



## DEVELOPMENTAL DISABILITIES ADMINISTRATION Olympia, Washington

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**TITLE:** INCIDENT MANAGEMENT AND REPORTING REQUIREMENTS FOR COUNTY AND COUNTY CONTRACTED PROVIDERS **POLICY 6.08**

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Authority:	<a href="#">Chapter 71A RCW</a> <a href="#">Chapter 26.44 RCW</a> <a href="#">Chapter 74.34 RCW</a> <a href="#">Chapter 388-825 WAC</a> <a href="#">Chapter 388-850 WAC</a>	<i>Developmental Disabilities Abuse of Children Abuse of Vulnerable Adults Developmental Disabilities Services County Plan for Developmental Disabilities</i>
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### **PURPOSE**

This policy establishes uniform reporting requirements and procedures for county and county-contracted providers regarding incidents that involve clients of the Developmental Disabilities Administration (DDA). This policy also addresses reporting allegations of suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, and abandonment. Incidents must be reported when they occur under the care or supervision of county and county-contracted service providers.

### **SCOPE**

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

### **DEFINITIONS**

See Attachment A for a list of terms that apply to this policy.

### **POLICY**

- A. Service provider administrators, owners, employees, contractors, volunteers, and interns who have reasonable cause to believe there has been abuse, improper use of restraint, neglect, personal or financial exploitation, or abandonment of a client must follow the requirements of Chapters [26.44 RCW](#) and [74.34 RCW](#) and make a report to the Department of Social and Health Services (DSHS).

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TITLE: INCIDENT MANAGEMENT AND REPORTING REQUIREMENTS FOR POLICY  
6.08

COUNTY AND COUNTY CONTRACTED PROVIDERS

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- B. An allegation or suspicion of sexual or physical assault must be reported to law enforcement as outlined in this policy.
- C. Client injuries of unknown origin and allegations of self-neglect must be reported as outlined in this policy.
- D. **Failure to report can result in disciplinary action.** Failure to report such incidents may result in termination of the service provider's contract. Failure to report is a gross misdemeanor under Washington State law ([RCW 74.34.053](#)). Any service provider employee, contractor, or volunteer found to have knowingly failed to report in his or her capacity as a mandated reporter will be reported to the appropriate law enforcement agency and may be prosecuted.
- E. If a service provider, an employee, contractor, or volunteer of a service provider is being investigated by Adult Protective Services (APS), Child Protective Services (CPS), Division of Licensed Resources (DLR), Residential Care Services (RCS) or law enforcement, the service provider must:
  - 1. Take appropriate actions to ensure the health and safety of DDA clients; and
  - 2. Take appropriate administrative action upon receipt of the investigation findings.
- F. Counties must designate a person responsible for communication in each DSHS region in which they hold a contract. Agencies and counties must cooperate with DDA staff regarding inquiries about incidents, incident follow up, and closure.

## **PROCEDURES**

- A. **Mandatory Reporting of Abuse, Improper use of Restraint, Neglect, Self-Neglect, Personal or Financial Exploitation, Abandonment**

Incidents must be reported as follows. Incidents must be reported when they occur under the care or supervision, or are reported to county staff or county-contracted service providers. Incidents do not need to be witnessed to be reported.

- 1. Report to Adult Protective Services (APS), Child Protective Services (CPS) or the RCS Complaint Resolution Unit (CRU) if there is reasonable cause to believe:
  - a. Abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment has occurred;
  - b. Any physical or sexual assault has occurred;

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**TITLE: INCIDENT MANAGEMENT AND REPORTING REQUIREMENTS FOR POLICY  
6.08**

