

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE:	INCIDENT REPORTING AND MANAGEMENT FOR DDA EMPLOYEES	12.01
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Authority:	<a href="#">42 CFR 483.13</a>	Resident Behavior and Facility Practices
	<a href="#">42 CFR 483.420</a>	Resident Assessment
	<a href="#">42 CFR 483.374</a>	Facility Reporting
	<a href="#">Chapter 26.44 RCW</a>	Abuse of Children
	<a href="#">Chapter 43.20A RCW</a>	DSHS
	<a href="#">Chapter 70.124 RCW</a>	Abuse of Patients
	<a href="#">Title 71A RCW</a>	Developmental Disabilities
	<a href="#">Chapter 74.34 RCW</a>	Abuse of Vulnerable Adults
Reference:	<a href="#">DSHS Administrative Policy 8.02</a>	Client Abuse Reporting
	<a href="#">DSHS Administrative Policy 9.01</a>	Major Incident Reporting
	<a href="#">DSHS Administrative Policy 9.03</a>	Administrative Review – Death of a Residential Client
	<a href="#">DDA Policy 5.13</a>	Protection from Abuse: Mandatory Reporting
	<a href="#">DDA Policy 5.15</a>	Restrictive Procedures: Community
	<a href="#">DDA Policy 5.17</a>	Physical Intervention Techniques
	<a href="#">DDA Policy 5.20</a>	Restrictive Procedures and Physical Interventions with Children and Youth
	<a href="#">DDA Policy 6.08</a>	Incident Management and Reporting Requirements for County and County-Contracted Providers
	<a href="#">DDA Policy 6.12</a>	Incident Management and Reporting Requirements for Residential Service Providers
	<a href="#">DDA Policy 7.05</a>	Mortality Reviews
	<a href="#">DDA Policy 12.02</a>	RHC Incident Investigations
	<a href="#">DDA Policy 12.04</a>	Youth Transitional Care Facility Incident Investigations
	<a href="#">Residential Care Services Nursing Home Guidelines</a>	

## **PURPOSE**

This policy provides guidelines for employees of the Developmental Disabilities Administration (DDA) for timely reporting and management of serious and emergent incidents harming or

threatening the health and safety of DDA clients.

The intent of the DDA incident reporting and management system is to identify, analyze and correct hazards, risks or potentially harmful situations from occurring and prevent a future reoccurrence as much as possible.

This policy also describes responsibilities for review and resolution, including follow-up actions, necessary for specific incident types.

### **SCOPE**

This policy applies to all DDA employees except employees of State-Operated Community Residential (SOCR) programs. For SOCR incident reporting, see DDA Policy 6.12, *Incident Management and Reporting Requirements for Residential Services Providers*.

This policy also applies to all DDA volunteers, interns, and work study students.

### **DEFINITIONS**

**Civil Transitions Program** means a voluntary program for people referred to DDA by the Behavioral Health Administration as a result of a determination that the person is not competent to stand trial under RCW 10.77.084 and not likely restorable due to a diagnosis of intellectual or developmental disability.

**Department of Health** means the state agency that regulates health care providers and certain health care facilities (hospitals, ambulatory surgical facilities, childbirth centers, home health agencies, behavioral health agencies, and behavioral health treatment facilities). DOH accepts complaints about providers and facilities that DOH credentials.

**Executive officer** means an appointing authority for the Youth Transitional Care Facility.

**Youth Transitional Care Facility** means a staff-secure and voluntary facility offering specialized treatment and habilitative interventions for eligible youth.

**Professional medical attention** means care beyond first aid by a medical professional, such as a: registered nurse; licensed practical nurse; primary care provider; paramedic; fire fighter; urgent care or emergency room personnel.

**Reporting unit** means the DDA regional field service office or RHC.

**Residential habilitation center or RHC** means a residential facility for individuals with intellectual disabilities or other condition similar to intellectual disability operated by the DDA. RHCs may meet

the requirements to be certified as an intermediate care facility for individuals with intellectual disabilities (ICF/IID), or a nursing facility, or both. When an RHC meets the requirements for both, the ICF/IID and nursing facility are separate facilities and have different requirements.

