

Transforming  
Lives

**Developmental Disabilities Administration**  
**Policy 6.08 Updates**  
*Incident Management*  
*and Reporting Requirements*  
*for County and County Contracted Providers*  
*Sept. 2021*

# Transforming Lives

## Pre-Recorded Training

Please do not disclose any identifying information in your questions.

For example:

- Client name
- Location
- Place of employment
- Name of provider



## Purpose

- Learn about the updates to **DDA Policy 6.08**, *Incident Management and Reporting Requirements for County and County Contracted*
- What's **new or changed?** ★
- Refer to policy for details - this is an **overview**



# Scope

This policy applies to **all county DD program staff** and **county providers contracted with DDA** or **providers contracted through counties** as subcontractors under the state/county contract, **their employees, contractors, and volunteers.**

# Reporting Incidents



Incidents need to be reported when they occur during services, **when they occur outside of service hours and when incidents are reported to staff.**

Incidents do not need to be witnessed to be reported.

# Mandatory Reporting

**Report:** abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, and/or abandonment

**Report to the appropriate reporting unit:**

- Adult Protective Services
- Residential Care Services' Complaint Resolution Unit
- Child Protective Services
- 1-866-EndHarm

**When to contact Law Enforcement**

- Sexual assault
- Physical assault
- Certain client to client assaults (refer to RCW [74.34.035](#) for information)
- Death suspected to be caused by abuse/neglect, abandonment

**Medical Examiner/Coroner**

# Mandatory Reporting

- Reports regarding abuse of **vulnerable adults** must be made “immediately,” per [RCW 74.34](#).
- Reports regarding abuse of **children** must be made “immediately,” and in no case longer than 48 hours, per [RCW 26.44](#).
- The **person who witnessed** or suspected the incident must make a report themselves.

# Mandatory Reporting

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1. Reports must be made immediately regardless of the provider's leave or days off.
2. A mandated reporter must **first** report to Adult Protective Services, Child Protective Services, or the Residential Care Services' Complaint Resolution Unit by calling the agency reporting number or 1-866-ENDHARM.
3. Notification vs. Incident reporting



# ★ Provider Procedures

1. The provider must have written procedures in place to implement this policy and provide training to staff and volunteers on recognizing and reporting suspected client abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, abandonment or mistreatment, and neglect.
2. Written procedures and training must be available to all employees, volunteers, interns, and work study students.



PROCEDURE

# Provider Procedures Must Include

1. Timelines for reporting suspected abuse.
2. Reference to RCW 74.34 and 26.44.
3. Current telephone numbers of DSHS reporting units.
4. The responsibilities of reporting staff.
5. Instruction for recognizing abuse.
6. Mandatory reporting requirements
7. Instructions for emergency client protection.



PROCEDURE

# Reporting to Department of Health

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Report to DOH suspected abuse, neglect, exploitation of a vulnerable person or other license-related issue for:

- Professionally licensed people employed by an agency (i.e., nursing assistant-registered [NA-R], certified nursing assistant [CNA], licensed practical nurse [LPN], or registered nurse [RN]); or
- ★ • **If known**, a Department of Health licensed professional practicing in the community but not employed by an agency ([RCW 18.130.180](#)).
- Reports should be made within 30 days, per [WAC 246-16-220](#).
- Link to [Complaint Intake Form](#)
- Phone: 360-236-4700 / email: [HSQAComplaintIntake@doh.wa.gov](mailto:HSQAComplaintIntake@doh.wa.gov)

# Allegations Against Staff

- DDA or the county will make request in writing.
- Service provider must confirm in writing that the staff will not have access to clients.
- Service provider must send any internal investigation reports to county or DDA
- Once the investigative agency has made a determination, DDA or the county will notify the provider in writing.

# Incident Reporting Timelines



## ONE HOUR PROTOCOL INCIDENTS:

- Phone call to county and client's DDA Case Manager **within 1 hour after the provider becomes aware of it**
- If CRM/SW cannot be reached, contact regional designee
  - After hours, use emergency contact protocol for region
- Incident report within 1 work day



