



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
Olympia, Washington

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TITLE: INCIDENT REPORTING AND MANAGEMENT POLICY 12.01

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Authority: 42 CFR 483.13 and 483.420  
[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 2.08, *Media Relations Policy*  
DSHS Administrative Policy 8.02, *Client Abuse*  
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*

## **PURPOSE**

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

## **SCOPE**

This policy applies to all DDA employees, including State Operated Living Alternatives (SOLA) programs, Residential Habilitation Centers (RHC), and all DDA volunteers, interns, and work study students.

## **DEFINITIONS**

**Administration** means the Developmental Disabilities Administration (DDA).

**CRM/SW** means the Developmental Disabilities Administration Case Resource Manager and/or the Social Worker or Social Service Specialist.

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

## **POLICY**

- A. Each Field Services Office, RHC, and SOLA program must follow the procedures described in this policy for managing serious and emergent incidents.
- B. Each Field Services Office, RHC, and SOLA program 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 abandonment, abuse, neglect, exploitation, or financial exploitation of children or vulnerable adults 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 described in Attachment A of this policy must be reported to DDA Central Office using the DDA Electronic Incident Reporting (IR) System. See DDA Policy 5.13, *Protection from Abuse: Mandatory Reporting*, for additional requirements and statutory definitions.
- B. **Reporting to the Proper Authorities**

DDA employees must ensure that Adult Protective Services (APS), Child Protective Services (CPS), the Residential Care Services Complaint Resolution Unit (CRU), law enforcement, emergency services, or the Designated Mental Health Professional (DMHP) have been notified as appropriate.
- C. **Reporting within DDA**

Regional Administrators (RA) and RHC Superintendents must ensure that serious and emergent incidents as described in Attachment A are reported to Central Office. Refer to

the *Definitions and Reporting Timelines* section of this policy for incident types. Events not identified in the *Definitions and Reporting Timelines* section may be documented in the Service Episode Record (SER).

1. **“Column A” incident types** must be reported directly to a supervisor and the 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 timeframe listed under *Definitions and Reporting Timelines*; or
4. If the IR System is down or inaccessible, incidents may be e-mailed or faxed using [DSHS 20-192](#), *Administrative Report of Incidents*. Note: this form is available only on the DSHS Intranet website.
5. Field Services staff are not required to complete electronic incident reports for no-paid services (NPS), Birth to 3, or specialized unit Medicaid clients, other than deaths. Note: Any alleged or suspected abuse, neglect, abandonment or financial exploitation must be reported to the proper authorities as described in Procedures A and B of this policy.

#### D. **Reporting the Death of a Client**

1. Document all known deaths to Central Office. Also report the death immediately to the client’s parent and/or legal representative and to the office of the county/city coroner or medical examiner and local law enforcement, as necessary.
2. 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 for Field Services**

1. Incident report (IR) follow up documentation is intended to:
  - a. Ensure initial actions have been taken and plans developed, as appropriate, to address health and safety concerns raised by the incident; and
  - b. For Field Services, to provide assurance that case management of critical incidents is occurring, as appropriate, at the time the initial report is received and follow up is documented for cases involving alleged abuse, neglect, exploitation or abandonment at or before thirty (30) days following the event.

2. Documenting Initial Actions and Planned Follow Up in the Incident Report
  - a. Document the initial actions taken and planned to promote the health and safety of clients in the “Planned Follow-up” section at the time the IR is initially entered and distributed.
  - b. For incidents that involve alleged or suspected abuse, neglect, exploitation or abandonment, the Case Resource Manager, Social Worker or Social Service Specialist (CRM/SW), as appropriate, must document the safety plan in the “Planned Follow up” section, but must not close the IR at this time.
    - i. A safety plan is the immediate action steps or safeguards that a residential services provider, the client, family member, legal representative or the CRM/SW are taking to promote the safety of the individual(s) involved in the incident until a long term solution is identified and implemented.
    - ii. A safety plan should provide a description of services, staffing, referrals or actions taken by the residential services provider, client, family member, legal representative or CRM/SW to promote the safety 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. Thirty (30) Day IR Follow-up Tickler through the Case Management Information System (CMIS)
  - a. The CRM/SW must follow up with the client, their legal representative and the residential services provider, when involved, at time of the thirty (30) Day Tickler. The CRM/SW must document follow up in the IR, including:
    - i. For incidents involving alleged or suspected abuse, neglect, exploitation or abandonment, determine and document whether health and safety actions have been taken or that plans are moving forward as expected.
    - ii. If the safety plan has been appropriately implemented to the satisfaction of the client, their legal representative, and DDA, close the IR at thirty (30) days.

