

**Greene Arc, Inc.**  
Policy and Procedure Manual

**891 Incident Reporting Policy & Procedures Manual**



**INCIDENT REPORTING  
POLICY AND PROCEDURE MANUAL**

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**§ 6000.902 Purpose**

The purpose of this policy is to specify the guidelines and procedures for the incident management process. The incident management process is a subset of a larger risk management process. Incident policies, procedures, training, response and reporting are all important components of the incident management process. Combined with other areas of risk assessment, such as employee injuries, complaints, satisfaction surveys and hiring practices, incident management is an essential component of a comprehensive quality management process.

All individuals who receive support and service authorized by a County Intellectual and Developmental Disability Program, and/or who receive supports and service from licensed facilities, are covered under this policy.

Anyone who receives funds from the Intellectual and Developmental Disability system, either directly or indirectly, to provide supports or services for individuals authorized to receive services for a County Intellectual and Developmental Disability Program and employees of facilities licensed by the Department of Human Services, Office of Intellectual and Developmental Disability (ODP), are to report incidents as defined within this policy.

Following the processes outlined in this policy will satisfy the incident reporting requirements of Title 55 PA Code Public Welfare for the following chapters:

- Chapter 20 – Licensor or Approval of Facilities and Agencies
- Chapter 2380 – Adult Training Facilities
- Chapter 2390 – Vocational Facilities
- Chapter 6400 – Community Homes for Individuals with an Intellectual Disability Disability or Autism
- Chapter 6500 – Family Living Homes
- Chapter 6600 – Intermediate Care Facilities for Persons with Intellectual and Developmental Disability

This Policy establishes processes that will protect the health and safety, enhance the dignity and protect the rights of individuals receiving supports and services. The processes include uniform practices for:

- Building organizational policies and structures to support incident management
- Timely and appropriate action in response to incidents
- Reporting of incidents
- Investigation of incidents

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- Taking corrective action in response to incidents that both mitigate risk(s) and decrease the chance of a future occurrence of a similar incident
- Implementing quality management, risk management and incident management processes for the analysis and interpretation of individual and aggregate incident data

This Policy is applicable to individuals or families who are their own Providers. Specific application is covered in Attachment I.

In addition to the ODP reporting processes, reporting requirements of other laws, regulations and policies must be followed.

#### **Background:**

The primary goal of the Office of Developmental Programs (ODP) incident management system is to ensure that when an incident occurs, or is suspected or alleged to have occurred, the response to the incident protects and promotes and health, safety and rights of the individual.

- Greene Arc, Inc. will adhere to the incident management bulletins #00-01-15 and #00-21-02.
- Greene Arc, Inc. will assure that at least two (2) Certified Investigators are employed and/or available for conducting investigations.
- Greene Arc, Inc. will identify at least four (4) Point Persons to serve in the reporting capacity and notify all employees of their contact information.
- Greene Arc, Inc. uses the incident management process and have trained staff.

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**POINT PEOPLE** are the people you report an incident or alleged incident to. They will be responsible for filing the report on-line to **EIM**.

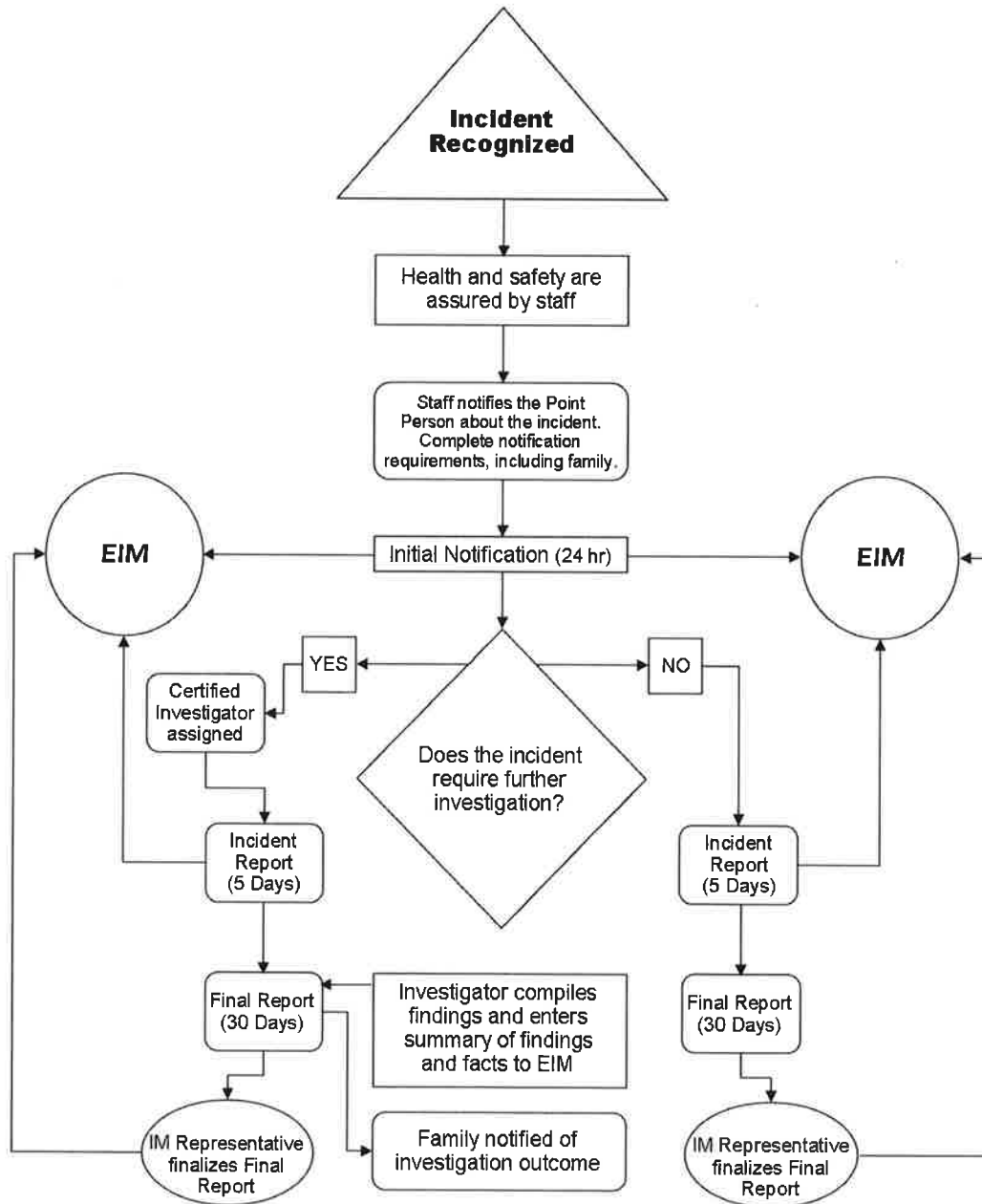
<b>MARY KEIM</b>	Work: 724-627-5511, ext. 116	Cell: 724-757-5064
<b>SANDRA KETCHEM</b>	Work: 724-966-7483	Cell: 724-998-5438
<b>JANIE PHILLIPS</b>	Work: 724-966-7402	Cell: 724-998-5079
<b>KIM TROUT</b>	Work: 724-499-5470	Cell: 724-710-4950
<b>PATRICIA ARTHUR</b>	Work: 724-627-5511, ext. 114	Cell: 724-998-1332
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<b>HEATHER SHAFFER</b>	Work: 724-627-5511, ext. 106	
<b>JULIE MILLER</b>	Work: 724-627-5511, ext. 125	
<b>KIM THOMPSON</b>	Work: 724-627-5511, ext. 121	

