

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: INCIDENT REPORTING AND MANAGEMENT POLICY 12.01
FOR DDA EMPLOYEES

Authority: [42 CFR 483.13](#) *Resident Behavior and Facility Practices*
[42 CFR 483.420](#) *Resident Assessment*
[Chapter 26.44 RCW](#) *Abuse of Children*
[Chapter 43.20A RCW](#) *DSHS*
[Chapter 70.124 RCW](#) *Abuse of Patients*
[Chapter 71A RCW](#) *Developmental Disabilities*
[Chapter 74.34 RCW](#) *Abuse of Vulnerable Adults*

Reference: DSHS Administrative Policy 8.02, *Client Abuse Reporting*
DSHS Administrative Policy 9.01, *Incident Reporting*
DSHS Administrative Policy 9.03, *Administrative Review – Death of a Residential Client*
DSHS Administrative Policy 18.62, *Allegations of Employee Criminal Activity*
[DDA Policy 5.13](#), *Protection from Abuse: Mandatory Reporting*
[DDA Policy 5.15](#), *Use of Restrictive Procedures*
[DDA Policy 5.17](#), *Physical Intervention Techniques*
[DDA Policy 5.20](#), *Restrictive Procedures and Physical Interventions with Children and Youth*
[DDA Policy 7.05](#), *Mortality Reviews*
[DDA Policy 12.02](#), *RHC Incident Investigations*
Residential Care Services Nursing Home Guidelines

PURPOSE

This policy provides guidelines for employees of the Developmental Disabilities Administration (DDA) for timely reporting and management of serious and emergent incidents harming and/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, including State Operated Living Alternatives (SOLA) programs, Residential Habilitation Centers (RHC), Community Crisis Stabilization Services (CCSS), and all DDA volunteers, interns, and work study students.

DEFINITIONS

Administration means the Developmental Disabilities Administration (DDA).

Administrative Unit means the DDA regional field service office, RHC, SOLA, or CCSS.

Department means the Department of Social and Health Services (DSHS).

Work Day or **Working Day** means Monday through Friday, excluding state and federal holidays.

POLICY

- A. Serious and emergent incidents involving individuals receiving a paid service from DDA must be reported to DDA Central Office using the DDA Electronic Incident Reporting System.
- B. Each administrative unit within DDA must follow the procedures described in this policy for managing serious and emergent incidents.
- C. Each SOLA, RHC, and CCSS 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 reporting of events, situations, and circumstances above and beyond what is named in this policy.

PROCEDURES

A. Reporting to the Proper Authorities

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

Reports must be made immediately, including when using the electronic incident reporting system as a means to fulfill abuse/neglect mandatory reporting obligations.

B. Reporting within DDA

Regional Administrators (RA) and RHC Superintendents must ensure that serious and emergent incidents are reported per protocol described below and detailed under the *Incident Classification and Reporting Timelines* section. There are two reporting protocols:

- **ONE-HOUR PROTOCOL:** Incidents meeting this protocol require a phone call to DDA Central Office within one hour, followed by an electronic incident report within one work day. Staff should follow administrative unit protocol and also report directly to a supervisor and the RA/Superintendent within one hour of receiving the information. The RA/Superintendent will determine who will notify Central Office.
- **ONE-DAY PROTOCOL:** Incidents meeting this protocol require an electronic incident report within one work day.

Events not identified in the *Incident Classification and Reporting Timelines* section may be documented according to administrative unit procedures (e.g., Service Episode Record (SER) or client record).

1. All DDA Central Office reportable incidents must be electronically transmitted through the electronic Incident Reporting System within the timeframe listed under *Incident Classification and Reporting Timelines*; or
2. If the Incident Reporting System is down or inaccessible, incidents may be emailed or faxed using the [DSHS 20-192, Administrative Report of Incidents](#) form. Note: this form is available only on the DSHS Intranet website.
3. Field Services staff must complete an electronic incident report for the death of any:
 - a. No-paid services (NPS) client;
 - b. Birth to 3 client;
 - c. Specialized unit Medicaid client; or
 - d. Non-DDA eligible person identified as part of the Preadmission Screening and Resident Review (PASRR) process.

Note: Electronic incident reports are not required for other types of incidents.

Note: Any alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, and/or abandonment must be

reported to protective agencies or other authorities as described in DDA Policy 5.13 regardless of services or settings.

