

Greene Arc, Inc.

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other provisions of OAPSA that applied only to adults age 60 and above, Act 13 applied to adults age 18 and above who were considered “care-dependent” individuals and to individuals under age 18 if they resided in a facility serving individuals over 18. Employees or administrators of a covered Entity reported suspected abuse incidents to the local Area Agency on Aging (AAA), where indicated, to the Pennsylvania Department of Aging and to local law enforcement, pursuant to Chapter 7 of the OAPSA. These requirements existed in addition to the reporting procedures contained in this Bulletin. In 2002, the OAPSA was further amended by the Elder Care Payment Restitution Act.

The Elder Care Payment Restitution Act (35 P.S. §§ 10226.101-10226.107)

The Elder Care Payment Restitution Act eliminated the requirements of Act 13 for which suspected abuse of individuals with Intellectual and Developmental Disability under the age of 60 was reported to the Area Agency on Aging, and in some cases, to the Department of Aging. This Act became effective February 9, 2003.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191)

HIPAA and the applicable regulations at 45 CFR Parts 160 and 164 (Privacy Rule) established a set of national standards for the protection of personal health information. The Privacy Rule addresses the use and disclosure of individuals’ health information or “protected health information” by organizations subject to the Privacy Rule or “covered Entities.” The Privacy Rule establishes standards for individuals’ rights to understand and control how their personal health information is used. The U.S. Department of Health and Human Services, Office of Civil Rights is responsible to implement and enforce the Privacy Rule.

Greene Arc, Inc. will report and investigate any incidents as appropriate and file reports with the funding Agencies such as OVR, School District, etc.

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ATTACHMENT I

FAMILIES

Greene Arc, Inc. provides support to the following areas:

- Vocational Training Services
- Adult Training Facility Services
- Supported Employment
- Employment Services
- Residential Community Group Homes
- Advocacy
- Semi-Independent Living
- Respite Care
- Psych Rehabilitation
- Mental Health Peer Specialists
- Representative Payee
- Agency Transportation Services

Greene Arc, Inc. joins families in concern about the health and safety of their relatives, who receive supports and services through its licensed and funded programs. This policy specifies the process for Greene Arc, Inc. to report and investigate incidents that jeopardize the health and safety of individuals receiving services. In addition to the requirements placed on those providing and overseeing services, Greene Arc, Inc. also relies on families to report incidents that may affect the family member's health and safety.

This attachment to the policy provides an easy guide for families of individuals who receive supports and services both out of the home and in the family's home.

Notification to Families

Family members of individuals who receive services outside the family home have a right to receive timely, accurate and complete information regarding their relative's health and safety.

Unless otherwise indicated by your family member receiving services outside the family home:

- You will be notified of any reportable incidents.
- You will be notified within twenty-four (24) hours of occurrence or when they are discovered.

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- You will be notified of the outcome of any investigation when it is complete.

Notification of Incidents by Families

- 1) If a family member observes or suspects abuse, neglect or any inappropriate conduct, whether services are provided out of the home or in the home, they should contact the County Supports Coordinator and may also contact ODP directly at 1-888-565-9435.
- 2) In the event of a death, the family is to notify the Supports Coordinator. The Supports Coordinator assumes the role of the Point Person, as described in this manual.

When Services Are Provided in the Family's Home

An increasing number of individuals are supported in their own homes or the homes of their families. When services are provided in the home of an individual or his/her family:

- 1) Provider employees or their contract Agents are to report incidents involving the individual receiving services that occur when they are present in the house.
- 2) Greene Arc, Inc. or their contract Agents report possible abuse of which they become aware regardless of whether they are present at the time or whether it involves a paid caregiver.
- 3) If the families observe inappropriate conduct, they should contact the Supports Coordinator to initiate an Incident Report or they may also contact ODP directly at 1-888-565-9435.

When a family reports questionable conduct that may constitute abuse, an investigation is to be conducted by a Certified Investigator. Families are encouraged to cooperate to assure fairness and accuracy of the report.