**CERTIFIED INVESTIGATORS** are the people who have been trained and received a certificate in investigation from DHS.

<b>MARY KEIM</b>	Work: 724-627-5511, ext. 116	Cell: 724-757-5064
<b>KIM TROUT</b>	Work: 724-499-5470	Cell: 724-710-4950
<b>JANINE WILEY</b>	Work: 724-966-7483	
<b>KIM THOMPSON</b>	Work: 724-627-5511, ext. 121	
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**POINT PERSON REPORTABLE FLOW CHART**



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**§ 6000.904 Definitions**

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

- Department – The Department of Human Services
- EIM – Enterprise Incident Management
- ODP – The Office of Developmental Programs

**RESPONSIBILITY FOR REPORTING/INVESTIGATING**

**§ 6000.911 Providers**

- 1) Employees, contracted Agents and volunteers of Greene Arc, Inc. covered within the scope of this subchapter are to respond to events that are defined as an incident in this subchapter. When an incident is recognized or discovered by Greene Arc, Inc., prompt action is to be taken to protect the individual's health, safety and rights. The responsibility for this protective action is assigned to a Greene Arc, Inc. Initial Reporter and Point Person. The protection may include dialing 911, escorting to medical care, separating the perpetrator, calling ChildLine, arranging for counseling and referring to a Victim Assistance Program. Unless otherwise indicated in the Individual Support Plan, the Greene Arc, Inc. Point Person or designee is to inform the individual's family within 24 hours (or within 72 hours for medication error and restraint) of the occurrence of an incident and to also inform the family of any investigation and the outcome of the investigation.
- 2) After taking all appropriate actions following an incident to protect the individual, Greene Arc, Inc. is to report all categories of incidents, alleged incidents and suspected incidents and complete an investigation as necessary whenever:
  - (a) Services are rendered by the Provider;
  - (b) An incident involves a target, the alleged target is within the scope of the Provider to investigate, which includes employees, staff, volunteers, contractors, consultants, interns and other individuals receiving services from the Provider. (55 Pa. Code §§ 2380.17, 2390.18, 6100.401, 6400.18, 6500.20)

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- 3) When a Provider becomes aware of an incident that is outside of the scope of its responsibility to report, the Provider must:
  - (a) Ensure prompt action is taken to protect the individual's health, safety and rights;
  - (b) Contact the individual's SC to report the incident;
  - (c) Provide the necessary information to the SC to ensure that the incident is able to be reported in the Department's information management system; and
  - (d) Collaborate with the SC to develop and implement corrective actions as a result of the incident and investigation, as it applies to the delivery of service by the Provider.
- 4) When multiple Providers learn of an incident, the Provider rendering services for the individual at the time the incident occurred must report the incident and begin any required investigation within 24 hours. If it cannot be reasonably determined which Provider was rendering service at the time of the incident, all Providers who are aware of the incident should report and investigate the incident.
- 5) If, during an investigation, the Certified Investigator assigned by Greene Arc, Inc. determines that an alleged perpetrator is not an employee, a volunteer or an individual receiving services from the Provider, the Certified Investigator is to complete the investigation summary in the EIM incident management application stating the reason why the investigation could not be concluded. The Certified Investigator is to review the protective action taken by the Agency and ensure communication with County staff occurs outside of EIM to alert the County that appropriate interventions may be needed to protect the individual.
- 6) In addition, employees, contracted Agents or volunteers of Greene Arc, Inc. are to report deaths, alleged abuse or neglect when they become aware of such incidents, regardless of where or when these incidents occur. If the death, alleged abuse or neglect occurred beyond Provider's responsibility, as specified in § 6000.911(b)(1)-(3) (relating to Providers), Greene Arc, Inc. is not to report the incident in EIM but instead, should give notice of the incident outside of EIM, to the individual's Supports Coordinator.



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- 7) Any person, including the victim, shall be free from intimidation, discriminatory, retaliatory or disciplinary actions exclusively for the reporting or cooperating with a Certified Investigation. These individuals have specific rights as defined by the Whistleblower Law (43 P.S. §§ 1421-1428) and the Older Adults Protective Services Act (35 P.S. § 10225.5102). See Appendix F (relating to related laws, regulations and policies).