**COUNTY AND COUNTY CONTRACTED PROVIDERS**

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- c. Physical or sexual abuse, neglect, or exploitation of a child has occurred; or
  - d. An act has caused fear of imminent harm.
2. Report to law enforcement if there is reason to suspect that any of the following has occurred against a DDA client:
  - a. Sexual assault;
  - b. Physical assault (non-client-to-client);
  - c. Any act that causes fear of imminent harm; or
  - d. Physical assault (client-to-client): Any alleged or suspected physical assault that causes bodily injury requiring more than first aid, or in the event of:
    - 1) Injuries, such as bruises or scratches, that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal areas;
    - 2) Fractures;
    - 3) Choking attempts;
    - 4) Patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults; or
    - 5) Any client-to-client assault, regardless of injury, if requested by the client, the client's legal representative, or family member.
3. Report to the coroner or medical examiner if there is reason to suspect that the death of a vulnerable adult was caused by abuse, neglect, or abandonment.  
See [RCW 74.34.035\(5\)](#).
4. Report to the Department of Health (DOH) if an individual with a certification or license through DOH:
  - a. Is the alleged perpetrator in an incident involving suspected abuse, neglect, exploitation; or
  - b. Has some other issue relating to their license or certification.

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TITLE: INCIDENT MANAGEMENT AND REPORTING REQUIREMENTS FOR POLICY  
6.08

COUNTY AND COUNTY CONTRACTED PROVIDERS

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B. **Incident Reporting Timelines**

1. Incidents must be reported to the county and DDA within the following required timelines.
  - a. One-hour protocol incidents must be reported to the county and the client's DDA Case Resource Manager (CRM) or social worker by phone within one hour of the reporter becoming aware of the incident, or as soon as client safety has been established. If the client's case resource manager or social worker cannot be reached, contact the regional designee. For after-hour incidents, use the emergency contact protocol. (The region shares the protocol annually, or more frequently if there are changes.) A written incident report must be submitted within one business day. One-hour protocol incidents include:
    - 1) Death of any client during the course of county or county-contracted services when suspicious or unexpected. In addition, submit [DSHS 10-331](#), *DDA Mortality Review Provider Report*, a copy of the client's plan (if applicable) and any other required documentation as identified on the Mortality Review Provider Report within 14 calendar days of the client's death.
    - 2) Conditions threatening the operation of the program. This may include a natural disaster.
    - 3) A missing client. A person who receives county or county-contracted services is considered missing when the provider becomes aware that the client has missed their scheduled work shift or appointment and cannot be contacted for two hours unless the client's support plan indicates an alternative time plan.
      - a) Clients receiving Community Protection Program (CPP) services are considered missing when they cannot be located for any length of time.
      - b) It is considered a reportable incident if law enforcement is contacted about a client or law enforcement independently finds and returns the client, regardless of the length of time the client was missing.
      - c) It is considered a reportable incident when a community member or person not associated with the client

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TITLE: INCIDENT MANAGEMENT AND REPORTING REQUIREMENTS FOR POLICY  
6.08

COUNTY AND COUNTY CONTRACTED PROVIDERS

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independently locates a client, regardless of the length of time the client was missing.

- 4) Injuries resulting from abuse or neglect, or of unknown origin, requiring hospital admission.
  - 5) Any event involving known media interest or litigation.
  - 6) Alleged or suspected sexual abuse of a client.
  - 7) Client is arrested with charges or pending charges for a violent crime as defined in [RCW 9.94A 030](#).
  - 8) Life-threatening, medically-emergent condition.
- b. **One-day protocol incidents require an incident report be sent to the county and DDA within one business day of the reporter becoming aware of the incident. One-day protocol incidents include:**
- 1) Death of any client during the course of county or county-contracted services not reported under One-Hour Protocol Incidents procedure. In addition, the provider must submit [DSHS 10-331, DDA Mortality Review Provider Report](#) a copy of their plan (as applicable), and any other required documentation as identified on the Mortality Review Provider Report within 14 calendar days of the client's death.
  - 2) Alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment of a client.
  - 3) Alleged or suspected criminal activity perpetrated against a client.
  - 4) Alleged or suspected criminal activity by a client resulting in:
    - a) A case number being assigned by law enforcement;
    - b) The client being taken into custody by law enforcement; or
    - c) For juveniles, detainment in a juvenile correctional facility.
  - 5) Mental health crisis resulting in inpatient admission to a community or state-operated psychiatric facility.