**State-operated community residential (SOCR)** means the collection of DDA's state-operated programs that offers a client community-based supports through the following programs: Intensive Habilitation Services; Stabilization, Assessment, and Intervention Facility (SAIF); and State-Operated Living Alternative (SOLA) for adults and children.

**Suicidal ideation** means thoughts about self-harm, with deliberate consideration or planning of possible techniques of causing one's own death.

**Suspicious death** means there is no medically reasonable explanation for the cause of death, or it is possible that criminal activity, substandard care, negligence, or abusive treatment may have caused or was a factor in the death.

**Working day** means Mondays through Fridays, excluding state and federal holidays.

## POLICY

- A. Serious and emergent incidents involving people receiving a paid service from DDA must be reported to DDA Central Office using the DDA Electronic Incident Reporting System.
- B. Each reporting unit within DDA must follow the procedures described in this policy for managing serious and emergent incidents.
- C. Each reporting unit must have systems in place to ensure incidents are reported as required by this policy and to ensure management has the information necessary to review, analyze, provide necessary supports, and implement appropriate corrective actions.

Note: Compliance with federal regulations may require local RHC and Youth Transitional Care Facility reporting of events, situations, and circumstances above and beyond what is named in this policy.

## PROCEDURES

- A. **Reporting to the Proper Authorities**
  - 1. All DDA employees are mandated reporters and must report incidents involving suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, abandonment, or mistreatment of children or vulnerable

adults to the proper authorities pursuant to [Chapter 26.44 RCW](#), *Abuse of Children* and [Chapter 74.34 RCW](#), *Abuse of Vulnerable Adults*. Refer to [DDA Policy 5.13](#), *Protection from Abuse – Mandatory Reporting*, for additional requirements and statutory definitions.

2. For a minor residing at an RHC, a report must be made to both the Department of Children, Youth, and Families and Residential Care Services.
3. Mandated reports must be made immediately. The electronic incident reporting system may be used as a means to fulfill abuse and neglect mandatory reporting obligations.
4. A report must be made to the [Department of Health](#) if there are provider practice and license-related issues for professionally licensed people, such as: physicians, pharmacists, nursing assistant-registered (NA-R), certified nursing assistant (CNA), licensed practical nurse (LPN), or registered nurse (RN). To file a complaint, submit a [DOH complaint form](#).
5. For Youth Transitional Care Facility Reporting Only
  - a. YTCF designated staff must report the death of any youth no later than close of business the next business day after the youth's death to:
    - i. The Centers for Medicare and Medicaid Services regional office at [CMS RO10 CEB@cms.hhs.gov](#) as required by 42 C.F.R. 483.374;
    - ii. The Health Care Authority at [hcadbhr.incidentmanager@hca.wa.gov](#);
    - iii. The Department of Health by completing the [DOH Online Complaint Form](#); and
    - iv. The Department of Children, Youth, and Families.
  - b. Designated staff must report any [serious incident](#) to the Health Care Authority by emailing [hcadbhr.incidentmanager@hca.wa.gov](#), and the Department of Children, Youth, and Families.
  - c. Designated staff must report [critical incidents](#) to the Department of Health by completing the [DOH Online Complaint Form](#).

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B. **Reporting within DDA**

1. Regional Administrators (RAs), RHC Superintendents, and the Youth Transitional Care Facility Executive Officer must ensure serious and emergent incidents are reported per protocol described below and detailed under the One-Hour and One-Day Protocol sections. There are two reporting protocols:
  - a. **One-hour protocol:** Incidents meeting this protocol require a phone call or text to the Assistant Secretary or designee and an email to the Incident Management Program Manager within one hour, followed by an electronic incident report within one working day. In addition to following reporting unit protocol, staff must report directly to a supervisor and the RA, Executive Officer or Superintendent within one hour of receiving the information. The RA, EO, or Superintendent will determine who will notify Central Office.
  - b. **One-day protocol:** Incidents meeting this protocol require an electronic incident report within one working day.