#### **§ 6000.912 Individuals and Families**

- 1) If an individual or family member observes or suspects any health or safety concerns (that may or may not be defined as an incident) or any inappropriate conduct related to a service or support the individual is receiving, whether occurring in the home or out of the home, they should contact the Provider and/or the individual's Supports Coordinator. In the event of the death of an individual, the family should notify the Supports Coordinator. They may also contact the Intellectual Disabilities Customer Service Line directly from 8:30am to 4:00pm Monday through Friday at 1-888-565-9435. As specified, the Supports Coordinator will either inform Greene Arc, Inc. of the incident or file an Incident Report. Once informed by the Supports Coordinator, Greene Arc, Inc. is subsequently responsible to take prompt action to protect the individual, complete an investigation, as necessary and file an Incident Report.
- 2) When an individual or the individual's Representative arranges his/her own supports through a payment agent or intermediary service organization and an incident occurs, the individual, the individual's family (or their Representative) is to inform the Provider (when it is appropriate) or the Supports Coordinator that the incident has occurred. The Provider or Supports Coordinator will take prompt action to protect the individual, ensure a Certified Investigator is assigned, as necessary and file an Incident Report in EIM.

#### **§ 6000.913 County Behavioral Health/Intellectual and Developmental Disability Programs**

- 1) When an individual or a family member informs their Supports Coordinator that an event has occurred that can be defined as an incident and there is a relationship, as specified in § 6000.911(b)(1)-(3) (relating to Providers), the Supports Coordinator is to immediately notify Greene Arc, Inc., rendering the support or service. Greene Arc, Inc. is

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responsible for taking prompt action to protect the individual, completing an investigation, as necessary and filing an Incident Report in EIM.

- 2) When an individual or a family member informs the Supports Coordinator of an event that can be categorized as abuse or neglect, as defined and there is no relationship as specified in § 6000.911(b)(1)-(3), the Supports Coordinator will take prompt action to protect the individual. Once the individual's health and safety are assured, the Supports Coordinator will ensure a Certified Investigator is assigned, as necessary and will file an Incident Report in EIM.
- 3) When a family member of an individual informs the individual's Supports Coordinator of the death of the individual, the Supports Coordinator will determine if a report has been filed by Greene Arc, Inc. If Greene Arc, Inc. is not required to file the report, the Supports Coordinator will file an Incident Report in EIM.
- 4) In some circumstances, County Intellectual and Developmental Disability Program staff may be required to report incidents. County staff are to report deaths and incidents of alleged abuse or neglect when Greene Arc, Inc. or Supports Coordinator relationships do not currently exist or, in circumstances when the process for reporting or investigating incidents described in this subchapter for Providers or Supports Coordination Entities compromises objectivity.
- 5) If a County Incident Manager or designee is informed that a Greene Arc, Inc. Certified Investigator suspects that abuse or neglect is occurring beyond the authority of Greene Arc, Inc. to investigate, the County is to take all available action to protect the health and safety of the individual. The County may need to employ the resources of law enforcement, ChildLine, Area Agency on Aging, counselors or other Protective Service Agencies to protect the individual.

**REPORTABLE INCIDENTS**

**§ 6000.921 Categories of Incidents**

The following are the categories of incidents to be responded to by staff that is knowledgeable about incident management processes and protecting individuals. After the immediate health and safety assurances have been met, these incidents are to be reported in EIM. The categories

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are divided into those that must be reported within 24 hours of discovery or recognition and those that are to be reported within 72 hours.

- 1) For the incidents that require reporting within 24 hours, the first section of the Incident Report must be completed in EIM within 24 hours. The first section includes a minimum data set (individual and Provider demographics, action taken to protect the individual and description of the incident and the category of incident). The final section of the Incident Report includes additional information about the incident, any required investigation and corrective actions. The final section is to be completed within 30 days of recognition or discovery of the incident.
- 2) The second set of incidents requires reporting within 72 hours of recognition or discovery. These incidents are reported using abbreviated data entry screens in EIM.
- 3) When multiple individuals associated with a Provider/Entity are involved in certain primary categories or secondary categories (or both) of incidents, the incident can be reported using a site report. Only those events designated in the list of reportable incidents as a site report may be filed in this manner. An individual who is part of a group involved in a site report, and is injured, must have a separate individual report completed using the proper classification.
- 4) Providers, Supports Coordination Entities, Counties and ODP must be vigilant to report any incident where there is a suspected crime to law enforcement. When an individual is allegedly abused, neglected or the victim of a crime, the individual is to be offered the support of a Victims Assistance Program. See Appendix G (relating to Victims Assistance Programs).

**§ 6000.922 Incidents to be reported within 24 hours**

All incident categories (with the exception of medication errors and physical restraints) shall be reported in the Department's information management system within 24 hours (55 Pa. Code §§ 2380.17, 2390.18, 6100.401, 6400.18, 6500.20).<sup>3</sup> Incidents include suspicions, allegations and actual occurrences of harm. Incidents must be reported regardless of the actual or perceived harm to the individual.

- 1) **Abuse** – Abuse is a deliberate or careless act by a person, including another individual receiving services, which may result in mental or physical harm.

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- (a) **Misapplication/Unauthorized Use of Restraint (injury)** – The use of a restraint that does not follow ODP’s regulatory requirements, the misapplication of an approved restraint technique or the use of a restraint that results in an injury requiring treatment beyond first aid. Examples include, but are not limited to the following, all of which are prohibited:
- Prone position physical restraints
  - Any physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor
  - Any physical restraint that is used more than 30 cumulative minutes within a two-hour period
  - Chemical restraints
  - Mechanical restraints
- (b) **Misapplication/Unauthorized Use of Restraint (no injury)** – The use of a restraint that does not follow ODP’s regulatory requirements or the misapplication of an approved restraint technique. Examples include, but are not limited to the following, all of which are prohibited:
- Prone position physical restraints
  - Any physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor
  - Any physical restraint that is used more than 30 cumulative minutes within a two-hour period
  - Chemical restraints
  - Mechanical restraints
- (c) **Physical** – An act which causes, or may cause, physical injury to an individual, such as striking or hitting. Physical injuries may or may not be present with physical abuse. Allegations of physical acts without obvious signs of injury must be reported. Monitoring or body checks may be necessary to look for signs of injury after initial discovery of the incident. In addition, injuries attributed to a staff person, or another individual receiving services, that require treatment beyond first aid or an inpatient admission to a hospital are to be reported as abuse.