D. Reporting the Death of a Client

1. Document all known deaths to DDA Central Office as required per One-Hour or One-Day protocol. Ensure that that client's parent and/or legal guardian are notified immediately.
2. When there is reason to suspect that the death of a vulnerable adult was caused by abuse, neglect, or abandonment by another person, mandated reporters shall, pursuant to RCW 68.50.020, report the death to the medical examiner or coroner having jurisdiction, as well as the department and local law enforcement, in the most expeditious manner possible.
3. Conduct a review of deaths according to the guidelines contained in [DDA Policy 7.05](#), *Mortality Reviews*, and DSHS Administrative Policy 9.03, *Administrative Review - Death of a Residential Client*.

E. 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. Document Initial Actions and Planned Follow Up in the Incident Report
 - a. Document the initial actions taken, including specific actions intended to promote client health and welfare, in the "Planned Health and Welfare Actions" section. This should 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, and/or abandonment, specific actions planned to promote client health and welfare must be documented in the "Planned Health and Welfare Actions" section. Incidents meeting this criteria must not be marked as closed at this time.

- 1) Planned health and welfare actions are steps taken by the provider, the client, facility, family member, legal representative and/or DDA staff to promote the safety and well-being of the individual(s) involved in the incident.
 - 2) Health and welfare follow-up documentation should provide a description of services, staffing, referrals or actions taken by the provider, client, facility, family member, legal representative and/or DDA staff to promote the health and welfare of the client pending the outcome of the investigation(s). Examples may include a reconfiguration of a household, request for additional staffing, supervision plan put in place, referral to payee services, diversion placement, etc.
3. 30-Day Incident Report Follow-up
- a. For incidents involving alleged or suspected abuse, improper use of restraint, neglect, personal or financial exploitation and/or abandonment, DDA staff must follow up with the client, their legal representative and the service provider, when involved, within 30 days of the incident. DDA staff must document this contact in the incident report follow-up, and determine:
 - 1) If health and welfare actions have been taken as planned or if plans are moving forward as expected.
 - 2) If actions planned and taken have been appropriately implemented to the satisfaction of the client and their legal representative, 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 and/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.
 - 3) If planned health and welfare actions have not been implemented to the satisfaction of the client their legal representative, or DDA then:
 - a) Document in the incident follow-up report the actions planned to address the remaining health and safety concerns;

- b) Review and document completion of follow up actions no later than 90 days from incident complete date; and
 - c) Close the incident report no later than 90 days from incident complete date.
- b. Examples of follow-up documentation include, but are not limited to the following:
- 1) Updated Individual Instruction and Support Plan (IISP), Individual Support Plan (ISP), or Individual Habilitation Plan (IHP);
 - 2) Positive Behavior Support Plan (PBSP) development or revision;
 - 3) Cross System Crisis Plan (CSCP) development or revision;
 - 4) Technical assistance to the service provider; and
 - 5) Changes in service provider or client services as a result of the incident.
- c. Any activity beyond these timelines should be documented in the client's Service Episode Record (SER) or client record.

F. Regional and RHC Quality Assurance Responsibility

1. Regional and RHC Quality Assurance (QA) staff or their designees will ensure oversight systems are in place to:
 - a. Monitor for timely incident processing, including 30 day follow up and closure no later than 90 days following the incident complete date; and
 - b. Train new staff on the Incident Reporting System.
2. Regional and RHC QA staff will analyze significant incident data trends and areas of concern and report their analyses quarterly to the Incident Management Program Manager

G. DDA Central Office Quality Assurance Responsibility

1. The DDA Incident Report Review Committee will meet regularly to analyze statewide data and review serious/emergent incidents reported through the Incident Reporting System.

B. One Day Protocol Incidents

Submit a report through the Incident Reporting System within one working day of the DDA administrative unit becoming aware of any of the following:

1. Alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, and/or abandonment of a client by a DSHS employee, volunteer, licensee or contractor pursuant to [Chapter 74.34 RCW](#).
2. A client injury of unknown source when the injury raises suspicions of possible abuse or neglect because of:
 - a. The extent of the injury;
 - b. The location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma);
 - c. The number of injuries observed at one particular point in time;
 - d. Repeated incidents of unknown injuries over time; or
 - e. The client's condition.
3. 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.
4. Criminal activity by a client that results in a case number being assigned by law enforcement.
5. Alleged sexual abuse of a client (if not reported under Section A.5 above).
6. Client-to-client abuse as defined in RCW 74.34.035:
 - a. Injuries (e.g., bruising, such as bruises or 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;
 - d. Patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults; or