- iii. If the safety plan has not been implemented or the client, their legal representative, or DDA believes actions taken or planned are insufficient:
  - a) Document the follow up steps planned to address the remaining health and safety concerns;
  - b) Review and document completion of follow up no later than ninety (90) days from incident “complete” date; and
  - c) Close the IR no later than ninety (90) days from incident “complete” date.
- b. Examples of case management and interdisciplinary team (IDT) follow up documentation include, but are not limited to, the following:
  - i. Updated Individual Instruction and Support Plan (IISP) or Individual Support Plan (ISP);
  - ii. Positive Behavior Support Plan (PBSP) development or revision;
  - iii. Cross System Crisis Plan (CSCP) development or revision;
  - iv. Training and Care Plan revisions (for Nursing Facilities);
  - v. Technical assistance to the service provider; and
  - vi. Changes in service provider or client services as a result of the incident.
- c. Case management activity beyond these timelines should be documented in the client’s Service Episode Record (SER).
- d. RHCs and SOLAs, as direct service providers, may use the IR System for more detailed or longer term documentation at the discretion of the RHC Superintendent or SOLA Program Manager.

#### **F. Incident Follow-up and Closure for RHCs**

- 1. RHCs must comply with federal regulations related to incident reporting, investigation and analysis.
- 2. Information about the incident, actions plans and follow up must include discussion with the RHC resident and their parent or legal representative.

**G. 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, including thirty (30) day follow up and closure no later than ninety (90) days following the incident complete date; and
  - b. Train new CRMs/SWs on the IR System.
2. Regional QA staff will analyze significant incident data trends and areas of concern and report their analyses quarterly to the DDA Office of Quality Programs and Stakeholder Involvement (OQPSI).

**G. Central Office Quality Assurance Responsibility**

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

**DEFINITIONS AND REPORTING TIMELINES**

This section defines and classifies Serious and Emergent Incidents (broadly described in DSHS Administrative Policy 9.01, *Incident Reporting*) into two (2) categories. The definitions and reporting timelines are as follows:

**A. Category A Incidents**

**Place a phone call to Central Office (CO) within one (1) hour followed by an Electronic IR within one (1) working day** of the region becoming aware of any of the following:

1. Known media interest or litigation (also report to the RA or their designee);
2. Death of any client at a RHC or SOLA;
3. Suspicious death of a client (i.e., suspicious or unusual; likely to result in investigation by law enforcement, APS, CPS, or RCS). For all other deaths, refer to section B.9 below;

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:  
  
*"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](#)).
6. Clients missing from a SOLA program or RHC in all cases where a missing person report is being filed with law enforcement. For all other missing clients, see Section B.8 below;
7. Client injuries resulting from abuse/neglect or of unknown origin requiring hospital admission; and
8. Client arrested with charges or pending charges for a violent crime as defined in [RCW 9.94A 030\(50\)](#).

**B. Category B Incidents**

**Submit a report through the IR System within one (1) working day** of the region becoming aware of any of the following:

1. Alleged or suspected abandonment, abuse, neglect, exploitation, or financial exploitation 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; or
  - d. Repeated incidents of unknown injuries over time.

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. 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).
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 forty or more (40+) hours of service per month and the client misses a scheduled appointment and cannot be contacted for two (2) hours, unless the client’s service plan indicates a different time period; or
  - b. The client receives 24/7 supervision and support and the client is out of contact with staff for more than two (2) hours without prior arrangement (unless the client’s service plan indicates a different time period); and
  - 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.

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 Category A).
10. Inpatient admission to state or local psychiatric hospitals.
11. Alleged or suspected abuse, abandonment, neglect, exploitation 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 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*. Restrictive interventions described in an approved Positive Behavior Support Plan (PBSP) are not considered emergency applications.
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.

### **EXCEPTIONS**

No exceptions to this policy may be granted without the prior written approval of the Deputy Assistant Secretary.

### **SUPERSESSSION**

DDD Policy 12.01  
Issued February 15, 2012

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

Date: November 15, 2013

Attachment A – *Reporting Timelines*  
Attachment B - *Guidelines for Completing Incident Reports*

## ATTACHMENT A

### DDA Policy 12.01 Reporting Timelines

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

## ATTACHMENT B

### GUIDELINES FOR COMPLETING 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)?

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 IR per DDA Policy 12.01 – Attachment A?
- Who was involved in the incident?
- Who witnessed the incident?
- Who has information related to the incident?
- What were the immediate actions taken for health and safety?
- Were approved plans, such as PBSP/IISP/CSCP, followed as written?

#### Planned Follow-up

- Document the actions, taken or planned, to promote the health and safety of the client (i.e., the safety plan)
- 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 suspected abuse, neglect, exploitation or abandonment, **do not close** the IR until Completion of the 30-day follow-up.

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

- Document whether planned follow-up actions were implemented and successful
- Are other actions needed?
- Follow-up contact with client and/or their legal representative **must** occur to ensure they are aware of/satisfied with follow-up actions taken.