If the incident involved an injury, common examples of situations that may be present with physical abuse include, but are not limited to:

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- A patterned bruise, no matter its size, that is in the shape of an identifiable object such as a belt buckle, shoe, hanger, fingermark, etc.
  - Unexplained serious injuries or multiple bruises, cuts or abrasions.
  - A spiral fracture.
  - Dislocated joints.
  - Bilateral bruising, which is bruising on both sides of the body (i.e., the top of both shoulders, both sides of the face or inside of both thighs).
  - Bruising to an area of the body which does not typically or easily bruise (i.e., mid line stomach, breasts, genitals, inner thighs or middle of the back).
  - Injuries that are not consistent with what is reported to have happened.
  - Injuries explained as caused by self-injury to parts of the body the individual has not previously injured or cannot access.
- (d) **Psychological** – An act which causes, or may cause, mental or emotional anguish by threat, intimidation, humiliation, isolation or other verbal or nonverbal conduct to diminish another. Examples include, but are not limited to:
- Bullying, rejecting, degrading and terrorizing acts.
  - Disregard for privacy during personal care.
  - Paid caregiver ignoring an individual including, but not limited to:
    - Active ignoring (that is not part of an approved plan), such as ignoring a call or request for help/assistance.
    - Passive acts, such as non-essential use of a cellphone (or other electronic device), watching TV, etc.
  - Threats of isolation.
  - Yelling, name-calling, blaming and shaming.
  - Mimicking or mocking an individual's voice, speech, behaviors, etc.
  - Statements that are intended to humiliate or infantilize, including insults, threats of abandonment or institutionalization and other controlling, dominant or jealous behavior.
  - The act of taking, transmitting, or displaying an electronic image (in any medium including social media, personal computers, cell phones, etc.) of an individual that is intended to shame, degrade, humiliate or otherwise harm the personal dignity of the individual.
  - When an individual witnesses an incident for which they were not the intended victim, but it causes or has caused mental or emotional anguish.

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(e) **Seclusion** – The involuntary confinement of an individual in an area from which the individual is prevented from leaving. This includes verbal instruction or any explicit or implicit intimidation that indicates to an individual that they may not leave a room, regardless of whether the individual has the ability to physically remove himself or herself from the situation.

Examples include, but are not limited to the following prohibited acts:

- Placing an individual in a locked room. A locked room includes a room with any type of engaged locking device such as a key lock, spring lock, bolt lock, foot pressure lock, device or object or a person physically holding the door shut.
- Placing an individual in a room from which they are unable to exit independently due to the general accessibility of the room (i.e., wheelchair ramps, transitions, etc.), features of the door hardware (i.e., handles that do not meet the accessibility needs of the individual) or any other obstacle that prevents an individual from exiting.

2) **Behavioral Health Crisis Event** – An event or situation that exceeds the individual's current resources and coping mechanisms that causes the individual to experience extreme disorganization of thought, hopelessness, sadness, confusion, panic or other emotional distress. The event includes action(s) by an individual that pose a danger to themselves or others and are unable to be mitigated without the assistance of law enforcement, mental health or medical services.

(a) **Community-Based Crisis Response** – An event in which law enforcement or emergency services respond to and resolve without transport to another location for intake, assessment or treatment.

(b) **Facility-Based Crisis Response** – An event in which law enforcement or emergency services respond to and an individual is transported to a psychiatric facility, including crisis facility or the psychiatric department of an acute care hospital for evaluation or treatment that does not result in an admission.

(c) **Immediate Arrest and Incarceration Crisis Response** – An event in which law enforcement responds to a behavioral health crisis event and arrests, charges and incarcerates an individual without first obtaining a mental health evaluation/admission at a facility designated to provide such services.

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- (d) **Psychiatric Hospitalization (involuntary)** – An involuntary inpatient admission to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital for evaluation or treatment.
  - (e) **Psychiatric Hospitalization (voluntary)** – A voluntary inpatient admission to a psychiatric facility, including crisis facility, or the psychiatric department of an acute care hospital for evaluation or treatment.
- 3) **Death** – All deaths are reportable. Deaths attributed to, or suspected to have been the result of abuse or neglect, require additional reporting in the appropriate corresponding category. In addition, any critical incidents that are discovered during an investigation into a death require additional reporting in the appropriate corresponding category.
- (a) **Natural Causes: Services Provided** – Primarily attributed to a terminal illness or an internal malfunction of the body not directly influenced by external forces. For example, a person who has been diagnosed with cancer and is receiving hospice services or when a do not resuscitate (DNR) order is in place. A death should be reported in this category if it occurs while an individual is enrolled in a Waiver program or ACAP or is receiving services in a Provider-operated setting.
  - (b) **Unexpected: Services Provided** – An unexpected death is primarily attributed to an external unexpected force acting upon the individual. Deaths attributed to events such as car accidents, falls, homicide, choking and suicides would be considered unexpected. A death should be reported in this category if it occurs while an individual is enrolled in a Waiver program or ACAP or is receiving services in a Provider-operated setting.
  - (c) **Natural Causes: Only Supports Provided** – Primarily attributed to a terminal illness or an internal malfunction of the body not directly influenced by external forces. For example, a person who has been diagnosed with cancer and is receiving hospice services or when a DNR order is in place.
  - (d) **Unexpected: Only Supports Provided** – An unexpected death is primarily attributed to an external, unexpected force acting upon the individual. Deaths attributed to events such as car accidents, falls, homicide, choking and suicides would be considered unexpected.

