



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: INCIDENT REPORTING POLICY 12.01

Authority: 42 CFR 483.13 and 483.420
Chapters 26.44, 43.20A, 70.124, 71A, and 74.34 RCW

Reference: DSHS Administrative Policy 2.08, *Media Relations Policy*
DSHS Administrative Policy 6.01, *Allegations of Employee Criminal Activity*
DSHS Administrative Policy 8.02, *Client Abuse*
DSHS Administrative Policy 9.01, *Incident Reporting*
DSHS Administrative Policy 9.03, *Administrative Review – Deaths of Residential Clients*
DDD Policy 5.13, *Protection from Abuse*
DDD Policy 7.05, *Mortality Reviews*

PURPOSE

This policy provides guidelines for employees of the Division of Developmental Disabilities (DDD) for timely reporting of serious and emergent incidents harming and/or threatening the health and safety of DDD clients. It also describes responsibilities for review, resolution, correction, and prevention.

SCOPE

This policy applies to all DDD employees, including State Operated Living Alternatives (SOLA), and all DDD volunteers, interns, and work-study students. DDD certified, contracted residential service providers must follow the procedures and directions in DDD Policy 6.12, Residential Reporting Requirements Including Abuse/Neglect Reporting.

POLICY

Each Field Services office (FSO), Residential Habilitation Center (RHC), and State Operated Living Alternative (SOLA) must follow the procedures described below for managing serious and emergent incidents. Each facility and field office must report these incidents to make sure

that management has the information necessary to review, analyze, provide support, and take corrective measures where appropriate.

PROCEDURES

- A. All incidents involving suspected abuse, neglect, abandonment, or financial exploitation must be reported to the proper authorities pursuant to [RCW 26.44, Abuse of children](#) and [RCW 74.34, Abuse of vulnerable adults](#). Serious and emergent incidents as defined on Attachment A of this policy must be reported to DDD Central Office (CO) using the DDD Electronic Incident Reporting System (IR System).
- B. Reporting to the Proper Authorities: Ensure that Adult Protective Services (APS), Child Protective Services (CPS), Complaint Resolution Unit (CRU), Law Enforcement, Emergency Services, or the CDMHP have been notified as needed: [RCW 26.44](#) and [RCW 74.34](#) mandate the reporting of any suspected abuse, neglect, abandonment or financial exploitation against children or vulnerable adults. For mandatory reporting information and statutory definitions refer to DDD Policy 5.13, *Protection from Abuse*.
- C. Reporting within DDD: The Regional Administrator or designee must ensure serious and emergent incidents as described on Attachment A are reported to DDD Central Office. Refer to the Reporting Timelines and Definitions section of this policy for definitions of incident types. Events not identified in the Reporting Timelines and Definitions section may be documented in the Service Episode Record (SER).
1. **“Column A” incident types** must be reported directly to a supervisor and regional administrator (RA) within one (1) hour of receiving the report.
 2. **“Column B” incident types** must be reported directly to a supervisor.
 3. All Central Office reportable incidents must be electronically transmitted through the IR System within the timelines described under Definitions; or
 4. If the IR System is down or inaccessible, incidents may be faxed. Use DSHS 20-192, *Administrative Report of Incidents*, when faxing reports.
- D. Reporting Death: Report all known deaths to DDD Central Office. Also report the death immediately to the person’s parent and/or legal representative and to the office of the county or city coroner or medical examiner and local law enforcement, as necessary. Conduct a review of all deaths according to the guidelines contained in DDD Policy 7.05, *Mortality Reviews*, and DSHS Administrative Policy 9.03, *Administrative Review-Deaths of Residential Clients*.
- E. Follow-up and Closure

1. Document any planned or completed follow-up, including safety measures taken, at the time the incident is entered into the IR System. Enter this information into the “proposed follow-up” section. If it is determined that no follow-up or additional follow-up is necessary, complete and close the incident.
2. When it is known that a case has been assigned for investigation by APS, CPS, RCS, or law enforcement, document this fact and key factual information relevant to the pending investigation in follow-up. For example:
 - a. When key factual information is shared by the investigating body that serves to answer the investigative question;
 - b. When an Outcome Report or Investigative Letter is received; or
 - c. When a law enforcement investigation concludes.

Note: Details of outside investigations should **not** be entered into the IR System.

3. Document case management and interdisciplinary team (IDT) follow-up to critical incidents in the IR System, including, but not limited to, the following:
 - a. Positive Behavior Support Plan development or updates;
 - b. Cross System Crisis Plan development or updates;
 - c. Technical assistance to provider; and
 - d. Changes in provider or client services as a result of the incident

F. Regional Quality Assurance Responsibility

1. Regional Quality Assurance (QA) staff or their designees will ensure regional oversight systems are in place to:
 - a. Monitor for timely incident processing and follow-up on open incidents and pending investigations; and
 - b. Ensure new Case Resource Managers (CRM) are trained on the IR System.