## ONE DAY PROTOCOL INCIDENTS:

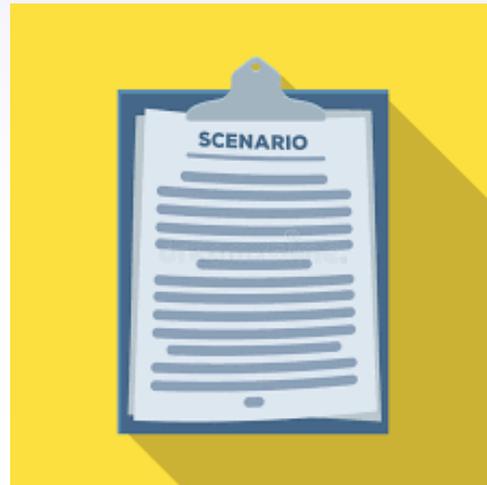
- Incident report within 1 work day

# Reporting Timelines

<p style="text-align: center;"><b>One-Hour Protocol*</b></p> <p style="text-align: center;"><b>Phone call to regional office within one hour followed by written notification within one business day</b></p>	<p style="text-align: center;"><b>One-Day Protocol*</b></p> <p style="text-align: center;"><b>Written notification within one business day</b></p>
<ol style="list-style-type: none"> <li>1. Alleged or suspected sexual abuse of a client</li> <li>2. Missing client</li> <li>3. Any event involving known media interest or litigation. Positive news stories do not require an incident report</li> <li>4. ★ Choking – client chokes on food, liquid, or object during county or county-contracted services and requires intervention regardless of outcome. Refer to your CPR and first aid training</li> <li>5. Client arrested</li> <li>6. ★ Death of a client during county or county-contracted services</li> <li>7. Injuries requiring hospital admission resulting from: suspected abuse or neglect, or an unknown origin</li> <li>8. Life-threatening, medically emergent condition</li> <li>9. Natural disaster or environmental condition threatening client safety or program operation</li> <li>10. Suicide</li> <li>11. Suicide attempt</li> </ol>	<ol style="list-style-type: none"> <li>1. Alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment of a client</li> <li>2. Alleged or suspected criminal activity by a client</li> <li>3. Alleged or suspected criminal activity perpetrated against a client</li> <li>4. Awareness that a client or the client’s legal representative is contemplating permanent sterilization procedures</li> <li>5. Client-to-client abuse</li> <li>6. Hospital or nursing facility admission</li> <li>7. Injuries to a client: resulting from the use of restrictive procedures or physical intervention techniques; when there is reason to suspect abuse or neglect; that are serious and require professional medical attention; or that are of an unknown origin and cause suspicion of abuse or neglect</li> <li>8. Medication or nurse delegation errors</li> <li>9. Mental health crisis resulting in inpatient admission to a state or local community hospital or psychiatric facility or evaluation and treatment center</li> <li>10. Property damage of \$250 or more</li> <li>11. Restrictive procedure implemented under emergency guidelines</li> <li>12. Serious treatment or court order violations</li> </ol>

# Scenarios

The following scenarios are fictitious and not based on actual clients or events.



# Scenario

## Question:

During employment services, a client I am supporting discloses that they fell off their porch at home and had to get stitches. The client resides in their own rental home and receives supported living services. Do I report this, even though it happened outside of employment services?

## Answer:

No, as the client was not admitted to the hospital, it was not a life threatening/medically emergent condition, and it wasn't suspected abuse.

# Scenario

## Question:

I am supporting a client at work and they tell me they are planning on harming their roommate when they get home. Do I complete a DDA incident reporting form?

## Answer:

A mandated reporter must report to APS, CPS, or the Complaint Resolution Unit (CRU) if they witness any of the following or suspect that any of the following have occurred...*“An act that causes fear of imminent harm.”* The staff should notify APS and potentially law enforcement if the threat is serious enough and complete a DDA incident report.

# Scenario

## Question:

I am supporting a client in a Community Inclusion activity and they present groggy and are speaking slower than usual. When I ask them if they are okay they report they had “2 pills today instead of 1”. Do I report this and who do I report this to?

## Answer:

Yes, you should report. Follow up with the client’s support network immediately. The client may need immediate medical assistance – you may need to contact 911. The client’s pharmacist/medical or nursing professional needs to be made aware of this and the side effects experienced by the client. The Community Inclusion support staff should provide an incident report to the DDA case manager.

# Reporting Units

State of Washington reporting entities are as follows:

Reports involving children and youth receiving services in a licensed staffed residential program must be reported using the Department of Children, Youth, and Families- Child Protective Services statewide number at 1-866-363-4276 (1-866-ENDHARM).

Reports involving adults age 18 and older receiving DDA Supported Living, Group Home, or Group Training Home services must be reported by:

- Calling the Residential Care Services' Complaint Resolution Unit statewide number at 1-800-562-6078 or TTY 1-800-737-7931; or
- Using [online reporting](#).

Reports involving adults living in Companion Homes, receiving Alternative Living Services in their own homes without Supported Living services must be reported by:

- Calling the DSHS Adult Protective Services intake number at 1-877-734-6277 or TTY 1-800-672-7091; or
- Using [online reporting](#).

## Contact Information

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Questions?