A voluntary inpatient admission to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital, for evaluation or treatment.
3. **Death** – All deaths are reportable. Deaths attributed to or suspected to have been the result of abuse or neglect require additional reporting in the appropriate corresponding category. In addition, any critical incidents that are discovered during an investigation into a death require additional reporting in the appropriate corresponding category.

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- *Natural Causes – Services Provided* – Primarily attributed to a terminal illness or an internal malfunction of the body not directly influenced by external forces. For example, a person who has been diagnosed with cancer and is receiving hospice services or when a do not resuscitate (DNR) order is in place. A death should be reported in this category if it occurs while an individual is enrolled in a Waiver program or ACAP or is receiving services in a provider operated setting.
 - *Unexpected – Services Provided* – An unexpected death is primarily attributed to an external force acting upon the individual. Deaths attributed to events such as car accidents, falls, homicide, choking and suicides would be considered unexpected. A death should be reported in this category if it occurs while an individual is enrolled in a Waiver program or ACAP or is receiving services in a provider operated setting.
 - *Natural Causes – Only Supports Provided* – Primarily attributed to a terminal illness or an internal malfunction of the body not directly influenced by external forces. For example, a person who has been diagnosed with cancer and is receiving hospice services or when a DNR order in place.
 - *Unexpected – Only Supports Provided* – an unexpected death is primarily attributed to an external force acting upon the individual. Deaths attributed to events such as car accidents, falls, homicide, choking and suicides would be considered unexpected.
4. **Exploitation** – An act or course of conduct by a person against an individual or an individual’s resources without informed consent or with consent obtained through misrepresentation, coercion, or threats of force, which results in monetary, personal, or other benefit, gain, or profit for the target, or monetary or personal loss to the individual. Exploitation should be reported regardless of the actual or perceived value of the loss.
- *Failure to Obtain Informed Consent* – An intentional act or course of conduct by a person which results in the misuse of an individual’s consent or failure to obtain consent. Examples include, but are not limited to, signing on behalf of or coercing/deceiving an individual into:
 - Applying for credit cards
 - Signing contracts

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- Signing loan documents, wills and other items that relate to the personal property, money, or identity of an individual
- *Material Resources* – The illegal or improper act or process of a person using the material resources or possessions of an individual for his or her own personal benefit or gain. This includes, but is not limited to:
 - Misusing or stealing an individual’s possessions
 - Soliciting gifts
 - Coercing an individual to spend his or her funds for things he or she may not want or need, things for use by others or for the benefit of the household
- *Medical Responsibilities/Resources* – An act or course of conduct of a person that results in an individual paying for medical care or items that are normally covered by insurance or other means. This includes, but is not limited to:
 - Requiring an individual to pay for a medical appointment, procedure or equipment due to failure or the ISP team to provide support or resources to find a medical provider that accepts the individual’s insurance or whose services are covered by other means.
 - Requiring an individual to pay for an appointment, procedure, or equipment when there is a failure on the part of the service provider to support an individual to attend or schedule medical appointments or to maintain medical equipment.
- *Missing/Theft of Medications* – Missing medications without explanation or theft of medications.
- *Misuse/Theft of Funds* – The illegal or improper act or process of a person using the funds of an individual for his or her own personal benefit or gain. This includes misuse or mismanagement by representative payee or other responsible party, theft of money, Supplemental Nutrition Assistance Program (SNAP) benefits, or soliciting monetary gifts from an individual.
- *Room and Board* – Requiring an individual to pay for items that are covered as part of room and board charges, charging more than allowable rates for room and board, or charging for a service or support that is included in a rate for which a provider is or will be reimbursed. This includes

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any situation in which the individual is required to pay for the same item/service twice. Examples of items that are covered as part of the room and board residency agreement (contract) include, but are not limited to:

- Standard toiletries (shampoo, deodorant, soap, toothpaste, etc.)
- Utility costs, including trash removal, lawn care, snow removal
- Household furniture
- Basic linens (blankets, towels, washcloths, sheets, pillowcases)
- Cleaning, laundry, and other household supplies
- One telephone with local telephone service
- Internet service
- Food choices of the individual, with consideration of the food cost and nutrition, including the individual's preference, culture, religion and beliefs, and an individual's prescribed diet, if the prescribed diet is not covered by the individual's health care plan or another funding source. Prescribed dietary items necessary for individual's basic health and nutrition include, but are not limited to:
 1. Products used to thicken liquids/foods
 2. Phenylketonuria (PKU) diet foods
 3. Meal replacement shakes and snacks
 4. Diabetic diet foods
- Laundry of towels, bedding, and the individual's clothing
- Lawn care, food preparation, maintenance and housekeeping, including staff wages and benefits to perform these tasks
- Meals provided away from the residential service location that are arranged by a staff person in lieu of meals provided in the residential service location
- Incontinence products, if the incontinence product is not covered by the individual's health care plan or another funding source
- Building and equipment repair, renovation, and depreciation
- Rent, taxes, and property insurance (55 Pa. Code 6100.684)