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- 4) **Exploitation** – An act or course of conduct by a person against an individual or an individual’s resources without informed consent or with consent obtained through misrepresentation, coercion or threats of force, which results in monetary, personal or other benefit, gain or profit for the target, or monetary or personal loss to the individual. Exploitation should be reported regardless of the actual or perceived value of the loss.
- (a) **Failure to Obtain Informed Consent** – An intentional act or course of conduct by a person, which results in the misuse of an individual’s consent or failure to obtain consent. Examples include, but are not limited to signing on behalf of or coercing/deceiving an individual into:
- Applying for credit cards.
  - Signing contracts.
  - Signing loan documents, wills and other items that relate to the personal property, money or identity of an individual.
- (b) **Material Resources** – The illegal or improper act or process of a person using the material resources or possessions of an individual for his or her own personal benefit or gain. This includes, but is not limited to:
- Misusing or stealing an individual’s possessions.
  - Soliciting gifts.
  - Coercing an individual to spend his or her funds for things he or she may not want or need, things for use by others or for the benefit of the household.
- (c) **Medical Responsibilities/Resources** – An act or course of conduct of a person that results in an individual paying for medical care or items that are normally covered by insurance or other means. This includes, but is not limited to:
- Requiring an individual to pay for a medical appointment, procedure or equipment due to failure of the ISP team to provide support or resources to find a Medical Provider that accepts the individual’s insurance, or whose services are covered by other means.
  - Requiring an individual to pay for an appointment, procedure or equipment when there is a failure on the part of the Service Provider to support an individual, to attend or schedule medical appointments or to maintain medical equipment.
- (d) **Missing/Theft of Medications** – Missing medications without explanation or theft of medications.



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- (e) **Misuse/Theft of Funds** – The illegal or improper act or process of a person using the funds of an individual for his or her own personal benefit or gain. This includes misuse or mismanagement by a Representative Payee or other responsible party, theft of money, Supplemental Nutrition Assistance Program (SNAP) benefits or soliciting monetary gifts from an individual.
- (f) **Room and Board** – Requiring an individual to pay for items that are covered as part of room and board charges, charging more than allowable rates for room and board or charging for a service or support that is included in a rate for which a Provider is, or will be, reimbursed. This includes any situation in which the individual is required to pay for the same item/service twice. Examples of items that are covered as part of the Room and Board Residency Agreement (contract) include, but are not limited to:
- Standard toiletries (shampoo, deodorant, soap, toothpaste, etc.)
  - Utility costs, including trash removal, lawn care and snow removal
  - Household furniture
  - Basic linens (blankets, towels, washcloths, sheets, pillowcases)
  - Cleaning, laundry and other household supplies
  - One telephone with local telephone service
  - Internet service
  - Food choices of the individual, with consideration of the food cost and nutrition, including the individual's preference, culture, religion and beliefs, and an individual's prescribed diet, if the prescribed diet is not covered by the individual's health care plan or another funding source
    - Prescribed dietary items necessary for individuals' basic health and nutrition include, but are not limited to:
      - a) Products used to thicken liquids/foods
      - b) Phenylketonuria (PKU) diet foods
      - c) Meal replacement shakes and snacks
      - d) Diabetic diet foods
  - Laundering of towels, bedding and the individual's clothing
  - Food preparation, maintenance and housekeeping, including staff wages and benefits to perform these tasks
  - Meals provided away from the residential service location that are arranged by a staff person in lieu of meals provided in the residential service location
  - Incontinence products, if the incontinence product is not covered by the individual's health care plan or another funding source
  - Building and equipment repair, renovation and depreciation

**Effective 06-07-22** This document is for informational purposes only and is not to be construed as an employment agreement or contract. Greene Arc, Inc. retains the right to amend or change policies contained here-within at any time without prior notice. The provisions of this Policy and Procedure Manual will apply except where the policy conflicts with state law or Collective Bargaining Agreement provisions.

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- Rent, taxes and property insurance (55 Pa. Code § 6100.684)
- (g) **Unpaid Labor** – The illegal or improper act or process of a person who is using an individual to perform unpaid labor that would otherwise be compensated in a manner consistent with labor laws.
- 5) **Fire** – A situation that requires fire personnel or other safety personnel to extinguish a fire, clear smoke from the premises, etc. While not required, it is strongly recommended that situations in which staff extinguishes small fires without the involvement of fire personnel be reported.
- (a) **Fire with Property Damage** – The fire causes property damage that may or may not make the premises uninhabitable.
  - (b) **Fire without Property Damage** – The fire does not cause property damage and may or may not result in the premises being uninhabitable.
- 6) **Law Enforcement Activity** – Law enforcement activity that occurs during the provision of service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual. This includes law enforcement responding to a possible crime when an individual is in the community or in a vehicle.
- (a) **Individual Charged with a Crime/Under Police Investigation** – When an individual is formally charged with a crime by the police or when an individual is informed he or she is suspected of committing a crime, and charges may be forthcoming. All charges or suspected charges related to a Behavioral Health Crisis Event should be reported as such and not as a law enforcement activity.
  - (b) **Licensed Service Location Crime** – A crime such as vandalism, break-ins, threats or actual occurrences of acts that may result in harm, etc. that occur at the Provider’s service location.
- 7) **Missing Individual** – An individual is considered missing when they are out of contact for more than 24 hours without prior arrangement or the individual is in immediate jeopardy when missing for any period. Based on an individual’s history, safety skills and familiarity with the area, an individual may be considered in jeopardy before 24 hours elapse. In addition, when police are contacted about a missing individual or the police independently

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find and return an individual, this is a reportable incident regardless of the amount of time an individual has been missing.