COUNTY AND COUNTY CONTRACTED PROVIDERS

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- 6) All injuries to a client resulting from the use of restrictive procedures or physical intervention techniques.
- 7) Serious injuries of known cause, not otherwise defined, that require medical treatment beyond first aid.
- 8) Hospital or nursing facility admission not otherwise defined.
- 9) Client-to-client abuse as defined in RCW 74.34.035, which includes:
  - a) An injury (e.g. bruising, such as bruises or scratches, etc.) that appears on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal areas;
  - b) A fracture;
  - c) A choking attempt;
  - 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.
- 10) 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](#) or [DDA Policy 5.17, Physical Intervention Techniques](#).
- 11) Serious treatment or court order violations including:
  - a) Court-ordered conditions of release; and
  - b) Community Protection Program treatment violations.
- 12) Suicide threats or attempts with the intent to take one's own life by someone with the capacity to do so.
- 13) Injuries of unknown origin when the injury raises suspicions of possible abuse or neglect due to:
  - a) The extent of the injury;

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**TITLE: INCIDENT MANAGEMENT AND REPORTING REQUIREMENTS FOR POLICY  
6.08**

**COUNTY AND COUNTY CONTRACTED PROVIDERS**

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- 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.
- 14) Awareness that a client or the client's legal representative are contemplating permanent sterilization procedures.

**C. Requirements to Protect Clients Following an Allegation**

1. County and county-contracted service providers must:
  - a. Support client health and welfare at all times; and
  - b. Take steps to ensure that an accused staff does not work unsupervised with clients until an investigation has been completed.
2. In some instances, the county or DDA may require an agency to restrict the accused staff member's access to any client. The county or DDA will make this request in writing. The service provider must respond in writing to the county or if the county provides services directly, to DDA to verify that the accused staff will not have any access to clients under the service provider's contract.
  - a. The accused staff member must not have access to clients until the county or DDA communicates otherwise to the service provider in writing.
  - b. If the service provider has completed an internal investigation, a report of the findings from the internal investigation must be sent to the county or DDA.

**D. Mandatory Reporting Requirements Form**

1. The service provider must have each administrator, owner, operator, employee, contractor, and volunteer read and sign DSHS 27-081, Employment and Day Program Services Providers: Mandatory Reporting of Abandonment, Abuse, Neglect, Exploitation or Financial Exploitation of a Child or Vulnerable Adult, upon hire and then annually thereafter.

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**TITLE: INCIDENT MANAGEMENT AND REPORTING REQUIREMENTS FOR POLICY  
6.08**

**COUNTY AND COUNTY CONTRACTED PROVIDERS**

---

2. The signed forms must be maintained in each individual's personnel file.
3. The service provider's policy and procedures manual must also include a blank copy of the form.

**D. Department Reporting Units**

1. **Reports of abuse, neglect, or mistreatment, involving children and youth under 18 years of age:**

DSHS Child Protective Services statewide number: 1-866-363-4276  
(1-866-ENDHARM)

2. **Reports involving adults 18 years and older receiving DDA-funded, DDA-operated residential services, or both:**

Residential Care Services (RCS) Complaint Resolution Unit (CRU): 1-800-562-6078; TTY 1-800-737-7931.

ALTSA online reporting tool: Report Concerns Involving Vulnerable Adults webpage

3. **Incidents that occurred in the community during county and county-contracted services or are suspected to have occurred:**

DSHS Adult Protective Services (APS):

<b>Region</b>	<b>County</b>	<b>APS Intake Contact</b>
1	Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman, Yakima	<b>Toll Free:</b> 1-800-459-0421 <b>TTY:</b> 1-509-568-3086 <b>Local:</b> 1-509-568-3717 <b>Fax:</b> 1-509-568-3699 <a href="mailto:R1APSIntake@dshs.wa.gov">R1APSIntake@dshs.wa.gov</a>
2	Island, King, San Juan, Skagit, Snohomish, Whatcom	<b>Toll Free:</b> 1-866-221-4909 <b>TTY:</b> 1-206-626-5710 <b>Local:</b> 1-206-341-7660 <b>Fax:</b> 1-206-626-5705 <a href="mailto:R2APSIntake@dshs.wa.gov">R2APSIntake@dshs.wa.gov</a>
3	Bremerton, Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason,	<b>Toll Free:</b> 1-877-734-6277 <b>TTY:</b> 1-360-664-9469 <b>Local:</b> 1-360-664-9109