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- *Unpaid Labor* – The illegal or improper act or process of a person who is using an individual to perform unpaid labor that would otherwise be compensated in a manner consistent with labor laws.
5. **Fire** – A situation that requires fire personnel or other safety personnel to extinguish a fire, clear smoke from the premises, etc. While not required, it is strongly recommended that situations in which staff extinguish small fires without the involvement of fire personnel be reported.
 - *Fire with Property Damage* – The fire causes property damage that may or may not make the premises uninhabitable
 - *Fire without Property Damage* – The fire does not cause property damage and may or may not result in the premises being uninhabitable
 6. **Law Enforcement Activity** – Law enforcement activity that occurs during the provision of service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual. This includes law enforcement responding to a possible crime when an individual is in the community or in a vehicle.
 - *Individual Charged with a Crime/Under Police Investigation* – When an individual is formally charged with a crime by the police or when an individual is informed he or she is suspected of committing a crime, and charges may be forthcoming. All charges or suspected charges related to a Behavioral Health Crisis Event should be reported as such and not as a law enforcement activity.
 - *Licensed Service Location Crime* – A crime such as vandalism, break-ins, threats, or actual occurrences of acts that may result in harm, etc. that occur at the provider's service location.
 7. **Missing Individual** – An individual is considered missing when they are out of contact for more than 24 hours without prior arrangement or the individual is in immediate jeopardy when missing for any period. Based on an individual's history, safety skills, and familiarity with the area, an individual may be considered in jeopardy before 24 hours' elapse. In addition, when police are contacted about a missing individual or the police independently find and return an individual, this is a reportable incident regardless of the amount of time an individual has been missing.

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- *In Jeopardy* – The unexpected or risky absence of any duration for an individual whose absence constitutes an immediate danger to the individual or others.
8. **Neglect** – The failure to obtain or provide the needed services and supports defined as necessary or otherwise required by law, regulation, policy, or plan (ISP, Behavior Support Plan, safety plan, etc.). This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.
- *Failure to Provide Medication Management* – An event that may cause harm or lead to inappropriate medication use while the medication is in the control of the person(s) charged with administration. Incidents of this nature include when harm occurs to the individual, the medication errors over more than one consecutive administration or an individual receives medication intended for another individual. Incidents of this type include, but are not limited to, a failure to:
 - Administer medications via the correct route
 - Implement medication changes in a timely manner
 - Obtain medications from the pharmacy
 - *Failure to Provide Needed Care* – The failure to obtain or provide the needed service and supports. This includes, but is not limited to:
 - Failure to implement medical, social, behavioral, and restrictive procedures as outlined in the ISP
 - Failure to provide needed care such as food, clothing, personal hygiene, prompt and adequate medical care, emergency services, and other basic treatment and necessities for the development of physical, intellectual, emotional capacity, and well-being.
 - Failure to obtain, keep in working order, or arrange for repair or replacement of equipment such as glasses, dentures, hearing aids, walkers, wheelchairs, etc.
 - Failure to interceded on behalf of the individual with regards to reporting or acting on changes to healthcare needs or failure to ensure medical equipment is repaired or replaced as needed
 - *Failure to Provide Needed Supervision* – The failure to provide attention and supervision, including leaving individuals unattended. This is based upon the supervision

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care needs in the ISP or recommendations or requirements from a court of law or as a condition of probation or parole.

- *Failure to Provide Protection from Hazards* – The failure to protect an individual from health and safety hazards as part of routine care, service provision, or as outlined in the ISP, Examples of failure to provide protection from health and safety hazards include, but are not limited to:
 - Failure to prepare and serve food required by an individual’s medical diagnoses
 - Failure to provide protections from poisonous materials
 - Failure to shelter and basic utilities
 - Failure to provide basic protections from environmental hazards such as exposure to the sun, extreme elements, and other weather-related conditions
 - Failure to regulate water temperatures
 - Failure to provide protection from hazardous activities such as the manufacture, distribution, exposure to and use of illegal drugs
 - *Moving Violation* – Any staff or volunteer receiving a moving violation citation during the provision of services to an individual regardless if operating an entity’s vehicle or personal vehicle.
9. **Passive Neglect** – The inability to provide supports due to environmental factors which are beyond the control of an unpaid caregiver because of lack of experience, information, resources, or ability. Passive neglect is reportable if there are no current risk mitigation strategies in the ISP that specifically address the area of passive neglect. Passive neglect is reported by an individual’s SCO.
- *Inability to Provide Medical/Personal Care* – The inability of an unpaid caregiver to provide adequate medical or personal care due to lack of education, training, resources, or the physical ability of the caregiver to perform such tasks. This includes the inability to obtain or maintain communication devices, mobility aides, and other durable medical equipment.
 - *Inability to Provide Necessities* – the inability of an unpaid caregiver to provide food, clothing, adequate housing, utilities, or other basic necessities that are essential to maintain the health and safety of an individual.

10. Rights Violation – an unauthorized act which improperly restricts or denies the human or civil rights of an individual, including those rights which are specifically mandated under applicable law, regulation, policy, or plan. This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.

- *Civil/Legal* – any violation of civil or legal rights afforded by law. This includes the right to vote, speak freely, practice religious choice, access law enforcement and legal services, as well as participate in local, state or national government activities.
- *Communication* – The failure to support an individual to communicate at all times. This includes to obtain needed communication evaluations, assistive devices or services; provide communication support; or maintain communication devices in working order. Communication includes, but is not limited to:
 - Display of text in fonts and sizes that meet communication needs
 - Access to sign language interpreters
 - Access to translation to preferred languages
 - Access to persons that can facilitate an individual's unique communication style
 - Access to braille materials and other tactile communication assistance
 - Access to plain-language materials
- *Health* – The failure to support choice and opportunity related to health care. This includes failure to inform and educate an individual about physical or behavioral health evaluations and assessments, changes in health status, diagnosis information, test results, medications, treatment options, etc. This also includes the denial of the right on an individual to make informed health care decision.
- *Privacy* – Any violation of an individual's safely exercised choice to be free from being observed or disturbed by others. This includes an individual's choice to maintain the privacy of his or her physical person, living area, possessions, electronic social media (emails, posts on the internet, accounts, content, or any similar items), communication with others (whether in face-to-face meetings, phone, email, physical mail, or any other correspondence), use of image or likeness without the expressed permission of the individual (including videos or

photos taken of the individual for promotional, marketing or any other purpose), or any similar area where a reasonable expectation of privacy exists.