When the Family is the Provider of Service

When a family member is the Provider (i.e., is identified in the individual plan as the Provider), and is receiving remuneration, all incidents needing investigation by the Provider are to be reported to the Supports Coordinator, who will initiate an Incident Report.

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In the event that the family Provider is the target of an investigation, the family Provider may request that the County assign a Certified Investigator, unrelated to the target, that is also a family member of a person with Intellectual and Developmental Disability.

When Individuals and Families Purchase Community Service

Greene Arc, Inc. supports individuals in OVR, GED, Community Integration, Area Agency on Aging, etc. If families or others become aware of abuse or neglect involving such Entities or organizations, a report of the incident is to be made to their Supports Coordinator or ODP at 1-888-565-9435.

Families and individuals may purchase service from community organizations and individual people who are not licensed or otherwise regulated by ODP, who have no contractual relationship with the County and who are, therefore, not covered by this bulletin. These include such Entities as YM/WCA's, community recreational programs, adult education programs and clubs. If individuals or family members become aware of abuse or neglect involving such Entities or organizations, a report of the incident is to be made to their Supports Coordinator or ODP at 1-800-565-9435.

Incidents Involving Children 18 and Under

Currently, Greene Arc, Inc. doesn't support any persons under the age of 18. If Greene Arc, Inc. were to provide services to underage clients, then the local police would become involved as well as the Supports Coordinator with any act of abuse or neglect which constitutes criminal conduct under the Child Protective Services Law.

Reporting Deaths

Death of a family member can be an emotionally trying time, and the sympathies of the people who are responsible to administer supports and services must be extended to family members at such times. Family members are to notify the Supports Coordinator of the death of an individual receiving service as soon as possible.

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ATTACHMENT II

**PENNSYLVANIA DEPARTMENT OF HEALTH LIST OF REPORTABLE DISEASES
(Pa. Code, Title 28, Chapter 27)**

1) AID (Acquired Immune Deficiency Syndrome)	26) Malaria
2) Amebiasis	27) Measles
3) Animal Bite	28) Meningitis – All types
4) Anthrax	29) Meningococcal Disease
5) Botulism	30) Mumps
6) Brucellosis	31) Pertussis (Whooping Cough)
7) Campylobacteriosis	32) Plague
8) Cancer	33) Poliomyelitis
9) Chlamydia Trachomatis Infections	34) Psittacosis (Ornithosis)
10) Cholera	35) Rabies
11) Diphtheria	36) Reye’s Syndrome
12) Encephalitis	37) Rickettsial Disease (incl. Rocky Mtn. Spotted Fever)
13) Food Poisoning	38) Rubella (German Measles) & Congenital Rubella Syndrome
14) Giardiasis	39) Salmonellosis
15) Gonococcal Infections	40) Shigellosis
16) Guillain-Barre Syndrome	41) Syphilis – All Stages
17) Haemophilus Influenza Type B Disease	42) Tetanus
18) Hepatitis, Non-A, Non-B	43) Toxic Shock Syndrome
19) Hepatitis Viral, incl. Type A and B	44) Toxoplasmosis
20) Histoplasmosis	45) Trichinosis
21) Kawasaki Disease	46) Tuberculosis – All Forms
22) Legionnaires Disease	47) Tularemia
23) Leptospirosis	48) Typhoid II
24) Lyme Disease	49) Yellow Fever
25) Lymphogranuloma Venereum	

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Please note that the list of legally reportable diseases in Pennsylvania is subject to change (work is in progress to modify the regulation to match more recent public health policy and science). Also, please note that certain broad categories such as #13 (“Food Poisoning”) and #28 (“Meningitis – all types”) should be construed to mean all such illnesses, even if the etiology is either not otherwise listed here, or a specific etiology cannot be determined. Similarly, acute Hepatitis C infections should be reported under the authority of #18 (“Hepatitis Non-A, Non-B”) and Ehrlichiosis should be reported under the authority of #37 (“Rickettsial Diseases”). And finally note that local jurisdictions may require reports of additional conditions not listed within their jurisdictions.