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TITLE: INCIDENT MANAGEMENT AND REPORTING REQUIREMENTS FOR POLICY  
6.08  
COUNTY AND COUNTY CONTRACTED PROVIDERS

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	Pacific, Pierce, Skamania, Thurston, Wahkiakum	<b>Fax:</b> 1-360-664-9103 <a href="mailto:R3APSIntake@dshs.wa.gov">R3APSIntake@dshs.wa.gov</a>
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**EXCEPTIONS**

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

**SUPERSESSION**

DDA Policy 6.08  
Issued August 1, 2015

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

Date: October 1, 2017

Attachment A - *Definitions*

Attachment B - *Clarifying Examples of Abuse, Neglect, and Financial Exploitation*

Attachment C – *Incident Reporting Timelines*

## **ATTACHMENT A**

### **DEFINITIONS - GENERAL**

**ALTSA** means the Aging and Long Term Support Administration.

**Adult Protective Services (APS)** means the ALTSA Home and Community Services (HCS) Division office that conducts investigations of reported incidents and may offer protective services to the alleged adult victim.

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

**Child Protective Services (CPS)** means the DSHS Children's Administration unit that takes a report of abuse, neglect, abandonment or exploitation, conducts the investigation, and may offer protective services if the alleged victim is under 18 years of age.

**Client** means a person eligible for DDA services.

**Complaint Resolution Unit (CRU)** means the Residential Care Services (RCS) Division unit that takes a report of abandonment, abuse, neglect, exploitation or financial exploitation when the alleged victim is in Supported Living (SL), Group Home, Group Training Home services or resides in a licensed facility.

**Division of Licensed Resources (DLR)** means the DSHS Children's Administration division that licenses out-of-home settings. DLR staff is also responsible to investigate reported licensing concerns when there has been a violation or allegation of violation of minimum licensing requirements. This includes group home providers, licensed staffed residential settings, and/or staff working at these facilities.

**Good faith** means a state of mind indicating honesty and lawfulness of purpose.

**Injury of Unknown Origin** means an injury that was not observed directly by the staff person and the injury is determined to not be reasonably related to the client's condition, diagnosis, known and predictable interaction with surroundings, or related to a known sequence of prior events.

**Mandated reporter** means an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator or an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; employees of domestic violence programs; Christian Science practitioner; or healthcare provider subject to [Chapter 18.130 RCW \[RCW 74.34.020\]](#). Refer to [RCW 26.44.030](#) for a list of individuals with a duty to report child abuse or neglect.

**Reasonable cause to believe** means that the reporter, in making a report of abuse or neglect, acts with good faith intent, judged in light of all the circumstances then present.

## **ATTACHMENT A**

**Reporting to the County** means reporting to the county that the provider contracts with for services.

**Reporting to DDA** means reporting to the assigned Case Manager or Social Worker, unless specifically noted otherwise.

**Residential Care Services (RCS)** means the ALTSA division responsible for the licensing and oversight of adult family homes, assisted living facilities, nursing facilities, residential habilitation centers, and certified residential programs. RCS conducts provider practice investigations of abandonment, abuse, neglect, exploitation, or financial exploitation.

### **DEFINITIONS – CHILDREN (RCW 26.44.020)**

**Child or Children** means any person younger than 18 years of age.

**Abuse or neglect** means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under [RCW 9A.16.100](#); or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child.

**Negligent treatment or maltreatment** means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety, including but not limited to conduct prohibited under [RCW 9A.42.100](#). When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment, or maltreatment. Poverty, homelessness, or exposure to domestic violence as defined in [RCW 26.50.010](#) that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself.