- *Services* – Any violation of an individual’s right to control services received. This includes when an individual refuses to participate in, voices a concern about, or wants to make a change to a service, and the ISP team does not address these choices. Individuals have the right to participate in the development and implementation of their ISPs and can choose where, when, and how to receive needed services. This also includes the right to control specific schedules and activities related to services.
- *Unauthorized Restrictive Procedure* – any restrictive procedure) other than a physical, chemical, or mechanical restraint) that does not follow ODP’s guidelines related to restrictive procedures or is prohibited by ODP. Restrictive procedures limit an individual’s movement, activity or function; interfere with the individual’s ability to acquire positive reinforcement; result in the loss of objects or activities that an individual values; or require an individual to engage in a behavior in which, given the freedom of choice, the individual would not engage.

11. **Self-Neglect** – An action or lack of action by an individual that results in the individual denying himself or herself proper care, supports, and services. Self-neglect is reportable if there are no current risk mitigation strategies in the ISP that specifically address the area of self-neglect. Self-neglect is reported by an individual’s SCO.

- *Environmental* – Hazardous or unsafe living conditions (e.g., improper wiring, no indoor plumbing, no heat, no running water, hoarding conditions), unsanitary or unclean living quarters (e.g., animal or insect infestation, no functioning toilet, fecal or urine odor), or grossly inadequate housing or homelessness.
- *Medical* – The refusal by an individual to take medications on a regular basis; ignoring acute or chronic health or medical problems; refusal to obtain, use or maintain prescribed medical devices (e.g., eyeglasses, hearing aids, dentures) needed to maintain health and safety.
- *Personal Care/Nutrition* – Refusal to consistently wear or obtain appropriate or adequate clothing for activities or weather conditions, refusal to maintain proper hygiene that

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presents a serious risk to health or safety, or refusal to maintain a proper diet which may lead to malnutrition, illness or dehydration.

- *Other* – Other forms of self-neglect may include refusing to accept service or supports that are essential to maintain health and safety.

12. **Serious Illness** – A physical illness, disease, or period of sickness that requires hospitalization. This includes an elective surgery that requires a hospitalization.

- *Chronic/Recurring* – An illness, condition or disease that is persistent or otherwise long-lasting in its effects for which an individual has had previous treatment or diagnosis.
- *New* – an acute illness, condition or disease for which an individual has not previously received treatment. This includes acute illness, conditions or diseases that may not become chronic in the future.

13. **Serious Injury** – Any injury that requires treatment beyond first aid. This includes injuries that receive an assessment or treatment at an emergency room, urgent care center, primary care physician office, etc., or that require hospitalization. Assessment by emergency medical services that did not require a visit to one of the locations listed above for treatment is not reportable. Serious injuries that are treated by a medical professional (i.e. doctor, nurse, etc. that is used by the organization) on-site are reportable. Examples include, but are not limited to:

- Fractures
- Dislocations
- Burns
- Electric shock
- Loss or tearing of body parts
- Eye emergencies
- Ingestion of toxic substance
- Head injuries with loss of consciousness
- Medical equipment malfunction or damage that requires immediate intervention
- Lacerations requiring stitches, staples or sutures to close
- *Choking* – When food or other items become lodged in the back of the throat and the cause is not attributed to neglect. Choking incidents are only reportable when they require interventions, such as back blows, abdominal thrusts or the Heimlich maneuver.

- *Injury Accidental* – Injury (other than self-inflicted) with a known cause at the time of the report.
- *Injury Self-Inflicted* – Injury with a known cause at the time of the report that can be attributed to an intentional action of an individual to cause harm upon himself or herself.
- *Injury Unexplained* – An injury with no known cause at the time of the report.
- *Medical Equipment Failure/Malfunction* – Any medical equipment failure or malfunction that requires intervention by a medical professional. This does not include routine maintenance or care of medical equipment.
- *Pressure Injury (decubiti, pressure ulcer, pressure sore, bedsore)* – Injuries to skin and underlying tissue resulting from prolonged pressure on the skin, regardless of stage and including an injury that is unstageable. This includes initial diagnoses, newly affected areas of the body, as well as a diagnoses that becomes worse over time.

14. **Sexual Abuse** – Any attempted or completed nonconsensual sexual act. The act may be physical or non-physical and achieved by force, threats, bribes, manipulation, pressure, tricks, violence or against an individual who is unable to consent or refuse. Sexual abuse includes any act or attempted act that is sexual in nature between a paid service provider staff and an individual regardless of consent on the part of the individual. Examples of methods used to commit sexual abuse include, but are not limited to:

- Use of intimidation or threat of physical force toward an individual in order to gain compliance with a sexual act (e.g., pinning the victim down, assaulting the victim)
- Administering alcohol or drugs to an individual in order to gain compliance with a sexual act (e.g., drink spiking)
- Taking advantage of an individual who is unable to provide consent due to intoxication or incapacitation from voluntary consumption of alcohol, recreational drugs, or medication
- Exploitation to vulnerability (e.g., immigration status, disability, undisclosed sexual orientation, age)
- Misuse of authority (e.g., using one's position of power to coerce or force a person to engage in sexual activity)