In addition to the diseases listed above, CDE requests the voluntary reporting of either laboratory identification of, or illness caused by, the following pathological agents: (1) E. coli 0157:H7 and other verotoxin-producing (enterohemorrhagic) E. coli, (2) Cryptosporidium, (3) Cyclospora, (4) Hantavirus, (5) Hemolytic uremic syndrome (a likely marker of infection with verotoxin-producing E. coli), (6) Invasive disease due to Group A Streptococcus (such as necrotizing gastritis, but not pharyngitis) and (7) *Listeria monocytogenes*.

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ATTACHMENT III

VICTIMS ASSISTANCE PROGRAM

Victims Assistance programs and services are resources available to assist individuals physically, emotionally, financially, medically and legally when the individual is abused or neglected or a victim of a crime. Individuals may access many resources available through Victims Assistance programs even if they do not intend to file criminal charges or proceed within the criminal justice system.

- Victims have the right to access Victims Assistance programs and services at any time. Individual Support Plan (ISP) team members should offer Victims Assistance directly to the individual. Direct assistance means that the victim is present when options are discussed and offered. Victimization should not be taken lightly, as any type of incident can cause emotional, psychological, physical, financial and behavioral consequences for individuals. Signs of trauma from an incident may or may not be present immediately after an event. Victims Assistance should be offered more than once to ensure that individuals have the full opportunity to process an event and decide the support(s) they wish to access.
- In Pennsylvania, there is a strong network of Victims Assistance programs, sometimes called “Victim/Witness Units” that can provide help to victims after abuse, neglect, financial exploitation, domestic violence, sexual assault, simple and aggravated assault, harassment, theft and homicide. Some programs are based in the criminal/juvenile justice system and aid victims as their cases move through those systems. Other programs are provided by community-based nonprofits, including domestic violence shelters and rape crisis centers, which offer services regardless of whether a victim pursues charges or if the case moves forward for prosecution. All Victims Assistance services are free.
- Many of the supports available to victims of abuse, neglect or a crime include an advocate. Victims Assistance programs employ specialized advocates to carry out the functions related to their organization. A victim may work with multiple advocates depending on identified needs.
- Victims have the right to effective communication through supports, such as interpreter services, language line, sign language interpreters and TTY capabilities.

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- The most common providers of Victims Assistance are local rape crisis centers, domestic violence centers and the Office of Victims Services.

Community-Based Victims Services

Community-based Agencies, such as domestic violence shelters and rape crisis centers, can provide services regardless of whether the victim decides to press charges or if the crime goes through the criminal justice system. Every county in Pennsylvania is covered by domestic violence and rape crisis programs. Some counties also have a general, nonprofit Agency that provides services to all crime victims.

Services Offered by Domestic Violence Shelters

- **Confidential Hotlines**
 - Available 24 hours a day, 365 days a year
 - Provide counseling, crisis intervention, support, information and referrals
- **Shelter**
 - 24-hour emergency shelter
 - Safe homes
 - Transitional housing
- **Counseling**
 - Empowerment counseling
 - Options counseling (identifies victim choices, assesses risks and benefits)
 - Safety planning (assessment of risk and danger, strategies for enhancing safety, identification of potential resources)
 - Support groups
- **Advocacy**
 - Legal advocacy (legal options, preparation and assistance with Protection From Abuse (PFA) forms and filings)
 - Medical advocacy (based in hospitals, clinics)
 - Children's advocacy (counseling, therapeutic art, music and play for children in shelters)
 - Accompaniment (legal services, court proceedings, other Service Providers)
- **Economic Support**
 - Aid in obtaining cash assistance and employment training
 - Help with securing safe, affordable, permanent housing
 - Job training and identification of employment opportunities

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Services Offered by Rape Crisis Centers

- Free and confidential crisis counseling, 24 hours a day
- Prevention education programs for schools, organizations and other public groups
- Services for the victim's family, friends, partner or spouse
- Information and referrals to other services in the victim's area
- Advocates that are available to accompany victims of sexual violence, rape or incest to medical facilities, the police station and court
- Advocates that can intervene or act on behalf of the victim's wishes or needs and assist in navigating the processes within the medical, police and court systems