Note: Events not identified in the *One-Hour* or *One-Day Protocol* sections may be documented according to reporting unit procedures (e.g., service episode record or client record).
2. For field services, when a case manager is out of the office during business hours, their out of office reply must include a backup person.
3. All reportable incidents must be electronically submitted using the electronic Incident Reporting System within the timeframe listed under the *One-Hour* and *One-Day Protocol* sections. If the Incident Reporting System is down or inaccessible, incidents may be submitted via email by:
  - a. Completing [DSHS 20-192](#), *Administrative Report of Incidents*; and
  - b. Sending to the Central Office Incident Management Program Manager.

Note: This form is available only on the DSHS Intranet website.

4. Once the Incident Reporting System is working, an electronic incident report must be completed for the incident.

5. Field Services staff must complete an electronic incident report for the death of any:
  - a. No-paid services client (follow one-hour and one-day protocol after becoming aware of the death);
  - b. Birth-to-three client;
  - c. Specialized unit Medicaid client; or
  - d. Non-DDA eligible person identified as part of the Preadmission Screening and Resident Review process.

Note: Electronic incident reports are not required for other types of incidents for the groups identified above.

6. Incident reports must be completed for both DDA-enrolled clients and non-DDA-enrolled youth receiving services at the Youth Transitional Care Facility. The appointing authority or designee at the Youth Transitional Care Facility must complete these incident reports.
7. Incident reports must be completed for both DDA-enrolled clients and non-DDA-enrolled participants receiving services through the Civil Transitions Program.
8. In addition to submitting an electronic incident report, and regardless of the service setting, alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment must be reported to protective agencies or other authorities as described in [DDA Policy 5.13](#), *Protection from Abuse: Mandatory Reporting*.

#### C. Reporting the Death of a Client

1. All deaths must be reported to DDA Central Office according to One-Hour or One-Day protocol. The CRM must ensure and or verify that the client's parent or legal representative is notified immediately.
2. Under [RCW 74.34.035](#) and [RCW 68.50.020](#), if a DDA employee has reason to suspect the death of a vulnerable adult was caused by abuse, neglect, or abandonment, the employee must report the death to local law enforcement and:
  - a. The local coroner; or
  - b. A medical examiner.

Note: To determine the local coroner or medical examiner for a specific county, visit the [Member Directory](#) on the Washington Association of County Officials website.

9. DDA conducts reviews of deaths according to [DDA Policy 7.05](#), *Mortality Reviews*, and [DSHS Administrative Policy 9.03](#), *Administrative Review - Death of a Residential Client*.
10. All state-operated facilities must follow [DSHS AP 9.03](#) for client deaths.

**D. Incident Follow-up and Closure**

1. Incident report follow-up is intended to:
  - a. Ensure initial actions have been taken and plans developed, as appropriate, to address any health and welfare concerns raised by the incident; and
  - b. Provide assurance that appropriate management and monitoring of critical incidents consistently occurs.
2. Documenting Initial Actions and Planned Follow-Up in the Incident Report
  - a. Initial actions taken, including specific actions intended to promote client health and welfare, must be documented in the “Planned Health and Welfare Actions” section. This must be documented at the time the incident report is initially entered and distributed, based on what is known at that time.
  - b. For incidents that involve alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment, specific actions planned to promote client health and welfare must be documented in the “Planned Health and Welfare Actions” section. Incidents meeting these criteria must not be marked as closed at this time.
    - i. Planned health and welfare actions are steps taken by the provider, client, facility, family member, legal representative and DDA staff to promote the safety and well-being of each client involved in the incident.
    - ii. Health and welfare follow-up documentation describes services,

staffing, referrals or actions taken by the provider, client, facility, family member, legal representative and DDA staff to promote the health and welfare of the client pending the outcome of an investigation.

Note: Examples of follow-up actions include: reconfiguring a household, requesting additional staffing, implementing a supervision plan, referring to payee services, and diversion placement.