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- Economic coercion, such as bartering of sex for basic goods, like housing, employment/wages, immigration papers, or childcare
- Degradation, such as insulting or humiliating an individual
- Fraud, such as lies or misrepresentation of a target's identity
- Continual verbal pressure, such as when an individual is being worn down by someone who repeatedly asks for sex or, for example, by someone who complains that the individual does not love them enough
- False promises by the target (e.g., promising marriage, promising to stay in the relationship, etc.)
- Grooming and other tactics to gain an individual's trust
- Control of an individual's sexual behavior/sexuality through threats, reprisals, threats to transmit sexually transmitted infections (STIs), threats to force pregnancy, etc.
- *Rape* – The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of an individual. This includes when an individual was made, or there was an attempt to make the individual, penetrate another person (including the target).
- *Sexual Harassment* – Sexual advances that do not involve physical contact between an individual and a target. This type of sexual abuse can occur in many different venues (e.g., home, school, workplace, in public, or through technology). Examples include, but are not limited to:
 - Sending unwanted sexually explicit photographs
 - Use of inappropriate sexual remarks or language
 - Unwanted exposure to sexual situations – pornography, voyeurism, exhibitionist
 - Threats of sexual abuse to accomplish some other end, such as threatening to rape an individual if he or she does not give the target money
 - Threatening to spread sexual rumors if the individual does not have sex with the target
 - Unwanted filming, taking or disseminating photographs or a sexual nature of an individual (in

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any medium to include, but not limited to, social media, personal computers, cell phones, etc.)

- Exposure to unwanted sexual materials (pornography)

- *Unwanted Sexual Contact* – Intentional touching or molesting, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, buttocks, or any other part without consent. This includes making an individual touch or molest another person (including the target)
- *Other* – Any sexual abuse of an unknown type at the time of the report or sexual abuse that does not conform to other secondary category options.

15. **Site Closure** – The emergency closure of a licensed or provider operated service location for one (1) or more days. This is reported as a site incident report and does not apply to individuals who reside in homes owned, rented or leased solely by the individual or family member.

- *Infestation* – The closure of a site is due to need to treat for animal, insect, or other pests
- *Loss of Utilities* – The closure of a site is due to loss of utility that was not related to a failure on the part of the operating entity. This includes electrical outages, issues with water or sewer systems and heating or cooling system failures
- *Natural Disaster/Weather Related* – The closure of a site due to a natural disaster or weather conditions
- *Structural* – The closure of a site due to structural issues
- *Other* – The closure of a site due to a reason other than an infestation, loss of utilities, natural disaster or weather related or structural issue

16. **Suicide Attempt** – The intentional and voluntary attempt to take one's own life. A suicide attempt is limited to the actual occurrence of an act and does not include suicidal threats or ideation. If medical treatment was sought after a suicide attempt, it should be reported under suicide attempt as a primary category in all cases, and not as serious injury or illness.

- *Injury/Illness that Requires Medical Intervention* – An individual sustained an injury or became ill due to a suicide attempt and required medical treatment beyond basic first aid.

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- *No Injury/Illness that Requires Medical Intervention* – An individual did not sustain an injury or become ill due to a suicide attempt and did not require medical treatment beyond basic first aid.
- v. **Incidents to be reported within 72 hours** – Medication errors and physical restraints are to be reported within 72 hours after the discovery or recognition of the incident.
1. **Physical Restraints** – A physical hands-on method that restricts, immobilizes, or reduces an individual’s ability to move his or her arms, legs, head, or other body parts freely. A physical restraint may only be used in the case of an emergency to prevent an individual from immediate physical harm to herself or himself or others. Restraints that are permitted by ODP policies and procedures, regulations or laws are to be reported as physical restraints. All other restraints shall be reported as abuse.
 - *Human Rights Team Approved Restricted Intervention* – Any physical restraint that is applied in an emergency situation that is part of an approved ISP that contains a restrictive procedure
 - *Provider Emergency Protocol* – Any physical restraint that is applied in an emergency situation that is part of a provider emergency restraint protocol. This restraint is not part of an individual approved ISP that contains a restrictive procedure.
 2. **Medication Error** – Any practice that does not comply with the “Rights of Medication Administration” as described in the ODP Medication Administration Training Course. A medication error occurring during a time when an unpaid caregiver is responsible for the administration of medication is not reportable. An individual’s refusal to take medication is not reportable as medication error.
 - *Wrong Medication* – Individual is given a medication that the individual is not prescribed or has been discontinued, or the individual was given medication that was supposed to be given for another reason
 - *Wrong Dose* – Individual is given too much or too little medication during a scheduled administration
 - *Wrong Time* – Individual is given medication too early or too late as defined by the range of allowable administration time

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- *Wrong Route* – Individual is given medication in a different way from the one specified on the label
 - *Wrong Form* – Individual is given medication in a different type from the one prescribed
 - *Wrong Position* – Individual is not placed correctly to receive the medication
 - *Wrong Technique/Method* – Medication is prepared for administration improperly
 - *Omission* – An administration of medication fails to occur
 - *Wrong Person* – An individual is given another individual's medication
- vi. **Incidents to be reported when directed** – ODP will provide specific guidance and direction on what to report, as well as the timelines to report, related to the following emergencies:
1. **Declared Emergency** – An event, such as an occurrence of a natural catastrophe, technological accident, or human-caused event that has resulted in, or could potentially cause, severe property damage, deaths, and/or multiple injuries such as, but not limited to, public health emergencies, emergency declarations, major declarations, etc. A Declared Emergency is declared by Federal, State, County, or Municipal officials.
 2. **Public Health Emergency** – An event such as a disease or natural disaster that causes, or has the potential to cause, harm to a significant number of individuals and is declared as a Public Health Emergency by Federal or State officials. Public Health Emergencies are to be reported within timeframes that are specific to the nature of the event and as directed by ODP.
 - *Outbreaks* – The occurrence of disease cases in excess of normal expectancy. The number of cases varies according to the disease-causing agent, and the size and type of previous and existing exposure to the agent
 - *Epidemic* – A disease that affects a large number of people within a community, population, or region
 - *Pandemic* – a disease that affects a large number of people that is spread over multiple counties or continents
 - *Natural Disaster* – An event such as a flood, earthquake, storms, hurricanes, tornados, blizzards, etc.
 - *Bio-Terrorist Attacks* – The intentional release or dissemination of biological agents. These agents are bacteria, viruses, insects, fungi, or toxins, and may be in a naturally occurring or a human-modified form