**Sexual exploitation** includes: allowing, permitting, or encouraging a child to engage in prostitution by any person; or allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person.

### **DEFINITIONS - VULNERABLE ADULTS (RCW 74.34.020)**

**Abandonment** means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

**Abuse** means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental

## ATTACHMENT A

abuse, physical abuse, personal exploitation of a vulnerable adult, and improper use of restraint, which have the following meanings:

- **Sexual abuse** means any form of nonconsensual sexual conduct 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, who is not also a resident or client, of a facility or a staff person of a program authorized under [Chapter 71A.12 RCW](#), and a vulnerable adult living in that facility or receiving service from a program authorized under [Chapter 71A.12 RCW](#), whether or not it is consensual.
- **Physical abuse** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding..
- **Mental abuse** means any willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, intimidating, yelling, or swearing.
- **Personal Exploitation** means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.
- **Improper use of Restraint** means or the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

**Chemical restraint** means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

**Facility** means a residence licensed or required to be licensed under Chapter 18.20 RCW, assisted living facilities; Chapter 18.51 RCW, nursing homes; Chapter 70.128 RCW, adult family homes; Chapter 72.36 RCW, soldiers' homes; or Chapter 71A.20 RCW, residential habilitation centers; or any other facility licensed or certified by the department.

**Financial exploitation** means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by another person or entity for any person's or entity's profit or advantage other than the vulnerable adult's profit or advantage. Financial exploitation includes, but is not limited to:

## ATTACHMENT A

- (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;
- (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or
- (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

**Mechanical restraint** means any device attached or adjacent to the vulnerable adult's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are (a) medically authorized, as required, and (b) used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW.

**Neglect** means (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, including but not limited to conduct prohibited under [RCW 9A.42.100](#).

**Physical restraint** means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does not include (a) briefly holding without undue force a vulnerable adult in order to calm or comfort him or her, or (b) holding a vulnerable adult's hand to safely escort him or her from one area to another.

**Self-neglect** means the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult's physical or mental health, and the absence of which impairs or threatens the vulnerable adult's well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.

## **ATTACHMENT A**

**Vulnerable adult** means a person 18 years of age or older who:

- (a) Is 60 years of age or older who has the functional, mental, or physical inability to care for himself or herself; **or**
- (b) Is found incapacitated under [Chapter 11.88 RCW](#); **or**
- (c) Has a developmental disability as defined under [RCW 71A.10.020](#); **or**
- (d) Is admitted to a licensed facility (i.e., boarding home, nursing home, adult family home, soldiers' home, residential habilitation center, or any other facility licensed by DSHS); **or**
- (e) Is receiving services from home health, hospice or home care agencies licensed or required to be licensed under [Chapter 70.127 RCW](#); **or**
- (f) Is receiving services from an individual provider; **or**
- (g) Self-directs his or her own care and receives services from a personal aide under [Chapter 74.39 RCW](#).

## **ATTACHMENT B**

### **CLARIFYING EXAMPLES OF ABUSE, NEGLECT, FINANCIAL EXPLOITATION, AND SELF-NEGLECT**

The following examples, which are not all-inclusive, are provided to assist staff in identifying suspected or actual abuse, neglect, exploitation, and self-neglect. **While many examples are straightforward, others may be less obvious and need to be considered in a larger context.**

**A. Physical Abuse:**

- Biting
- Choking
- Kicking
- Pinching
- Pushing
- Shaking (especially a child under three years of age)
- Shoving
- Prodding
- Slapping
- Striking with or without an object
- Twisting limbs (joint torsion)
- Causing or willfully allowing the person to do bodily harm to themselves or
- Causing or willfully allowing another client to physically harm them
- Controlling a person through corporal punishment
- Not allowing the client to eat, drink, or care for physical needs such as elimination
- Retaliation following a physical attack, verbal abuse or other unwelcome action by a client
- Using excessive force when restraining an agitated client