### 3. 30-Day Incident Report Follow-up

- a. For incidents involving alleged or suspected abuse, improper use of restraint, neglect, personal or financial exploitation or abandonment, DDA staff must follow up with the client, their legal representative, and the service provider, when involved, within 30 days of the DDA aware date. DDA staff must document this contact in the incident report follow-up, and determine:
  - i. If health and welfare actions have been taken as planned or if plans are moving forward as expected.
  - ii. If actions planned and taken have been appropriately implemented to the satisfaction of the client, the client's legal representative, and DDA, then the incident should be closed. This is typically determined by contacting the client and their legal representative.

Note: If follow-up contact with the client or their legal representative would jeopardize the client's health and is clearly detrimental or would interfere with the integrity of an ongoing investigation, then contact with the assigned investigator (i.e., APS, CPS) can be considered appropriate follow-up in lieu of direct contact.

- iii. If planned health and welfare actions have not been implemented to the satisfaction of the client, their legal representative, or DDA, then:
  - A) Ask the client or legal guardian if they have any suggestions or changes they would like to make to the planned actions;
  - B) Document in the incident follow-up report the actions planned to address the remaining health and safety

concerns;

- C) Review follow-up actions no more than 90 days after the incident complete date;
- D) Document completion of the review in the incident follow-up report;
- E) Close the incident report no more than 90 days after incident complete date; and
- F) Document any activity beyond these timelines in a service episode record.

b. Examples of follow-up documentation include:

- i. Updated individual instruction and support plan, person-centered service plan (PCSP), or individual habilitation plan;
- ii. Positive behavior support plan development or revision;
- iii. Cross-system crisis plan development or revision;
- iv. Technical assistance to the service provider; and
- v. Changes in service provider or client services because of the incident.

c. Any activity beyond these timelines should be documented in the client's service episode record.

**E. Regional, Youth Transitional Care Facility, and RHC Quality Assurance Responsibility**

- 1. Regional, Youth Transitional Care Facility, and RHC Quality Assurance (QA) staff or their designees must ensure oversight systems are in place to:
  - a. Monitor for timely incident processing, including 30-day follow-up and closure no more than 90 days after the incident complete date; and
  - b. Train new staff on the Incident Reporting System.

2. Regional, Youth Transitional Care Facility, and RHC QA staff or their designees will analyze significant incident data trends and areas of concern and report their analyses quarterly to the Incident Management Program Manager.

**F. DDA Central Office Quality Assurance Responsibility**

1. The DDA Incident Report Review Committee must meet regularly to analyze statewide data and review serious or emergent incidents reported through the Incident Reporting System.
2. The Incident Management Program Manager must relay recommendations regarding individual cases and trends or patterns for follow up to the Regional Administrator, Regional Quality Assurance Manager, or RHC Quality Assurance Manager, the Youth Transitional Care Facility and RHC Superintendent, Executive Officer or designee.
3. The Incident Management Program Manager must share aggregate data and relay analysis outcomes to the DDA Full Management Team for review and recommendations.

**ONE-HOUR PROTOCOL**

**A. One-hour protocol includes:**

1. A phone call or text to the Assistant Secretary or designee and an email or call to the Incident Management Program Manager no more than one hour after becoming aware of an incident; and
2. An incident report no more than one working day after becoming aware of an incident.

**B. A DDA employee must follow one-hour protocol if any of the following occur:**

1. Alleged sexual abuse of a client by a DSHS employee, volunteer, licensee, or contractor.
2. Choking – client chokes on food, liquid, or object and requires physical intervention, regardless of outcome. Examples of physical interventions include abdominal thrusts, suctioning and finger sweeps.
3. Client is missing from an RHC, Youth Transitional Care Facility, or SOCR program (for all other missing clients, see one-day protocol incidents below).

4. Client arrested with charges or pending charges for a violent crime as defined in [RCW 9.94A.030](#).
5. Death of a client supported by an RHC, Youth Transitional Care Facility or SOCR program.
6. Hospitalization following an injury of unknown origin or suspected abuse or neglect of an RHC, Youth Transitional Care Facility, or SOCR client.
7. Known media interest or litigation. Positive news stories do not require an electronic incident report; however, regional and headquarters staff must still be notified via email.