F. Process of Investigation by a Certified Investigator

- a. Incidents that are categorized as critical incident must be investigated by a certified investigator who has taken and passed the Department’s CI course. The point person for an incident must review the information given by the initial reporter, determine the appropriate primary and secondary incident category, and determine if an investigation by a CI is required or if not required, desired. If an investigation is required or desired for an incident, each entity investigation must follow the Department’s standardized investigation process as outline in the most current ODP CI manual

If an investigation is required or desired to be completed by a County ID Program/AE, the County ID Program/AE must fully comply with all applicable procedures related to the investigation of incidents. County ID Program/AE investigators are not permitted to review the investigation of another entity and make an investigation determination based solely on that evidence without conducting their own investigation. In addition, when a County ID Program/AE has a different investigation determination than a provider or SCO, the County ID Program/AE must work with the other investigating entity to reconcile the difference.

A County ID Program/AE is required to complete any investigation requested by ODP.

At no time should the investigating entity covered by the scope of this bulletin (referred to as the ODP investigating entity) delay, halt, or terminate an investigation because of the involvement of an external investigating entity. If an external investigating entity requests that an ODP investigating entity delay, halt, or terminate an investigation, the ODP investigating entity must attempt to obtain this requires in writing and discuss the request with the appropriate regional ODP office.

Concurrent investigations by law enforcement and protective service agencies may occur at the discretion of those entities. When there are multiple entities conducting investigations, every effort should be made to coordinate the investigations to avoid continued stress or trauma upon all individuals involved.

The chart below identifies which primary and secondary incident categories require an investigation by a CI. At times, more than one ODP investigating entity will be investigating the same incident.

Incident to be Investigated by a Certified Investigator

There are circumstances when SCOs will manage incidents in lieu of a provider; therefore, the term “provider” may be replaced with SCO in the chart in certain circumstances.

<u>Primary Category</u>	<u>Secondary Category</u>	<u>Entity Responsible for Ensuring CI Investigation is Complete</u>
Abuse	All	Friendship Community
	Misapplication/Unauthorized Use of Restraints (injury)	Friendship Community and County ID Program/AE
Death	Natural Causes - Services Provided	Friendship Community
	Unexpected - Services Provided	Friendship Community
Exploitation	All	Friendship Community
	Medical Responsibilities/Resources	Friendship Community and County ID Program/AE
	Room and Board	Friendship Community and County ID Program/AE
	Unpaid labor	Friendship Community and County ID Program/AE
Neglect*	All	Friendship Community
Rights Violation	All	Friendship Community
	Unauthorized Restrictive Procedure	Friendship Community and County ID Program/AE
Serious Injury	Injury Accidental	Friendship Community
	Injury Unexplained	Friendship Community
	Choking	Friendship Community
	Pressure Injury, (Decubiti, Pressure Ulcer, Pressure Sore, Bed sore)	Friendship Community
Sexual Abuse	All	Friendship Community
Suicide Attempt	All	Friendship Community

*This does not include incidents of Passive Neglect and Self-Neglect.

G. **Services for Individuals with an Intellectual Disability or Autism Incident Report Form**

In the event that the Department's information management system is unavailable, the submission of incidents is to occur by completing the *Services for Individuals with an Intellectual Disability or Autism Incident Report* form, specifically pages 1 and 2 of Attachment 3 of the Bulletin. The reason why the incident is not entered in the Department's information management system should be included on the form. All incidents submitted using this form must be entered into the Department's information management system as soon as possible after resolution of the issue(s) that prevented entry.

H. **Multiple Categories and Sequence of Reporting**

A point person must review incident definitions to determine the most appropriate primary and secondary categories for a report. In situations where an incident appears to meet multiple incident definitions, the point person should enter a report based on the information available at the time of entry. Reclassification is an option at any time during the lifecycle of an incident.

The point person must also determine if the information is received at the time of the initial report represents a singular incident or if multiple incident reports are needed to adequately capture information about the incident.

Singular reportable incident – When an individual experiences one incident that could have multiple incident categories.

Multiple reportable incidents – More than one incident experienced by one individual, which are not linked to each other and would not be adequately addressed or resolved through a single incident report or if applicable, an investigation.

To assist the point person in choosing an appropriate classification when singular events represent more than one incident category, the following list of incidents in priority, is suggested as a guide in selecting the most appropriate category and may not be appropriate in all situations:

1. Sexual Abuse
2. Abuse
3. Neglect
4. Exploitation
5. Rights Violation
6. Suicide Attempt

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7. Serious Injury
8. Serious Illness
9. Behavioral Health Crisis Event
10. Missing Person
11. Law Enforcement Activity
12. Site Closure
13. Fire
14. Passive Neglect
15. Self-Neglect

If an incident that requires reporting within 24 hours involves or is the result of a medication error, a report must be initiated in the appropriate 24-hour primary category. In addition, an incident report for the medication error must be reported within 72 hours.

Incidents that are reported as a death, are considered singular reportable incidents. A death is considered a separate incident from the events that may have occurred prior. Incidents reported with a primary category other than death should not be reclassified to a death.