- (a) **In Jeopardy** – The unexpected or risky absence of any duration for an individual whose absence constitutes an immediate danger to the individual or others.
- 8) **Neglect** – The failure to obtain or provide the needed services and supports defined as necessary or otherwise required by law, regulation, policy or plan (ISP, Behavior Support Plan, safety plan, etc.). This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.
- (a) **Failure to Provide Medication Management** – An event that may cause harm or lead to inappropriate medication use while the medication is in the control of the person(s) charged with administration. Incidents of this nature include, when harm occurs to the individual, the medication error occurs over more than one consecutive administration or an individual receives medication intended for another individual. Incidents of this type include, but are not limited to a failure to:
- Administer medications via the correct route
  - Implement medication changes in a timely manner
  - Obtain medications from the pharmacy
- (b) **Failure to Provide Needed Care** – The failure to obtain or provide the needed services and supports. This includes, but is not limited to:
- Failure to implement medical, social, behavioral and restrictive procedures as outlined in the ISP
  - Failure to provide needed care such as food, clothing, personal hygiene, prompt and adequate medical care, emergency services and other basic treatment and necessities needed for development of physical, intellectual, emotional capacity and well-being
  - Failure to obtain, keep in working order or arrange for repair or replacement of equipment such as glasses, dentures, hearing aids, walkers, wheelchairs, etc.
  - Failure to intercede on behalf of the individual with regards to reporting or acting on changes to healthcare needs or failure to ensure medical equipment is repaired or replaced as needed
- (c) **Failure to Provide Needed Supervision** – The failure to provide attention and supervision, including leaving individuals unattended. This is based upon the

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supervision care needs in the ISP or recommendations or requirements from a court of law or as a condition of probation or parole.

(d) **Failure to Provide Protection from Hazards** – The failure to protect an individual from health and safety hazards as part of routine care, service provision or as outlined in the ISP. Examples of failure to provide protection from health and safety hazards include, but are not limited to:

- Failure to prepare and serve food required by an individual's medical diagnosis
- Failure to provide protections from poisonous materials
- Failure to provide shelter and basic utilities
- Failure to provide basic protections from environmental hazards, such as exposure to the sun, extreme elements and other weather-related conditions
- Failure to regulate water temperatures
- Failure to provide protection from hazardous activities such as the manufacture, distribution, exposure to and use of illegal drugs

(e) **Moving Violation** – Any staff or volunteer receiving a moving violation citation during the provision of services to an individual, regardless if operating an Entity's vehicle or personal vehicle.

9) **Passive Neglect** – The inability to provide supports due to environmental factors which are beyond the control of an unpaid caregiver because of lack of experience, information, resources or ability. Passive neglect is reportable if there are no current risk mitigation strategies in the ISP that specifically address the area of passive neglect. Passive neglect is reported by an individual's SCO.

(a) **Inability to Provide Medical/Personal Care** – The inability of an unpaid caregiver to provide adequate medical or personal care due to lack of education, training, resources or the physical ability of the caregiver to perform such tasks. This includes the inability to obtain or maintain communication devices, mobility aides and other durable medical equipment.

(b) **Inability to Provide Necessities** – The inability of an unpaid caregiver to provide food, clothing, adequate housing, utilities or other basic necessities that are essential to maintain the health and safety of an individual.

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10) **Rights Violation** – An unauthorized act which improperly restricts or denies the human or civil rights of an individual, including those rights which are specifically mandated under applicable law, regulation, policy or plan. This includes acts that are intentional or unintentional regardless of the obvious occurrence of harm.

(a) **Civil/Legal** – Any violation of civil or legal rights afforded by law. This includes the right to vote, speak freely, practice religious choice, access law enforcement and legal services, as well as participate in local, state or national government activities.

(b) **Communication** – The failure to support an individual to communicate at all times. This includes a failure to obtain needed communication evaluations, assistive devices or services, provide communication support or maintain communication devices in working order. Communication includes, but is not limited to:

- Display of text in fonts and sizes that meet communication needs
- Access to sign language interpreters
- Access to translation to preferred languages
- Access to persons that can facilitate an individual's unique communication style
- Access to braille materials and other tactile communication assistance
- Access to plain-language materials

(c) **Health** – The failure to support choice and opportunity related to health care. This includes failure to inform and educate an individual about physical or behavioral health evaluations and assessments, changes in health status, diagnosis information, test results, medications, treatment options, etc. This also includes the denial of the right of an individual to make informed health care decisions.

(d) **Privacy** – Any violation of an individual's safely exercised choice to be free from being observed or disturbed by others. This includes an individual's choice to maintain the privacy of his or her physical person, living area, possessions, electronic social media (emails, posts on the internet, accounts, content or any similar items), communication with others (whether in face-to-face meetings, phone, email, physical mail or any other correspondence), use of image or likeness without the expressed permission of the individual (including videos or photos taken of the individual for promotional, marketing or any other purpose) or any similar area where a reasonable expectation of privacy exists.

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- (e) **Services** – Any violation of an individual’s right to control services received. This includes when an individual refuses to participate in, voices a concern about or wants to make a change to a service and the ISP team does not address these choices. Individuals have the right to participate in the development and implementation of their ISPs and can choose where, when and how to receive needed services. This also includes the right to control specific schedules and activities related to services.
  - (f) **Unauthorized Restrictive Procedure** – Any restrictive procedure (other than a physical, chemical or mechanical restraint) that does not follow ODP’s guidelines related to restrictive procedures or that is prohibited by ODP. Restrictive procedures limit an individual’s movement, activity or function, interfere with the individual’s ability to acquire positive reinforcement, result in the loss of objects or activities that an individual values or require an individual to engage in a behavior in which, given the freedom of choice, the individual would not engage.
- 11) **Self-Neglect** – An action or lack of action by an individual that results in the individual denying him/herself proper care, supports and services. Self-neglect is reportable if there are no current risk mitigation strategies in the ISP that specifically address the area of self-neglect. Self-neglect is reported by an individual’s SCO.
- (a) **Environmental** – Hazardous or unsafe living conditions (e.g., improper wiring, no indoor plumbing, no heat, no running water, hoarding conditions), unsanitary or unclean living quarters (e.g., animal or insect infestation, no functioning toilet, fecal or urine odor) or grossly inadequate housing or homelessness.
  - (b) **Medical** – The refusal by an individual to take medications on a regular basis, ignoring acute or chronic health or medical problems, refusal to obtain, use or maintain prescribed medical devices (e.g., eyeglasses, hearing aids, dentures) needed to maintain health and safety.
  - (c) **Personal Care/Nutrition** – Refusal to consistently wear or obtain appropriate or adequate clothing for activities or weather conditions, refusal to maintain proper hygiene that presents a serious risk to health or safety or refusal to maintain a proper diet, which may lead to malnutrition, illness or dehydration.
  - (d) **Other** – Other forms of self-neglect may include refusing to accept services or supports that are essential to maintain health and safety.

