

POLICY AND PROCEDURE CONCERNING INCIDENT REPORTS

I. PURPOSE:

This procedure is implemented in order to document any unusual events or occurrences and to assure compliance with regulations: Title 175 Chapter 3 005.04C17.

II. AUTHORITY:

This procedure has been implemented with the approval of the Governing Board and/or its designee.

III. PROCEDURAL DIRECTIVES:

A. Documentation Requirements

1. An Incident Report (*Appendix A*) must be completed to record any unusual events or occurrences specific to an individual, including, but not limited to the following:
 - Injuries of known or unknown origin
 - Reports of suspected abuse and/or neglect (see *Policy and Procedure Concerning Abuse and Neglect*)
 - Behaviors unusual for the person
 - Aggressive behaviors not already documented in a program or intervention plan
 - Emergency situations (see *Policy and Procedure Concerning Emergency and Disaster Situations*)
 - Police contact
 - If physical restraint is used (see *Policy and Procedure Concerning Adaptive Behavior, Appendix E Imminent Physical Danger*)
2. Incident Reports will document specific, factual information that will be used to identify possible concerns, patterns or trends such as issues with safety, environment, behavior, etc.
3. Each section of the Incident Report must be completed (see *Appendix A* for instructions).

4. Since more than one person may complete entries on the report, each entry made by staff must be initialed for the following sections:
 - Describe What Preceded Incident, if known
 - Describe Incident
 - Initial Follow-up
 - Reported to Protective Services
 - Reported to DDS/CO as a critical Incident
 - Management Follow-up
5. The report will be reviewed by a member of management within three (3) working days of the incident, **one (1) calendar day** if the report involves an allegation of **neglect/abuse** or if a **critical incident** has been reported.
6. Incidents that need to be reported to the Nebraska Department of Health and Human Services– Division of Developmental Disabilities and Service Coordination as **critical incidents** include the following 6 types of incidents:
 - An individual served leaving staff supervision where the safety of the individual or others is potentially threatened
 - Hospitalization due to mental health/behavioral concerns
 - Injuries which require medical attention to individuals, staff persons, or others with whom individuals served by the Contractor come in contact
 - Any injuries to individuals in services related to incidents involving restraint
 - Police contacts (e.g., calls or visits) due to the behavior of an individual served, initiated by staff persons employed by the Contractor, individuals served by the Contractor or by people in the community who report concerns about the Contractor's services
 - Deaths of persons served. (Deaths must also continue to be reported to the Nebraska Department of Health and Human Services - Protective Services for purposes of Mortality Review)

See Appendix B for more information regarding critical incidents.

7. Any reports documenting abuse and neglect allegations or the use of restraint will be copied and submitted to the Human and Legal Rights Committee.

8. Incidents that need to be reported to Nebraska Department of Health and Human Services – Department of Developmental Disabilities and Service Coordination as **non-critical incidents** include the following 5 types of incidents:

- Allegation of abuse or neglect
- Allegation of financial exploitation
- Discovery of an injury of unknown origin
- Use of physical or mechanical restraint
- Use of a time-out room/area

See Appendix C for more information regarding non-critical incidents.

B. Documentation of Person’s Knowledge/Involvement

1. When an individual receiving agency supports is involved in any type of incident, that person will be interviewed regarding his/her impression of what occurred. Documentation of his/her input may be made on the Incident Report form in any of the sections where appropriate.
2. Any time an Incident Report is completed, the person (identified on the first line of the form) will be informed of the fact that necessary information may be shared with others who need to know of the incident.

C. Quarterly Reviews of Incident Reports

1. Each area program’s Due Process Committee will review Incident Reports concerning each individual on a quarterly basis. The reviews will be completed on the *Incident Report Review Form (Appendix D)* and may be divided so that they do not occur in the same month. The Due Process Committee Chairperson will determine the rotation to ensure that each person’s Incident Reports are reviewed by the Due Process Committee every three months.
2. After the Due Process Committee has reviewed all incident reports in the quarter, they will identify possible concerns, patterns and trends.
 - a. The Committee will review each incident/group of incidents to determine if the follow up documented is appropriate and sufficient to address the issues noted on the reports. If the Committee determines additional follow up is warranted, recommendations will be documented on the Incident Report Review Form. If the Committee feels that follow up was sufficient, this will be documented on the form.
 - b. If possible patterns are identified, the Committee will recommend or request follow-up from the IPP Team to address them. Patterns will be specific to the individual and may include but are not limited to the following:

- Similar incidents of any nature (behavioral, health, changes in routine, etc.) which occur on 2 or more occasions
 - Different incidents which occur at a similar time of day over time (1 hygiene issue, 2 health issues, 1 aggression all different days between 4 and 6 p.m., etc.)
 - Incidents of any nature which occur with specific staff or others
 - Similar environments (3 incidents, all at the DSC or home, etc.)
 - Previously unseen issues of any nature which occur 2 or more times (behavioral issues, health concerns, difficulty sleeping, etc.)
 - Similar antecedents or consequences (repeated incidents occur prior to going to DSC, etc.
 - Two or more incidents which involve the *Policy and Procedure Concerning Imminent Physical Danger*.
- c. If possible trends are identified, the Committee will request plans of action from the management teams to address them. Trends will be patterns which occur for more than one person and may include but are not limited to the following:
- Same environment with multiple incidents (DSC, house, work environment, etc.)
 - Same staff with multiple incidents
 - Similar antecedents for a variety of people (repeated incidents occur prior to going to DSC, job, etc.)
3. The Committee will review each incident/group of incidents to determine if the follow up documented is appropriate and sufficient to address the issues noted on the reports. If the Committee determines additional follow up is warranted, recommendations will be documented on the Incident Report Review Form. If the Committee feels that follow up was sufficient, this will be documented on the form.
 4. Chairperson of the Due Process Committee will be notified of any follow-up action taken by the IPP Team (i.e., addendum meeting of the IPP team, program revisions, environmental changes, medical evaluation, etc.). The follow-up action will be documented in the Due Process Committee meeting minutes.
 5. The original completed form(s) will serve as, and replace the Due Process Committee meeting minutes for that meeting or the portion of the meeting when reviews are completed. The completed original form(s) will be kept with the area program's Due Process Committee meeting minutes.