2. Regional QA staff will analyze significant incident data trends and areas of concern and report their analysis to the Office of Quality Programs (QPS) quarterly.

G. Central Office Quality Assurance Responsibility

1. The DDD Incident Report Review Committee will meet regularly to analyze statewide data and review sentinel events reported through the IR System.
2. Central Office will relay trends or patterns for follow-up to the regional QA staff and the RHC Superintendent or his/her designee.
3. QPS will share aggregate data and relay any system issues or barriers to the DDD Full Management Team for review and recommendations.

DEFINITIONS AND REPORTING TIMELINES

The following section defines and classifies Serious and Emergent Incidents (broadly described in DSHS Administrative Policy 9.01, *Incident Reporting*) into three (3) categories. The definitions and reporting timelines are as follows:

- A. Place a phone call to Central Office within one (1) hour of the region becoming aware, followed by an Electronic IR within one (1) working day in the following instances:
1. Known media interest or litigation must be reported to the RA or designee and Central Office within one (1) hour. If the issue also meets other incident reporting criteria, follow with an IR within one (1) working day.
 2. Death of any client at a RHC or SOLA.
 3. Suspicious deaths of clients (i.e., suspicious or unusual; likely to result in law enforcement, RCS, APS or CPS investigation). For all other deaths, refer to section B.7.
 4. Natural disaster or conditions threatening the operations of the program or facility.
 5. Alleged sexual abuse of a client by a DSHS employee, volunteer, licensee or contractor.
 - a. "Sexual abuse means any form of nonconsensual sexual contact, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment.

Sexual abuse includes any sexual contact between a staff person and a vulnerable adult receiving service from a program whether or not it is consensual” ([RCW 74.34](#)).

- b. “Sexual intercourse with another who is less than sixteen (16) years old and not married to the perpetrator and the perpetrator is at least 48 months older than the victim” is Rape of a Child per [RCW 9A.44.079](#).
6. Alleged sexual abuse of a child by a DDD client.
 7. Clients missing from SOLA or RHCs in all cases where a missing person report is being filed with law enforcement. For all other missing clients, see Section B.6.
 8. Injuries resulting from abuse/neglect or of unknown origin requiring hospital admission.
 9. Client arrested with charges or pending charges for a violent crime as defined in [RCW 9.94A 030\(50\)](#).
- B. Submit a report through the IR System within one (1) working day of the region becoming aware in the following instances:
1. Alleged or suspected abuse, neglect, exploitation, financial exploitation or abandonment by a DSHS employee, volunteer, licensee or contractor pursuant to [RCW 74.34](#).
 2. Known criminal activity perpetrated by a DSHS employee, volunteer, licensee or contractor that may impact the staff’s ability to perform duties required of his or her position.
 3. Criminal activity by a client that results in a case number being assigned by law enforcement.
 4. Alleged sexual abuse of a client (if not reported under Section A.5 or A.6 above).
 5. Injuries resulting from alleged or suspected client-to-client abuse that requires medical treatment beyond first aid. This means medical care that must be administered by a medical professional (e.g., fractures, sutures, staples).
 6. Injuries of a known cause other than abuse/neglect that result in hospital admission.

7. Missing Person: A person who is receiving forty (40) hours of service per month or more and who misses his/her scheduled appointment and cannot be contacted for two (2) hours is considered missing, unless the client's service plan indicates an alternative time plan. A person who receives 24-hour supervision and support is considered missing when he/she is out of contact with staff for more than two (2) hours without prior arrangement, or unless the client's service plan indicates an alternative time plan:
 - a. A person without good survival skills may be considered in "immediate jeopardy" based on his/her personal history regardless of the hours served. A person may be considered missing if they are in immediate jeopardy when missing for any period of time. This includes clients with community protection issues.
 - b. It is considered a reportable incident when law enforcement is contacted about a client and/or law enforcement independently finds and returns the client, regardless of the length of time he/she was missing.
 8. Death of a client (not reported under Section A).
 9. Admission to Eastern State Hospital or Western State Hospital.
- C. Submit an incident through the IR System within five (5) working days of the region becoming aware in the following instances:
1. Serious injuries of known origin requiring medical treatment beyond first aid, but not a hospital admission. More discretion may be used for clients residing in RHCs, especially for injuries treated on campus.
 2. Life-threatening medically emergent condition: Life-threatening conditions that cannot be classified as injuries, which require treatment by emergency personnel or inpatient hospital admission.
- It is not necessary to report the following medical conditions to Central Office:
- a. Treatment of an acute or chronic illness that is not life-threatening;
 - b. The assessment of a condition without treatment by a medical or health professional;
 - c. Hospital admissions for scheduled tests or medication reviews;
 - d. Scheduled treatment of a medical condition on an outpatient basis; or