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12) **Serious Illness** – A physical illness, disease or period of sickness that requires hospitalization. This includes an elective surgery that requires a hospitalization.

(a) **Chronic/Recurring** – An illness, condition or disease that is persistent or otherwise long-lasting in its effects for which an individual has had previous treatment or diagnosis.

(b) **New** – An acute illness, condition or disease for which an individual has not previously received treatment. This includes acute illnesses, conditions or diseases that may become chronic in the future.

13) **Serious Injury** – Any injury that requires treatment beyond first aid. This includes injuries that receive an assessment or treatment at an emergency room, urgent care center, primary care physician office, etc. or that require hospitalization. Assessment by emergency medical services that did not require a visit to one of the locations listed above for treatment is not reportable. Serious injuries that are treated by a medical professional (i.e., doctor, nurse, etc. that is used by the organization) on-site are reportable. Examples include, but are not limited to:

- fractures
- dislocations
- burns
- electric shock
- loss or tearing of body parts
- eye emergencies
- ingestion of toxic substance
- head injuries from accidents, falls or blows to the head
- any injury with loss of consciousness
- medical equipment malfunction or damage that requires immediate intervention
- lacerations requiring stitches, staples or sutures to close

(a) **Choking** – When food or other items become lodged in the back of the throat and the cause is not attributed to neglect. Choking incidents are only reportable when they require interventions, such as back blows, abdominal thrusts or the Heimlich maneuver.

(b) **Injury Accidental** – Injury (other than self-inflicted) with a known cause at the time of the report.

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- (c) **Injury Self-Inflicted** – Injury with a known cause at the time of the report that can be attributed to an intentional action of an individual to cause harm upon him/herself.
  - (d) **Injury Unexplained** – An injury with no known cause at the time of the report.
  - (e) **Medical Equipment Failure/Malfunction** – Any medical equipment failure or malfunction that requires intervention by a medical professional. This does not include routine maintenance or care of medical equipment.
  - (f) **Pressure Injury (decubiti, pressure ulcer, pressure sore, bedsore)** – Injuries to skin and underlying tissue resulting from prolonged pressure on the skin, regardless of stage and including an injury that is unstageable. This includes initial diagnoses and newly affected areas of the body, as well as a diagnosis that becomes worse over time.
- 14) **Sexual Abuse** – Any attempted or completed nonconsensual sexual act. The act may be physical or non-physical and achieved by force, threats, bribes, manipulation, pressure, tricks, violence or against an individual who is unable to consent or refuse. Sexual abuse includes any act or attempted act that is sexual in nature between a paid Service Provider staff and an individual, regardless of consent on the part of the individual.

Examples of methods used to commit sexual abuse include, but are not limited to:

- Use of intimidation or threat of physical force toward an individual in order to gain compliance with a sexual act (e.g., pinning the victim down, assaulting the victim)
- Administering alcohol or drugs to an individual in order to gain compliance with a sexual act (e.g., drink spiking)
- Taking advantage of an individual who is unable to provide consent due to intoxication or incapacitation from voluntary consumption of alcohol, recreational drugs or medication
- Exploitation of vulnerability (e.g., immigration status, disability, undisclosed sexual orientation, age)
- Misuse of authority (e.g., using one's position of power to coerce or force a person to engage in sexual activity)
- Economic coercion, such as bartering of sex for basic goods, like housing, employment/wages, immigration papers or childcare



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- Degradation, such as insulting or humiliating an individual
  - Fraud, such as lies or misrepresentation of a target's identity
  - Continual verbal pressure, such as when an individual is being worn down by someone who repeatedly asks for sex or, for example, by someone who complains that the individual does not love them enough
  - False promises by the target (e.g., promising marriage, promising to stay in the relationship, etc.)
  - Grooming and other tactics to gain an individual's trust
  - Control of an individual's sexual behavior/sexuality through threats, reprisals, threats to transmit sexually transmitted infections (STIs), threats to force pregnancy, etc.
- (a) **Rape** – The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of an individual. This includes when an individual was made (or there was an attempt to make the individual) penetrate another person (including the target).
- (b) **Sexual Harassment** – Sexual advances that do not involve physical contact between an individual and a target. This type of sexual abuse can occur in many different venues (e.g., home, school, workplace, in public or through technology). Examples include, but are not limited to:
- Sending unwanted sexually explicit photographs
  - Use of inappropriate sexual remarks or language
  - Unwanted exposure to sexual situations – pornography, voyeurism, exhibitionist
  - Threats of sexual abuse to accomplish some other end, such as threatening to rape an individual if he or she does not give the target money
  - Threatening to spread sexual rumors if the individual does not have sex with the target
  - Unwanted filming, taking or disseminating photographs of a sexual nature of an individual (in any medium to include, but not limited to social media, personal computers, cell phones, etc.)
  - Exposure to unwanted sexual materials (pornography)
- (c) **Unwanted Sexual Contact** – Intentional touching or molesting, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, buttocks or

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any other body part without consent. This includes making an individual touch or molest another person (including the target).

- (d) **Other** – Any sexual abuse of an unknown type at the time of the report or sexual abuse that does not conform to other secondary category options.

15) **Site Closure** – The emergency closure of a licensed or Provider operated service location for one (1) or more days. This is reported as a site Incident Report and does not apply to individuals who reside in homes owned, rented or leased solely by the individual or family member.