**B. Sexual Abuse:**

- Any sexual contact between staff or volunteer of a facility and a client, whether or not it is consensual
- Inappropriate or unwanted sexual touching including but not limited to:
  - Fondling
  - Intercourse
  - Oral sex
  - Rape
  - Sodomy
- Sexual coercion
- Sexual harassment
- Sexually explicit photographing, filming, or videotaping
- Showing, selling, or otherwise distributing pornographic materials

**C. Mental Abuse:**

- Coercion
- Harassment

## **ATTACHMENT B**

- Inappropriately isolating a vulnerable adult from family, friends, or regular activity
- Making derogatory or disparaging remarks about a person and his or her family in front of the person or within hearing distance of any client
- Oral, written, or gestural language threatening harm or intended to frighten clients
- Verbal assault such as ridicule, intimidation, yelling, or swearing

**D. Neglect:**

- 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
- An act or omission by a person or entity with a duty of care 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, which may include but not limited to:
  - Abandoning a client in situations where other persons, objects or the environment may injure the client
  - Allowing the physical environment to deteriorate to the point that a client is subject to hazardous situations, such as electrical, water, and structural hazards
  - Failure to promptly respond to medical emergencies or requests for medical treatment
  - Failure to follow prescribed treatments Failure to attend to clients in hostile or dangerous situations
  - Failure to supervise which results in a client wandering, missing or running away
  - Willful failure to protect the client from physical abuse by another client or staff
  - Willful failure to protect a child from sexual contact with another child

**E. Exploitation (Including Personal and Financial):**

- Using clients to perform work that should be done by paid employees
- Using client financial resources for personal gain or for activities not related to client care

**F. Self-neglect:**

Vulnerable adults who neglect themselves are unwilling or unable to do needed self-care. This can include such things as:

- Not eating enough food to the point of malnourishment
- Living in filthy, unsanitary, or hazardous conditions
- Refusing urgent medical care or a pattern of declining necessary medical care

## ATTACHMENT C

### **DDA INCIDENT REPORTING TIMELINES**

**See policy text for complete definitions.**

<b>Phone call to County and Regional Office within One Hour followed by written Incident Report within One Business Day (A)</b>	<b>Written Incident Report within One Business Day (B)</b>
<ol style="list-style-type: none"><li><b>1. Suspicious or unusual death of a client</b></li><li><b>2. Natural disaster or other conditions threatening the operations of the program or facility</b></li><li><b>3. Missing Client</b></li><li><b>4. Injuries resulting from abuse or neglect or unknown origin resulting in hospital admission</b></li><li><b>5. Known media interest or litigation</b> must be reported to Regional Administrator within 1 hour. If issue also meets other incident reporting criteria, follow with written IR within 1 working day.</li><li><b>6. Alleged or suspected sexual abuse of a client</b></li><li><b>7. Client arrested</b> with charges or pending charges for a violent crime</li><li><b>8. Life-threatening medically emergent condition</b> life-threatening conditions that cannot be classified as injuries and that require treatment by emergency personnel or inpatient admission</li></ol>	<ol style="list-style-type: none"><li><b>1. Death of a client (not suspicious or unusual)</b></li><li><b>2. Alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, and/or abandonment of a client</b></li><li><b>3. Alleged or suspected criminal activity perpetrated against a client</b></li><li><b>4. Alleged or suspected criminal activity by a client</b></li><li><b>5. Inpatient admission to a state or community psychiatric hospital</b></li><li><b>6. Injuries to a client resulting from the use of restrictive procedures or physical intervention techniques</b></li><li><b>7. Injuries of known cause</b> (other than abuse) that required medical treatment beyond first aid</li><li><b>8. Hospital or nursing facility admission</b></li><li><b>9. Client-to-client abuse</b></li><li><b>10. Restrictive procedures implemented under emergency guidelines</b></li><li><b>11. Serious treatment violations</b></li><li><b>12. Suicide gestures or attempts</b></li><li><b>13. Suspicious injury (of unknown origin)</b></li><li><b>14. Awareness that a client or the client's legal representative is contemplating permanent sterilization procedures</b></li></ol>