- e. Seizures not meeting the definition of medically emergent condition.
3. Mental health inpatient admission to a psychiatric facility other than Eastern or Western State Hospitals.
4. Non-accidental property destruction by a client over two hundred dollars (\$200.00).
5. Restrictive procedures implemented under emergency guidelines described in DDD Policy 5.15, *Use of Restrictive Procedures*, and DDD Policy 5.17, *Physical Intervention Techniques*. Restrictive interventions described in an approved Positive Behavior Support Plan (PBSP) are not considered emergency applications.
6. Neglect as defined in [RCW 74.34](#):
 - a. A pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or
 - b. An act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety.
7. Substantiated findings reported by APS, CPS or Residential Care Services (RCS).
8. Patterns of client-to-client abuse as defined in [RCW 74.34.035](#):
 - a. There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults; or
 - b. There is an attempt to choke a vulnerable adult.
9. Medication error causing injury/harm, or a pattern of errors, as assessed by a medical or nursing professional.
10. Sexual exploitation not otherwise reported under the category of abuse and sexual abuse (see Section B.1. and 3).
11. Serious Community Protection Program treatment violations not otherwise defined.

12. Suicide threat/attempt/gesture/para-suicidal behavior (i.e., the intentional and voluntary attempt or threat to take one's own life by someone *with the capacity to do so*).

EXCEPTIONS

No exceptions to this policy may be granted without the prior written approval of the Division Director.

SUPERSESSSION

DDD Policy 12.01
Issued February 17, 2005

DDD Policy 12.01
Issued May 23, 2004

DDD Policy 12.01
Issued January 17, 2002

DDD Policy 12.01
Issued June 27, 1997

DDD Policy 12.01
Issued December 1993

Policy Directive 104
Issued September 1991

Policy Directive 310.5
Issued February 1990

Policy Directive 310.2
Issued November 1986

Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

Date: July 1, 2007

ATTACHMENT A

DDD Policy 12.01 Reporting Timelines

<p>Phone call to Central Office within 1 Hour followed by Electronic IR within 1 Working Day (A)</p>	<p>Electronic IR Database Within 1 Working Day (B)</p>	<p>Electronic IR Database within 5 Working Days (C)</p>
<ol style="list-style-type: none"> 1. Known media interest or litigation must be reported to Regional Administrator & CO within 1 hour. If issue also meets other incident reporting criteria, follow with Electronic IR within 1 working day. 2. Death of a RHC or SOLA client. 3. Suspicious deaths (suspicious or unusual) 4. Natural disaster or conditions threatening the operations of the program or facility. 5. Alleged sexual abuse of a client by a DSHS employee, volunteer, licensee or contractor. 6. Alleged sexual assault of a child by a DDD client. 7. Clients missing from SOLA or RHC in cases where a missing person report is being filed with law enforcement. 8. Injuries resulting from abuse/neglect or unknown origin requiring hospital admission. 9. Client arrested with charges or pending charges for a violent crime. 	<ol style="list-style-type: none"> 1. Alleged or suspected abuse, neglect, exploitation, financial exploitation and abandonment by a DSHS employee, volunteer, licensee or contractor. 2. Criminal activity perpetrated by a DSHS employee. 3. Criminal activity by clients <u>resulting in a case number</u> being assigned by law enforcement. 4. Sexual abuse of a client not reported under column A. 5. Injuries resulting from client to client abuse <u>requiring medical treatment beyond First Aid.</u> 6. Injuries of known cause (other than abuse) resulting in hospital admission. 7. Missing person: (see definitions). 8. Death of client (not suspicious or unusual). 9. Eastern or Western State Hospital admissions. 10. Alleged or suspected abuse, neglect, exploitation, financial exploitation and abandonment by other non-client/non-staff screened in by APS or CPS for investigation. 11. Criminal activity against clients by others resulting in a case number being assigned by law enforcement. 	<ol style="list-style-type: none"> 1. Serious injuries of known origin requiring medical treatment beyond First Aid, but not hospital admission. RHCs may use discretion (see Definitions). 2. Life-threatening medically emergent conditions: medical conditions that cannot be classified as injuries. 3. Mental health inpatient admission to a psychiatric facility other than Eastern/Western State Hospitals. 4. Non-accidental property destruction by a client over \$200. 5. Emergency use of restrictive procedures and physical intervention techniques. 6. Neglect (see Definitions). 7. Substantiated findings reported by APS, CPS, or RCS. 8. Patterns of client to client abuse. 9. Medication error (see Definitions). 10. Sexual exploitation not otherwise reported under Column B (1 or 3). 11. Serious Community Protection Program treatment violations not otherwise defined. 12. Suicide threat/attempt/gesture (see Definitions).