Note: Known media interest or litigation must be reported to a Regional Administrator, Executive Officer, or Superintendent and Central Office within one hour. If the issue also meets other incident reporting criteria, an electronic incident report must be submitted within one working day. Media interest includes news outlets and social media accounts with a large public following (e.g., social media pages affiliated with municipal entities or social media accounts belonging to news outlet.)

8. Natural disaster or conditions threatening client safety or program operations when there is immediate threat and or law enforcement response in a DSHS facility.
9. Suicide.
10. A suicide attempt that results in an injury. Suicide attempt means a non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior. Suicide attempt does not include suicidal ideation.
11. Suspicious or unusual death of a client (i.e., likely to result in investigation by law enforcement, APS, CPS, or RCS).

### **ONE-DAY PROTOCOL**

- A. One-day protocol requires a DDA employee to submit an incident report no more than one working day after becoming aware of an incident.
- B. If a CRM's sole source of information regarding a possible incident is an APS, RCS, or CPS intake tickler in CARE, and the information is insufficient to determine the nature of the issue or to properly complete an incident report, then a report is not required to be entered into the Incident Reporting System. If a CRM receives sufficient information to complete an

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electronic incident report and determine a report is required per policy, then an incident report must be completed.

- C. If the CRM receives an APS, RCS, or CPS outcome tickler in CARE for which there is no DDA incident report, the CRM must contact the investigator to get the details of the incident and do an incident report.
- D. A DDA employee must follow one-day protocol if any of the following occur:
1. Alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment of a client by a DSHS employee, volunteer, licensee, or contractor.
  2. Alleged sexual abuse of a client (if not reported under one-hour protocol above).
  3. A client is injured following the use of a restrictive procedure or physical intervention.
  4. A client's injury, regardless of origin, requires professional medical attention.
  5. Known criminal activity perpetrated by a DSHS employee, volunteer, licensee, or contractor that may impact the person's ability to perform the duties required of their position.
  6. Criminal activity by a client that results in a case number being assigned by law enforcement.
  7. Client-to-client abuse under RCW 74.34.035, which applies to clients 18 and older and includes:
    - a. Injuries (e.g., bruising, scratches, etc.) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal areas;
    - b. Fractures;
    - c. Choking attempts; or
    - d. Patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults.

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8. A client is missing. A client is considered missing if:
- a. The client's assessed support level in their PCSP is 4, 5, or 6, their whereabouts are unknown, and the client cannot be contacted for two hours, unless the client's DDA CARE assessment or PCSP indicates a different time period;
  - b. The client's assessed support level in their PCSP is 1, 2, 3a, or 3b and the client is out of contact with staff for more time than is expected based on their typical routine, DDA CARE assessment, or PCSP; or
  - c. A first responder, police officer, or community member locates the client and the provider was unaware that the client was gone.

Note: A client without good survival skills may be considered in "immediate jeopardy" when missing for any period of time based upon the client's personal history regardless of the hours of service received. This includes clients with identified community protection issues.

9. Death of a client that does not require one-hour protocol.
10. Death of a primary live-in paid or unpaid care provider.
11. Hospitalization following an injury of unknown origin or suspected abuse or neglect that does not require one-hour protocol.
12. Inpatient admission to a state or local psychiatric hospital or evaluation and treatment center.
13. Alleged or suspected abuse, abandonment, neglect, personal or financial exploitation by another person (who is not a client or staff), that is screened in by APS, CPS, or RCS for investigation.
14. A suicide attempt (that does not require one-hour protocol), which means a non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior. This does not include suicidal ideation.
15. Natural disaster or other conditions threatening client safety or program operations that does not fall under one hour protocol.
16. Use of a restrictive procedure, on an emergency basis, that is not part of the client's Positive Behavior Support Plan (PBSP).