I. **Review Process**

- a. **Provider and SCO Review Process** – Providers and SCOs are responsible for reviewing incident reports prior to finalizing them for accuracy and to ensure that the final report has all required elements to allow for the closure of the incident. In addition, providers and SCOs must ensure evidence of the implementation of corrective actions is available upon request by oversight entities. This review process applies to providers and SCOs that are fulfilling the roles of point person and IM representative for the incident. Specifically, the review must ensure:
1. Documentation that individual's health, safety and rights were protected, upon discovery of the incident
 2. The incident categorization is correct
 3. The service location, provider type, and service delivery model are correct
 4. An investigation occurred when required
 5. The description of the incident is accurate and has enough details to explain the event
 6. Proper safeguards are in place to reduce risk of reoccurrence of an incident
 7. Target(s) are identified per this bulletin
 8. No identifying information that pertains to another individual receiving services is included in the incident report
 9. Discharge and follow-up information related to medical services is included in any incident report involving medical care
 10. All required notifications of the incident occurred
 11. An administrative review of the investigation occurred
 12. Corrective action(s) in response to the incident have, or will, take place, including those that involve actions related to the target(s)
 13. An analysis to determine to cause of the incident was completed for all confirmed incidents
 14. All incident management timelines have been met and if they have not, corrective actions related to a failure to meet timelines are included in the incident report
 15. The investigation information entered by the CI has enough details to explain the process used by the CI, if the CI performed an investigation
 16. The investigation determination is consistent with the investigation information entered by the CI, if the CI performed an investigation.

Upon finalization of the incident report, the incident report is review by the County ID Program/AE or ODP. The incident is considered under review until the

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County ID Program/AE and ODP approves it. In the event either the County ID Program/AE or ODP disapproves an incident report, the provider or SCO is to respond to the comments from the County ID Program/AE or ODP management review. The provider or SCO has 10 days to respond to the disapproval or any issues identified as part of the disapproval, and resubmit the final section and investigation documents of the incident report, as appropriate.

- J. **Administrative Review Process** – All entities responsible for incident reports that conducted an investigation must have a written policy and procedure to support administrative reviews of those investigations. Investigations are not finished until the administrative review process has been completed. The administrative review process is completed by a committee of people that must follow the guidelines established by ODP in the most recent ODP Administrative Review Manual. The committee completing the administrative review process is responsible for the following:
- a. Reviewing competency and quality of an investigation for speed, objectivity, and thoroughness
 - b. Weighing the evidence and making the investigation determination: Confirmed, Not Confirmed, or Inconclusive
 - c. Developing and determining preventative and additional corrective action(s) regardless of investigation determination
 - d. Completing the Administrative Review section of the Certified Investigator Report ensuring corrective action(s) were implemented and there is a plan for ongoing monitoring of all corrective action(s)
 - e. Completing the following for each confirmed incident:
 - i. Conduct analysis to determine the cause of the incident
 - ii. Corrective action(s), and
 - iii. A strategy to address the potential risks to the individual

- K. **Certified Investigator Peer Review Process** – All organizations are responsible for the quality of the work performed directly (or via contract, agreement, etc.) related to incident investigations. In order to facilitate consistent quality measure related to investigations conducted by a CI, ODP has created the CIPR process

The CIPR process helps mitigate risks by monitoring the quality of investigations and monitoring of incident data and trend analysis. If a CI does not conduct investigations following the minimum standards on which the CI is trained, the organization's ability to mitigate and manage risk may be compromised, resulting in individual harm. In the context of continuous quality improvement, the CIPR process is the core for assessing the quality of the investigation process and incident management practices within an entity or system.

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The CIPR process assists with:

- a. Evaluating and improving the quality of investigations
- b. Providing performance feedback directly to the CI

All entities that complete investigations are required to conduct the CIPR process as outlined in the ODP CIPR manual.

Related Laws, Regulations, and Policies

The requirements and expectations for incident management and reporting detailed in this bulletin are related to a variety of laws, regulations, and policies. The applicable licensing regulations (and facilities licensed under those regulations) include:

Related Laws and Regulatory Guidelines:

- MH/MR Act of 1966
- Title XIX Social Security Act
- Neglect of Care - Dependent Persons [18 Pa. C.S.A. & 2713]
- The Child Protective Services Law [23 Pa. C.S.A. Chapter 63]
- The Older Adults Protective Services act [35 Pa. C.S.A. & 10225]
- Early Intervention Services System Act [P.L. 1372, No. 212]
- Quality Assessment & Improvement
- Pennsylvania Code Title 55. Public Welfare
 - Chapter 20 - Licensure or Approval of Facilities and Agencies
 - Chapter 6100 - Home and Community-Based Services
 - Chapter 2380 - Adult Training Facilities
 - Chapter 2390 - Vocational Facilities
 - Chapter 3490 - Protective Services
 - Chapter 3800 - Child Residential & Day Treatment Facilities
 - Chapter 6400 - Home and Community Habilitation for Individuals with Intellectual Disability and/or Autism
 - Chapter 6500 - Family Living Homes
 - Chapter 6600 - Intermediate Care Facilities for Persons with Intellectual Disability and/or Autism

Related Policy Guidelines:

- Medical Assistance Bulletin C Revised Medical and Treatment Self-directive Statement: Your Rights As A Patient In Pennsylvania: Making Decisions About Your Care and Treatment (effective June 19, 1998)
- Mental Retardation Bulletin 00-98-08 C Procedures for Substitute Health Care Decision Making (effective November 30, 1998)

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- Mental Retardation Bulletin 00-94-32 C Assessments: Lifetime Medical History (effective December 6, 1994)

Additional Reporting:

In addition to the reporting methodologies described in this bulletin, the following is provided as a guide to assist in identifying additional reporting. This does not fully define, nor is it intended to substitute for, the applicable statutes and regulations.