System-Based Victim Service Agencies (Victim/Witness Programs, Office of Victims Services)

Each county in Pennsylvania has a program that provides services to victims of crime if the case proceeds through the criminal justice system. These programs are usually located in the County's District Attorney's Office or the Juvenile Probation Office. Once charges are filed, someone from the County program that provides services to victims of crime will usually be in contact with the victim to initiate services. Information provided to the victim may include the following:

- The victim's rights as a crime victim
- How to register for an offender release notification
- How to receive notification of the right to provide input regarding any release of the alleged perpetrator
- The victim's right to receive compensation
- How to find an advocate
- How to obtain counseling or therapy
- How the legal process works
- How to register for court notifications
- How to receive notification of the alleged perpetrator's escape, recapture or any custody change
- How to arrange for court accompaniment
- Assistance with the victim impact statements
- An explanation of post-sentencing/dispositions
- How to obtain medical advocacy and accompaniment
- How to receive notification of execution

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RESOURCES:

The National Domestic Violence Hotline

1-800-799-SAFE (7233)

TTY: 1-800-787-3224

PA Coalition Against Domestic Violence (PCADV)

1-800-932-4632

TTY: 1-800-553-2508

www.pcadv.org

National Sex Abuse Hotline

1-800-656-HOPE (4673)

PA Coalition Against Rape

1-800-692-7445

www.pcar.org

To see a listing of programs by county, visit the Pennsylvania Office of Victims Services website:

<http://pcv.pccd.pa.gov>.

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APPENDIX J

INCIDENT MANAGEMENT CONTINGENCY PLAN

In the event that the Department's information management system is unavailable, the submission of incidents is to occur by completing the *Services for Individuals with an Intellectual Disability or Autism Incident Report* form, specifically pages 1 and 2 of Attachment 5 of this policy. The reason why the incident is not entered in the Department's information management system should be included on the form. All incidents submitted using this form must be entered into the Department's information management system as soon as possible after resolution of the issue(s) that prevented entry. Submit via fax to the appropriate office.

CONTACT INFORMATION:

ODP Regional Office

Fax Numbers:

Northeast Region: (570) 963-3177
Southeast Region: (215) 560-3043
Central Region: (717) 772-6483
Western Region: (412) 565-5479

ODP Regional Office

Phone Numbers:

Northeast Region: (570) 963-4749
Southeast Region: (215) 560-2245
Central Region: (717) 772-6507
Western Region: (412) 565-5144

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APPENDIX K

STANDARDIZED INCIDENT REPORT

FIRST SECTION (completed within 24 hours)

The First Section is to include the following information:

DEMOGRAPHICS (pre-populated from EIM demographics)

- Name of the individual involved/affected by the incident
- Individual's Base Service Unit (BSU) number
- County of registration
- Gender
- Individual's date of birth
- IDD diagnosis
- Home address of the individual
- Living arrangement of the individual
- Name and address of the reporting Entity
- Location where the incident occurred
- Name of the Point Person

CATEGORIZATION

- Date and time the incident was recognized/discovered
- Primary and secondary category of the incident
- Determination if an investigation is required or desired
- Name of the Certified Investigator assigned, if the incident requires investigation

HEALTH AND SAFETY ASSURANCE

- Description of the immediate and subsequent steps taken by the Point Person or other representatives of the Provider to ensure the individual's health, safety and response to the incident, including date, time and by whom those steps were taken.
- If the individual is not registered with a County IDD/BH Program, the report is to list the county or state where the person is/was a resident.

INCIDENT DESCRIPTION

Narrative description of the incident completed by staff or other person(s) who were present when the incident occurred or who discovered that an incident had occurred.