17. A medication or nurse delegation error that caused or is likely to cause injury or harm to a client according to a pharmacist, nurse, or other medical professional.
18. A pattern of medication errors involving the same client or the same staff.
19. Emergency medical hospital admissions. No incident report is required for planned hospitalizations. For example, a planned surgery.
20. A client or the client's legal representative are contemplating a permanent sterilization procedure. Include in the IR description if [DDA Policy 9.08](#), *Consent for Medical treatment Affecting Reproductive Functions*, was followed.
21. A community protection client signs out or leaves the program without intent to return.
22. A client's provider or family declines to support the client after discharge from a medical, nursing, or psychiatric facility.

### EXCEPTIONS

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

### SUPERSESSION

DDA Policy 12.01, *Incident Reporting and Management for DDA Employees*  
Issued October 1, 2023

Approved:



Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: August 15, 2024

Attachment A – *Incident Reporting Timelines*

Attachment B – *Guidelines for Completing Electronic Incident Reports*

Attachment C – *After-Hours Protocol for the Division of Field Services*

ATTACHMENT A  
Incident Reporting Timelines

One-Hour Protocol* Phone call to DDA Central Office within one hour followed by electronic incident report within one working day	One-Day Protocol* Electronic incident report within one working day
<div>1. <b>Alleged sexual abuse of a client</b> by a DSHS employee, volunteer, licensee or contractor</div> <div>2. <b>Choking</b> – client chokes on food, liquid, or object and requires physical intervention, regardless of outcome</div> <div>3. <b>Client missing from an RHC, Youth Transitional Care Facility, or SOCR program</b></div> <div>4. <b>Client arrested</b> with charges or pending charges for a violent crime</div> <div>5. <b>Death of a client supported by an RHC, Youth Transitional Care Facility, or SOCR program.</b></div> <div>6. <b>Hospitalization following an injury</b> of unknown origin or suspected abuse or neglect of an RHC, Youth Transitional Care Facility, or SOCR client</div> <div>7. <b>Known media interest or litigation</b> must be reported to a Regional Administrator or Superintendent and Central Office within one hour. If the issue also meets other incident reporting criteria, follow up with an electronic incident report within one working day. Positive media interest does not require an electronic incident report.</div> <div>8. <b>Natural disaster</b> or other conditions threatening client safety or program operations when there is immediate threat and or law enforcement response in a DSHS facility.</div> <div>9. <b>Suicide</b></div> <div>10. <b>Suicide attempt that results in an injury</b></div> <div>11. <b>Suspicious or unusual death of a client</b></div>	<div>1. Alleged or suspected <b>abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment of a client</b> by a DSHS employee, volunteer, licensee, or contractor</div> <div>2. <b>Alleged sexual abuse of a client not reported under one-hour protocol</b></div> <div>3. Alleged or suspected <b>abuse, abandonment, neglect, personal or financial exploitation, by another person (who is not a client or staff)</b> that is screened in by APS, CPS or RCS for investigation</div> <div>4. <b>A medication or nurse delegation error</b> that causes or is likely to cause injury or harm according to a pharmacist, nurse, or other medical professional</div> <div>5. <b>Client-to-client</b> abuse under RCW 74.34.035</div> <div>6. <b>Client injured following the use of a restrictive procedure or physical intervention</b></div> <div>7. <b>Client injury requiring professional medical attention</b></div> <div>8. <b>Criminal activity against a client</b> resulting in a case number being assigned by law enforcement</div> <div>9. <b>Criminal activity by a client</b> resulting in a case number being assigned by law enforcement</div> <div>10. <b>Death of a client</b> that is not reported under one-hour protocol</div> <div>11. <b>Death of a primary live-in paid or unpaid care provider</b></div> <div>12. <b>Hospitalization following an injury</b> of unknown origin or suspected abuse or neglect not reported under one-hour protocol</div> <div>13. <b>Inpatient admission to a state or local psychiatric hospital or evaluation and treatment center</b></div> <div>14. <b>Known criminal activity perpetrated by a DSHS employee, volunteer, licensee, or contractor</b></div>