9 chapter 20 applies only in so far as the licensed facility serves Individuals covered within the scope of this bulletin.

Reportable incidents involving Individuals who reside in facilities licensed as ICF/ID's (both state and privately-operated) must be reported to the appropriate Regional Field Office of the PA Department of Health, Division of Intermediate Care Facilities.

Reportable incidents that occur in facilities licensed by ODP, involving Individuals who support needs are not funded through the Commonwealth or county intellectual disability systems must be reported to whomever funds the Individual's support and to the Commonwealth/Regional Office of Developmental Programs. This includes Individuals from other states, Individuals who are funded by agencies not part of the intellectual disability system and Individuals whose support needs are privately funded.

Neglect of Care - Dependent Persons [18 Pa. C.S.A. & 2713]

The Neglect of Care - Dependent Persons Act (often referred to as Acts 28/26) covers Individuals, 18 years of age or above, who, due to physical or cognitive disability or impairment, require assistance to meet their needs for food, shelter, clothing, personal care of health care. It extends to certain listed facilities and to home health services provided to care-dependent persons in their residence. The Act criminalizes intentional, knowing or reckless conduct by a care giver which results in bodily injury or serious bodily injury to a care-dependent person by the failure to provide treatment, care, goods or services necessary to preserve the health, safety or welfare of a care-dependent person for whom the care giver is responsible to provide care. A care giver may also be prosecuted if he intentionally or knowingly uses a physical restraint or a chemical restraint or medication on a care-dependent person, or isolates that person, contrary to law or regulation with resulting bodily or serious bodily injury.

In accordance with applicable regulatory guidelines, in any instance where a person has knowledge of a criminal act, any one aware of possible violations of the Dependent Persons Act must make a report to the appropriate law enforcement authorities. Any concerns of this nature should be reported immediately to agency personnel, who then must report to the appropriate authorities. The reporting requirements of this bulletin must be followed even if a report of a possible violation of this Act is made to law enforcement authorities. Copies of the Neglect of Care - Dependent Persons Acts were distributed via Mental Retardation Bulletin 00-95-25, effective December 26, 1995 and Mental Retardation Bulletin 00-97-06, effective August 29, 1997.

The Child Protective Services Law [23 Pa. C.S.A. Chapter 63]

The Child Protective Services Law establishes procedures for the reporting and investigation of alleged child abuse. Certain types of suspected child abuse must be reported to law enforcement officials for investigation of criminal offenses. Children under the age of 18 are covered by the Act, including those who receive supports and services from the mental retardation system. Providers covered within the scope of this bulletin are required to report alleged child abuse in accordance with the procedures established in the Child Protective Services Law (CPSL) and the Protective Services Regulations. The CPSL defines child abuse as any of the following when committed upon a child under 18 years of age by a parent, household member, person responsible for a child's welfare or the significant other of a parent:

- Any act or failure to act occurring within the last two years that is a non-accidental serious physical injury.
- Any act of failure to act that causes serious mental injury or sexual abuse.
- Any act of failure to act occurring within the last two years that creates imminent risk of serious physical injury or sexual abuse.
- Serious physical neglect that endangers a child's life or development or impairs the child's functioning.

Reports of suspected abuse are received by the Department of Human Services (DHS) Child Line and Abuse Registry (800-932-0313), which is the central register for all investigated reports of abuse. Individuals who come into contact with children in the course of practicing their profession are required to report when they have reasonable cause to suspect that a child has been abused. Any person may report suspected abuse. The reporting, investigation and documentation requirements of this Bulletin must also be followed when a report of suspected child abuse is made. It must be noted that the definition of abuse found in the CPSL differs greatly from the definition promulgated in this bulletin. Because of this difference it is possible that an allegation may be unconfirmed in terms of the CPSL, but still substantiated with reference to these guidelines.

The Pennsylvania Adult Protective Services Act [Act 70] (35 P.S. §§ 10210.101)

The Adult Protective Services Act (APS) establishes specific requirements and procedures for the mandatory reporting of alleged abuse and the provision of protective services for adults between the ages of 18 and 59 years who have a physical or mental impairment that substantially limits one or more major life activities. Act 70 extends the mandatory reporting requirements of the Act to all care-dependent adults (those over the age of 18) who reside or receive services in specified facilities, including an organization or group of people that use public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting. Employees or administrators of such facility who have reasonable cause to suspect that an Individual receiving care, services or treatment from the facility is a victim of abuse, neglect, exploitation and/or abandonment shall immediately make a report in compliance with the requirements detailed in the Act. Compliance with the mandatory reporting requirements of the APS is in addition to the reporting requirements in regards to incident management reporting guidelines.

Reporting to Adult Protective Services

Reporting responsibilities for those in our care that are between the ages of 10 and 59 years of age and suspicion as follows (statutory definitions as outlined in Act 70):

Abuse:

- Infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
- Willful deprivation by a caregiver of goods or services which are necessary to maintain physical or mental health
- Sexual harassment or rape

Neglect:

- The failure to provide for oneself or the failure of a caregiver to provide goods, care or services essential to avoid clear and serious threat to the physical or mental health of an adult.

Exploitation:

- An act of course of conduct by a caregiver or other person against an adult or an adult's resources, without the informed consent of the adult or with consent obtained through misrepresentation, coercion or threats of force that results in monetary, personal or other benefit, gain or profit for the perpetrators or monetary or personal loss to the adult.