- e. If there is reasonable cause to believe that an act has caused fear of imminent harm.
7. Injuries of a known cause other than abuse/neglect that result in hospital admission.
 8. Missing Person: A client is considered “missing” under the following conditions:
 - a. If the client receives 40 or more Instruction and Support Services (ISS) hours per month and the client misses a scheduled appointment and cannot be contacted for two hours, unless the client’s service plan indicates a different time period;
 - b. The client receives 24/7 supervision and support and the client is out of contact with staff for more than two hours without prior arrangement (unless the client’s service plan indicates a different time period);
 - c. When law enforcement is contacted about a client and/or law enforcement independently finds and returns the client, regardless of the length of time the client was missing; or
 - d. When a community member or person not associated with the client independently locates a client, regardless of the length of time the client was missing.
- 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 not reported under ONE-HOUR PROTOCOL incidents.
 10. Inpatient admission to state or local psychiatric hospitals.
 11. Alleged or suspected abuse, abandonment, neglect, personal or financial exploitation by other non-client/non-staff screened in by APS or CPS for investigation.
 12. Criminal activity against clients by others resulting in a case number being assigned by law enforcement.
 13. Restrictive procedures implemented under emergency guidelines that are not described in an approved Positive Behavior Support Plan (PBSP), as described in [DDA Policy 5.15](#), *Use of Restrictive Procedures*, [DDA Policy 5.17](#), *Physical*

Intervention Techniques, [DDA Policy 5.20](#), Restrictive Procedures and Physical Interventions with Children and Youth.

14. Medication error which causes, or is likely to cause, injury or harm as assessed by a pharmacist, or medical or nursing professional.
15. Emergency medical hospital admissions.
16. Awareness that a client and/or the client's legal representative are contemplating permanent sterilization procedures.

EXCEPTIONS

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

SUPERSESSON

DDA Policy 12.01
Issued June 1, 2017

Approved: /s/ Donald Clintsman
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: September 1, 2017

Attachment A - *Incident Reporting Protocol*

Attachment B - *Guidelines for Completing Electronic Incident Reports*

ATTACHMENT A

Incident Reporting Protocol

PROTOCOL: ONE HOUR Phone call to DDA Central Office within 1 Hour followed by Electronic IR within 1 Working Day	PROTOCOL: ONE WORK DAY Electronic IR Database within 1 Working Day
<ol style="list-style-type: none"> 1. Known media interest or litigation must be reported to Regional Administrator/Superintendent & Central Office within 1 hour. If issue also meets other incident reporting criteria, follow with electronic IR within 1 working day 2. Death of any client at an RHC, SOLA, or CCSS 3. Suspicious or unusual death of a client 4. Natural disaster or other 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. Clients missing from CCSS, SOLA, or RHC 7. Injuries resulting from abuse/neglect or unknown origin requiring hospital admission 8. Client arrested with charges or pending charges for a violent crime 	<ol style="list-style-type: none"> 1. Alleged or suspected abuse, abandonment, neglect, exploitation, improper use of restraint, or financial exploitation of a client by a DSHS employee, volunteer, licensee or contractor 2. Client Injury of unknown origin (see Definitions) 3. Criminal activity perpetrated by a DSHS employee, volunteer, licensee, or contractor 4. Criminal activity by clients resulting in a case number being assigned by law enforcement 5. Alleged sexual abuse of a client not reported under column A 6. Client-to-client abuse as defined in RCW 74.34.035 7. Injuries of known cause (other than abuse) resulting in hospital admission 8. Missing person (see Definitions) 9. Death of a client not subject to 1 Hour reporting 10. Inpatient admission to state or local psychiatric hospitals 11. Alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, and/or abandonment by other non-client/non-staff screened in by APS or CPS for investigation 12. Criminal activity against clients by others resulting in a case number being assigned by law enforcement 13. Restrictive procedures implemented under emergency guidelines (see Definitions) 14. Medication error which causes or is likely to cause injury/harm as assessed by a medical or nursing professional 15. Emergency medical hospitalizations 16. Awareness that a client and/or the client's legal representative are contemplating permanent sterilization procedures

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?

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.