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FINAL SECTION (completed within 30 days)

The reporting Entity will complete the Final Section of the Incident Report within 30 days from the date of the incident or of the date the Provider learns of the incident (unless an extension has been made). The Final Section will retain all of the preceding information from the First Section and will add:

- Name of the Initial Reporter
- Name of the individual's Supports Coordinator (pre-populated)
- Whether CPR was administered
- Whether abdominal thrusts were administered
- If 911 was called, the time, date and person who called
- If the incident involves an illness or injury, the name of the Practitioner/facility by whom the individual was treated initially, the date and time of the initial contact with a Healthcare/Medical Practitioner, the nature/content of the initial treatment/evaluation and the nature of, date of, time of and Practitioner involved in any subsequent treatments, evaluations
- In the event of a death, indication if the individual was in hospice care, had a diagnosis of terminal illness, if a "Do Not Resuscitate" order was in effect, if the coroner was contacted, if an autopsy has been or will be performed
- Identification of all persons to whom the incident notification has been (or will be) submitted (i.e., family, law enforcement Agency), the date the notification has been made and the person who has/will notify the necessary parties
- Update of incident description, as needed
- Specific description of any injury received by the individual
- Present status of the individual in reference to the incident
- Identification of other persons who may have witnessed or been directly involved in the incident
- Specific signs and symptoms of any illness (acute or chronic) which may be contributory to the incident
- Any relevant background information on the individual, including medical history and diagnoses
- Date on which the investigation began, if required
- Summary of the investigator's findings and conclusions, if required
- If the incident involves an allegation of abuse or neglect, the conclusion reached on the basis of the investigation (i.e., the allegation is confirmed, not confirmed, inconclusive) and the status of the target

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Providers may summarize the narrative description, but the written statements of the person(s) directly involved are to be available for review, if needed.

Description of the steps taken by the Provider in response to the conclusions reached as a result of the investigation:

- If the incident involves an injury of unknown origin, confirmation of the cause (if one has been identified) and steps taken to prevent recurrence.
- Description of any changes in the individual's plan of support necessitated by or in response to the incident.
- Verification by the Provider that all necessary corrective actions have been identified.
- If any corrective action cannot/has not been completed by the time the Final Section is submitted, the expected date of completion must be provided along with the identity of the person responsible for carrying the extended action through to completion.
- If the nature of the incident requires contact with local law enforcement, the name and department/office of the person(s) contacted, the date of the contact, the name of the person who initiated the contact and a description of any steps taken by law enforcement officials.
- If the individual has been hospitalized, the date of admission, name of the hospital, the admitting diagnosis(es), indication if the admission was from the emergency room, what occurred during the hospitalization, change in voluntary/involuntary status, the date of discharge, the discharge diagnosis(es), an indication that the Hospital Discharge Instructions were provided, what changed after discharge, current status and any plans for subsequent medical follow-up.
- If the individual is deceased, the Final Section is to be supplemented by a hard copy of the following:
 - a. Lifetime medical history
 - b. Copy of the death certificate
 - c. Autopsy Report, if one has been completed
 - d. Discharge Summary from the final hospitalization if the individual died while hospitalized
 - e. Results of the most recent physical examination
 - f. Most recent health and medical assessments
 - g. Name of the family member notified of the results of the investigation, if required
 - h. The incident classification the Provider believes is most appropriate
 - i. The date and time the Provider believes is most appropriate

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After final submission by the Provider, the County and ODP will perform a management review and close the incident.

Documents that are not immediately available must be forwarded to the appropriate parties (County and/or ODP Regional Office) as they become available. If, after attempting to acquire the document, it is determined to be unobtainable, the expecting party will be notified.

Incident Management Bulletin Category and 55 Pa. Code §§6100.401-6100.402 Crosswalk

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Abuse	Physical	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Abuse	Psychological	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Abuse	Misapplication/Unauthorized use of restraint (injury)	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Abuse	Misapplication/Unauthorized use of restraint (no injury)	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Abuse	Seclusion	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Behavioral Health Crisis Event	Community Based Crisis Response	Law enforcement activity that occurs during the provision of a service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual.	Not applicable