ATTACHMENT A  
Incident Reporting Timelines

One-Hour Protocol* Phone call to DDA Central Office within one hour followed by electronic incident report within one working day	One-Day Protocol* Electronic incident report within one working day
	<div>15. <b>Missing person not reported under one-hour protocol</b></div> <div>16. <b>Natural disaster</b> or other conditions threatening client safety or program operations not reported under one-hour protocol.</div> <div>17. <b>Suicide attempt not reported under one-hour protocol</b></div> <div>18. <b>Use of a restrictive procedure</b> on an emergency basis that is not part of the client’s approved PCSP</div> <div>19. <b>A pattern of medication errors involving the same client or the same staff</b></div> <div>20. <b>Emergency medical hospital admissions that are unplanned</b></div> <div>21. <b>Awareness that a client or the client’s legal representative is contemplating a permanent sterilization procedure</b></div> <div>22. <b>Community protection client</b> signs out of the program</div> <div>23. The client’s provider or family <b>declines to support the client</b> after a hospital, nursing, or psychiatric discharge</div>

\* See “One-Hour Protocol” and “One-Day Protocol” sections for more detailed descriptions.

**ATTACHMENT B**  
**Guidelines For Completing Electronic Incident Reports**

- **Input only incidents** required by DDA Policy 12.01, Attachment A.
- **Just the facts:** Do not speculate or give opinions.
- **Be clear and concise:** Provide information that is required.
- **Do not delay:** A follow-up is always possible if/when more information becomes available.

**What was happening prior to the incident (i.e., the antecedents)?**

What environmental factors or events occurred prior to the incident that may have had an impact on what occurred next (setting events)?

Examples

- A frustrating/upsetting event
- Underlying medical/dental condition/serious medical event
- Housemate issues
- Access to alleged perpetrator or victim

**Description of Incident**

- What was seen or reported that requires an incident report per policy?
- Who was involved in the incident?
- Who witnessed the incident?
- What were the immediate actions taken for health and safety?
- Were approved plans, such as PBSP/IISP/CSCP, followed as written?
- Include the known or initial diagnosis, or if unknown, include the significant symptoms that lead to the actions taken. (e.g., Aspiration pneumonia, or admitted after emesis with respiratory distress for suspected pneumonia, expected death from lung cancer, or cause of death unknown.)

**Planned Health and Welfare Actions**

- Document the actions taken or planned, to promote the health and safety of the client.
- Include notification of any outside agencies (e.g., law enforcement, APS, CPS, RCS, CRU). Law enforcement **must always** be called if sexual and/or physical abuse is suspected.
- For incidents that involve alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation and/or abandonment, **do not close** the incident report until completion of the 30-day follow-up.

**Follow-up and Closure (30-day Follow-up)**

- Document whether planned health and welfare actions were implemented and successful.
- Are other actions needed? If so, document what they are and complete within 90 days.
- Follow-up contact with client and/or their legal representative **must** occur to ensure they are aware of/satisfied with follow-up actions taken.

## ATTACHMENT C

### After-Hours Protocol for the Division of Field Services

Field services staff must follow regional protocol as to who reports incidents outside of regular business hours. The majority of one-hour protocol incidents reported by contracted providers that occur after business hours (8 a.m. to 5 p.m.) are reported to DDA headquarters the following working day per policy 12.01.

Incidents that require after-hours reporting directly to the Director of Field Services via text or phone call include incident types below and incidents determined by the Regional Administrator or designee to need escalation:

- Sexual and physical assault, or neglect by a DSHS employee, volunteer, licensee, or contractor when the client receives medical treatment beyond first aid or if the client is hospitalized.
- Death—suspicious or violent.
- Suicide.
- Choking—if the client is hospitalized.
- Major violence or threat of significant violence (e.g., bombings, shootings, stabbings, fire, arson).
- Natural disaster or conditions threatening client safety or program operations.
- Any other incident resulting in known media attention that may be of reputational concern to DSHS.