Abandonment:

- The desertion of an adult by a caregiver

The Older Adults Protective Service Act [35 Pa. C.S.A. & 10225]

The Older Adults Protective Services Act (OAPSA) establishes specific requirements and procedures for the mandatory reporting of alleged abuse and the provision of protective services when needed for adults over age 60. Chapter 7 of the OAPSA (often referred to as **Act 13**) extends the mandatory reporting requirements of the Act to all care-dependent adults 10 (those over the age of 18) who reside or receive services in specified facilities, including home health agencies. Employees or administrators of a covered facility who have reasonable cause to suspect that an Individual receiving care, services or treatment from the facility is a victim of abuse shall immediately make a report in compliance with the requirements detailed in the Act. All adults covered within the scope of this Bulletin who are receiving care or services in a facility as defined in the OAPSA are also covered by the Act. Individuals and agencies who provide facility-based supports and services within the scope of this bulletin are required to follow the mandatory reporting requirements of the OAPSA when they have reasonable cause to suspect that a care-dependent adult is a victim of abuse or neglect as defined within the OAPSA. Compliance with the mandatory reporting requirements of the OAPSA is in addition to the reporting requirements established in this bulletin.

Reporting to Office of Aging

Reporting responsibilities for those in our care that are 60 years of age and above is as follows:

Neglect, if it rises to the level of serious bodily injury or serious physical injury.

Abuse, if it rises to the level of serious bodily injury.

Serious bodily injury is defined as bodily injury which creates a substantial risk of death or which causes serious, permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.

Serious physical injury is an injury that:

- (1) Causes a person severe pain; or
- (2) Significantly impairs a person's physical functioning, either temporarily or permanently.

Incident Management

List of Reportable Diseases

For most up to date list, visit the Pennsylvania Department of Health website.

1. AIDS
2. Amebiasis
3. Animal bite
4. Anthrax
5. An unusual cluster of isolates
6. Arboviruses (includes Colorado tick fever, Crimean-Congo hemorrhagic fever, dengue, Eastern equine encephalitis, St. Louis encephalitis, West Nile virus infection, Yellow fever)
7. Botulism
8. Brucellosis
9. Campylobacteriosis
10. Cancer
11. CD4 T-lymphocyte test result with a count <200 cells/microliter, or a CD4 T-lymphocyte % of <14% of total lymphocytes
12. Chancroid
13. Chickenpox
14. Chlamydia trachomatis infections
15. Cholera
16. Congenital adrenal hyperplasia
17. COVID-19
18. Creutzfeldt-Jakob Disease
19. Cryptosporidiosis
20. Diphtheria
21. Encephalitis
22. Enterohemorrhagic E. coli
23. Food poisoning outbreak
24. Galactosemia
25. Giardiasis
26. Gonococcal infections
27. Granuloma inguinale
28. Guillian-Barre syndrome
29. Haemophilus influenzae invasive disease
30. Hantavirus pulmonary syndrome
31. Hemorrhagic fever
32. Hepatitis, viral, acute, and chronic cases
33. Histoplasmosis
34. HIV
35. Influenza
36. Lead poisoning
37. Legionellosis
38. Leprosy
39. Leptospirosis
40. Listeriosis
41. Lyme disease
42. Lymphogranuloma venereum
43. Malaria
44. Maple syrup urine disease
45. Measles
46. Meningitis
47. Meningococcal invasive disease
48. Mumps
49. Perinatal exposure of a newborn to HIV
50. Pertussis
51. Phenylketonuria
52. Plague
53. Poliomyelitis
54. Primary congenital hypothyroidism
55. Psittacosis
56. Rabies
57. Respiratory syncytial virus
58. Rickettsial diseases/infections
59. Rubella
60. Salmonellosis
61. Severe Acute Respiratory Syndrome (SARS)
62. Shigellosis
63. Sickle cell hemoglobinopathies
64. Smallpox
65. Staphylococcal aureus, Vancomycin Resistant
66. Streptococcal invasive disease
67. Streptococcus pneumoniae
68. Syphilis
69. Tetanus
70. Toxic shock syndrome
71. Toxoplasmosis
72. Trichinosis
73. Tuberculosis
74. Tularemia
75. Typhoid fever

Incident Management

Victim's Assistance Programs

When Individuals are abused, neglected, injured or victims of crimes, there are resources to assist them physically, emotionally, financially and legally. Organizations have been developed based on the need to support victims through the criminal justice system, recognizing that victim's needs are oftentimes overlooked. Individuals with disabilities who fall victim to crimes, especially physical violence and sexual assaults should be encouraged and assisted to access these resources. It is suggested that providers develop relationships with local entities and assist Individuals in accessing such services when appropriate.

There are two main types of victim assistance programs: system and community-based organizations. System-based programs which generally operate out of a District Attorney's office provide notification to victims/witnesses of court proceedings. Community based programs are designed to provide support and assistance to victims. Usually, the programs fall under the categories of:

- Rape Crisis/Sexual Assault programs providing services to victims and their family/supporters. Domestic Violence programs provide counseling and temporary housing to victims, as needed.
- Crime Victim Services provide supports and assistance to victims of crimes excluding sexual assaults and domestic violence.

There are domestic violence centers, rape crisis centers and victim assistance offices throughout the Commonwealth. In order to locate the most appropriate resource for Individuals, you may contact the following statewide organizations. Additional information regarding local resources is available through these organizations:

PA Commission on Crime and Delinquency (PCCD)
(717) 787-2040

PA Coalition Against Rape (PCAR)
(800) 692-7445
(717) 728-9740

PA Coalition Against Domestic Violence (PCADV)
(800) 932-4632

Office of Victim Advocate (crime victim compensation)
(717) 783-7501