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Behavioral Health Crisis Event	Facility Based Crisis Response	Law enforcement activity that occurs during the provision of a service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual.	Not Applicable
Behavioral Health Crisis Event	Immediate Arrest and Incarceration Crisis Response	Law enforcement activity that occurs during the provision of a service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual.	Not Applicable
Behavioral Health Crisis Event	Psychiatric Hospitalization (involuntary)	Inpatient admission to a hospital	Not Applicable
Behavioral Health Crisis Event	Psychiatric Hospitalization (voluntary)	Inpatient admission to a hospital	Not Applicable
Death	Natural Causes - Services Provided	Death	Death that occurs during the provision of a service

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Death	Unexpected - Services Provided	Death	Death that occurs during the provision of a service
Death	Natural Causes - Only Supports Provided	Death	Not Applicable
Death	Unexpected - Only Supports Provided	Death	Not Applicable
Exploitation	Misuse/Theft of Funds	Theft or misuse of individual funds	Theft or misuse of individual funds.
Exploitation	Failure to Obtain Informed Consent	Exploitation	Exploitation
Exploitation	Material Resources	Exploitation	Exploitation
Exploitation	Medical Responsibilities/ Resources	Exploitation	Exploitation
Exploitation	Missing/Theft of Medications	Exploitation	Exploitation
Exploitation	Room and Board	Exploitation	Exploitation
Exploitation	Unpaid Labor	Exploitation	Exploitation

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Fire	Fire with Property Damage	Fire requiring the services of the fire department. This provision does not include false alarms.	Not Applicable
Fire	Fire with Property Damage	Fire requiring the services of the fire department. This provision does not include false alarms.	Not Applicable
Law Enforcement Activity	Individual charged with a crime/under police investigation	Law enforcement activity that occurs during the provision of a service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual.	Not Applicable

Incident Management Bulletin Incident Primary and Secondary Categories				55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category		
Law Enforcement Activity	Licensed service location crime	Law enforcement activity that occurs during the provision of a service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual.	Not Applicable		
Missing Individual	In Jeopardy	An individual who is missing for more than 24 hours or who could be in jeopardy if missing for any period of time.	Not Applicable		
Neglect	Failure to provide medication management	Neglect	Neglect		
Neglect	Failure to provide needed care	Neglect	Neglect		
Neglect	Failure to provide protection from hazards	Neglect	Neglect		
Neglect	Failure to provide needed supervision	Neglect	Neglect		
Neglect	Moving violation	Neglect	Neglect		

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Passive Neglect	Inability to provide necessities	Neglect	Not Applicable
Passive Neglect	Inability to provide medical/personal care	Neglect	Not Applicable
Rights Violation	Civil/Legal	A violation of individual rights	A violation of individual rights
Rights Violation	Communication	A violation of individual rights	A violation of individual rights
Rights Violation	Health	A violation of individual rights	A violation of individual rights
Rights Violation	Privacy	A violation of individual rights	A violation of individual rights
Rights Violation	Services	A violation of individual rights	A violation of individual rights
Rights Violation	Unauthorized Restrictive Procedure	A violation of individual rights	A violation of individual rights
Self-Neglect	Medical	Neglect	Not Applicable
Self-Neglect	Environmental	Neglect	Not Applicable
Self-Neglect	Personal Care/Nutrition	Neglect	Not Applicable
Self-Neglect	Other	Neglect	Not Applicable

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Serious Illness	Chronic/Recurring	Inpatient admission to a hospital	Not applicable
Serious Illness	New	Inpatient admission to a hospital	Not applicable
Serious Injury	Injury Accidental	Injury requiring treatment beyond first aid	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
Serious Injury	Injury Self-Inflicted	Injury requiring treatment beyond first aid	Not applicable
Serious Injury	Injury Unexplained	Injury requiring treatment beyond first aid	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
Serious Injury	Medical Equipment Failure/ Malfunction	Injury requiring treatment beyond first aid	Not applicable
Serious Injury	Choking	Injury requiring treatment beyond first aid	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Serious Injury	Pressure Injury (Decubiti, Pressure Ulcer, Pressure Sore, Bedsore)	Injury requiring treatment beyond first aid.	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
Sexual Abuse	Rape	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Sexual Abuse	Sexual Harassment	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Sexual Abuse	Unwanted Sexual Contact	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Sexual Abuse	Other	Abuse, including abuse to an individual by another individual.	Abuse, including abuse to an individual by another individual.
Site Closure	Infestation	Emergency closure	Not Applicable
Site Closure	Loss of Utilities	Emergency closure	Not Applicable
Site Closure	Natural disaster/weather related	Emergency closure	Not Applicable
Site Closure	Structural	Emergency closure	Not Applicable
Site Closure	Other	Emergency closure	Not Applicable

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Suicide Attempt	Injury/illness that required medical intervention	A physical act by an individual in an attempt to complete suicide	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
Suicide Attempt	No injury/illness that required medical intervention	A physical act by an individual in an attempt to complete suicide	Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
Physical Restraint	Provider Emergency Protocol	Use of a restraint	Not Applicable
Physical Restraint	Human Rights Team Approved Restrictive Intervention	Use of a restraint	Not Applicable
Medication Error	Wrong Medication	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Medication Error	Wrong Dose	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable
Medication Error	Wrong Time	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable
Medication Error	Wrong Route	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable
Medication Error	Wrong Form	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable
Medication Error	Wrong Position	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable

Incident Management Bulletin Incident Primary and Secondary Categories		55 Pa. Code § 6100.401 Types of Incidents	55 Pa. Code § 6100.402 Incident Investigation
Primary Category	Secondary Category	Pa. Code Reporting Category	Pa. Code Investigation Category
Medication Error	Wrong Technique/Method	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable
Medication Error	Omission	A medication error as specified in § 6100.466 (relating to medication errors), if the medication was ordered by a health care practitioner.	Not Applicable



Incident Report

Services for Individuals with an Intellectual Disability or Autism
55 Pa. Code Chapters 2380, 2390, 6100, 6400, and 6500

Enterprise Incident Management (EIM) users should use this form only if unable to report an incident through the EIM system.
The Incident Report must be entered into EIM when access to EIM can be established.

DATE OF SUBMISSION (MM/DD/YYYY)	SECTION OF INCIDENT BEING REPORTED <input type="checkbox"/> FIRST SECTION <input type="checkbox"/> FIRST AND FINAL SECTION
NAME OF LEGAL ENTITY	VPI # / EIN #

INITIAL REPORT TO BE SUBMITTED WITHIN 24 HOURS OR 72 HOURS OF DISCOVERY OF THE INCIDENT		
INDIVIDUAL INFORMATION		
INDIVIDUAL FIRST AND LAST NAME	MCN #	DATE OF BIRTH (MM/DD/YYYY)
ADDRESS OF THE INDIVIDUAL:		
MENTAL HEALTH AND INTELLECTUAL DISABILITY COUNTY	FUNDING AGENCY	
REGION	PAYER / PROGRAM ENROLLMENT	
STAFF PERSON WHO DISCOVERED THE INCIDENT		
ORGANIZATION NAME	VPI # AND SERVICE LOCATION ID #	
NAME OF STAFF PERSON WHO DISCOVERED THE INCIDENT	PHONE NUMBER:	
INCIDENT CLASSIFICATION		
DISCOVERY DATE AND TIME (MM/DD/YYYY)	OCCURRENCE DATE AND TIME (MM/DD/YYYY)	
TYPE OF INCIDENT (PRIMARY CATEGORY)	TYPE OF INCIDENT (SECONDARY CATEGORY IF APPLICABLE)	
ASSIGNED DEPARTMENT - CENTER'S INCIDENT INVESTIGATOR, IF APPLICABLE		
INCIDENT REFERRED TO THE APPROPRIATE PROTECTIVE SERVICES AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AGENCY THE INCIDENT WAS REFERRED TO	
IF NO, PLEASE EXPLAIN		



Incident Report

Services for Individuals with an Intellectual Disability or Autism
55 Pa. Code Chapters 2380, 2390, 6100, 6400, and 6500

INCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED PRIOR TO, DURING, AND AFTER THE INCIDENT, INCLUDING DATES, TIMES, AND ALL PEOPLE INVOLVED INCLUDING STAFF. INDICATE THE CURRENT STATUS OF THE INDIVIDUAL.

ACTIONS TAKEN TO PROTECT HEALTH, SAFETY, AND RIGHTS

DESCRIBE THE ACTIONS TAKEN TO PROTECT THE HEALTH, SAFETY, AND WELL-BEING OF THE INDIVIDUAL (INCLUDE ADMINISTRATIVE, HEALTH/SAFETY, TREATMENT, AND TARGETED INDIVIDUAL ACTIONS TO ADDRESS THE INCIDENT TO DATE INCLUDING SUPPORTS OFFERS ETC)

WAS THE INDIVIDUAL SEPARATED FROM THE PERSON WHO CAUSED THE INCIDENT?

YES

NO

IF NO, PLEASE EXPLAIN:



Incident Report

Services for Individuals with an Intellectual Disability or Autism
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FINAL REPORT TO BE SUBMITTED WITHIN 30 DAYS OF DISCOVERY OF THE INCIDENT	
WITNESS INFORMATION	
WITNESS (FIRST NAME AND LAST NAME):	WITNESS RELATIONSHIP TO THE INDIVIDUAL:
WITNESS (FIRST NAME AND LAST NAME):	WITNESS RELATIONSHIP TO THE INDIVIDUAL:
WITNESS (FIRST NAME AND LAST NAME):	WITNESS RELATIONSHIP TO THE INDIVIDUAL:
INFORMATION ABOUT THE PERSON WHO CAUSED THE INCIDENT (IF APPLICABLE)	
PERSON WHO CAUSED THE INCIDENT (IDENTIFIER)	PERSON'S RELATIONSHIP TO THE INDIVIDUAL:
NOTIFICATION INFORMATION	
PERSON NOTIFIED (FIRST NAME AND LAST NAME):	DATE NOTIFIED (MM/DD/YYYY):
PERSON NOTIFIED (FIRST NAME AND LAST NAME):	DATE NOTIFIED (MM/DD/YYYY):
PERSON MAKING CONTACT (FIRST NAME AND LAST NAME):	
ADDITIONAL DETAIL ABOUT THE INCIDENT	
PROVIDE ADDITIONAL DETAILS DISCOVERED ABOUT THE INCIDENT SINCE THE INCIDENT WAS INITIALLY REPORTED, IF APPLICABLE.	



Incident Report

Services for Individuals with an Intellectual Disability or Autism
55 Pa. Code Chapters 2380, 2390, 6100, 6400, and 6500

ACTIONS TAKEN TO PROTECT HEALTH, SAFETY, AND RIGHTS

DESCRIBE THE ACTIONS THAT HAVE BEEN TAKEN TO PROTECT THE HEALTH, SAFETY, AND WELL-BEING OF THE INDIVIDUAL SINCE THE INITIAL REPORT (INCLUDING ADMINISTRATIVE, HEALTH/SAFETY, TREATMENT, AND TARGETED INDIVIDUAL ACTIONS TO ADDRESS THE INCIDENT TO BARE (INCLUDING SUPPORTS OFFERED))

CORRECTIVE ACTION DESCRIPTION

DESCRIBE THE CORRECTIVE ACTION TAKEN IN RESPONSE TO THE INCIDENT AND TO PREVENT RECURRENCE (INCLUDING THE DATE COMPLETED AND THE PERSON RESPONSIBLE FOR COMPLETION)

PROVIDER INVESTIGATION

ENTER THE PRIMARY INVESTIGATORY QUESTION

SUMMARY OF INVESTIGATOR'S FINDINGS

INDICATE PROVIDER INVESTIGATION DETERMINATION

CONFIRMED NOT CONFIRMED INCONCLUSIVE NA

HAS THE FAMILY/GUARDIAN BEEN NOTIFIED OF THE OUTCOME OF THE INVESTIGATION?

YES NO

IF NO, PLEASE EXPLAIN