- (a) **Infestation** – The closure of a site due to the need to treat for animal, insect or other pests.
- (b) **Loss of Utilities** – The closure of a site due to loss of utility that was not related to a failure on the part of the operating Entity. This includes electrical outages, issues with water or sewer systems and heating or cooling system failures.
- (c) **Natural Disaster/Weather Related** – The closure of a site due to a natural disaster or weather conditions.
- (d) **Structural** – The closure of a site due to structural issues.
- (e) **Other** – The closure of a site due to a reason other than an infestation, loss of utilities, natural disaster or weather related or structural issue.

16) **Suicide Attempt** – The intentional and voluntary attempt to take one's own life. A suicide attempt is limited to the actual occurrence of an act and does not include suicidal threats or ideation. If medical treatment was sought after a suicide attempt, it should be reported under suicide attempt as a primary category in all cases, and not as serious injury or illness.

- (a) **Injury/Illness that Requires Medical Intervention** – An individual sustained an injury or became ill due to a suicide attempt and required medical treatment beyond basic first aid.
- (b) **No Injury/Illness that Requires Medical Intervention** – An individual did not sustain an injury or become ill due to a suicide attempt and did not require medical treatment beyond basic first aid.

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**§ 6000.923 Incidents To Be Reported Within 72 Hours**

Medication errors and physical restraints are to be reported within 72 hours after the discovery or recognition of the incident.

- 1) **Physical Restraint** – A physical hands-on method that restricts, immobilizes or reduces an individual’s ability to move his or her arms, legs, head or other body parts freely. A physical restraint may only be used in the case of an emergency to prevent an individual from immediate physical harm to him/herself or others. Restraints that are permitted by ODP policies and procedures, regulations or laws are to be reported as physical restraints. All other restraints shall be reported as abuse.
  - (a) **Human Rights Team Approved Restrictive Intervention** – Any physical restraint that is applied in an emergency situation that is part of an approved ISP that contains a restrictive procedure.
  - (b) **Provider Emergency Protocol** – Any physical restraint that is applied in an emergency situation that is part of a Provider emergency restraint protocol. This restraint is not part of an individual approved ISP that contains a restrictive procedure.
- 2) **Medication Error** – Any practice that does not comply with the “Rights of Medication Administration” as described in the ODP Medication Administration Training Course. A medication error occurring during a time when an unpaid caregiver is responsible for the administration of medication is not reportable. An individual’s refusal to take medication is not reportable as a medication error.
  - (a) **Wrong Medication** – Individual is given a medication that the individual is not prescribed or has been discontinued, or the individual was given medication that was supposed to be given for another reason.
  - (b) **Wrong Dose** – Individual is given too much or too little medication during a scheduled administration.
  - (c) **Wrong Time** – Individual is given medication too early or too late as defined by the range of allowable administration time.

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- (d) **Wrong Route** – Individual is given medication in a different way from the one specified on the label.
- (e) **Wrong Form** – Individual is given medication in a different type from the one prescribed.
- (f) **Wrong Position** – Individual is not placed correctly to receive the medication.
- (g) **Wrong Technique/Method** – Medication is prepared for administration improperly.
- (h) **Omission** – An administration of medication fails to occur.
- (i) **Wrong Person** – An individual is given another individual's medication.

#### **Incidents to Be Reported When Directed**

ODP will provide specific guidance and direction on what to report, as well as the timelines to report, related to the following emergencies:

- 1) **Declared Emergency** – An event, such as an occurrence of a natural catastrophe, technological accident or human-caused event that has resulted in, or could potentially cause, severe property damage, deaths and/or multiple injuries such as, but not limited to public health emergencies, emergency declarations, major declarations, etc. A Declared Emergency is declared by Federal, State, County or Municipal officials.
- 2) **Public Health Emergency** – An event such as a disease or natural disaster that causes, or has the potential to cause, harm to a significant number of individuals and is declared as a Public Health Emergency by Federal or State officials. Public Health Emergencies are to be reported within timeframes that are specific to the nature of the event and as directed by ODP.
- 3) **Outbreaks** – The occurrence of disease cases in excess of normal expectancy. The number of cases varies according to the disease-causing agent and the size and type of previous and existing exposure to the agent.
- 4) **Epidemic** – A disease that affects a large number of people within a community, population or region.

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- 5) **Pandemic** – A disease that affects a large number of people that is spread over multiple countries or continents.
- 6) **Natural Disasters** – An event such as a flood, earthquake, storm, hurricane, tornado, blizzard, etc.
- 7) **Bio-Terrorist Attacks** – The intentional release or dissemination of biological agents. These agents are bacteria, viruses, insects, fungi or toxins and may be in a naturally occurring or a human-modified form.

#### § 6000.925 Categories of Incidents To Be Investigated

There are circumstances when SCOs will manage incidents in lieu of a Provider; therefore, the term “Provider” may be replaced with SCO in the chart in certain circumstances (see section, *Responsibility for Reporting and Investigating* for further guidance).

The following chart indicates those incidents to be investigated by the Provider, the County and ODP. The investigation process does not preclude investigations by law enforcement or other Agencies responsible to investigate.

Primary Category	Secondary Category	Entity Responsible for Investigation
Abuse	All	Greene Arc, Inc.
	Improper or unauthorized use of restraint	Greene Arc, Inc. and County
Neglect	All	Greene Arc, Inc.
Rights Violations	All	Greene Arc, Inc.
Misuse of Funds	All	Greene Arc, Inc.
Death	When an individual is receiving services from a Provider/Entity. [see § 6000.911 (b) (1)-(3)]	Greene Arc, Inc. and ODP or Dept. of Health (County participation as requested by ODP)
Hospitalization	Accidental Injury, Unexplained Injury, Staff to Individual Injury, Injury resulting from Individual to Individual Abuse	Greene Arc, Inc.
Injury Resulting from Restraint		Greene Arc, Inc.
Emergency Room Visit	Unexplained Injury, Staff to Individual Injury, Injury Resulting from Individual to Individual Abuse	Greene Arc, Inc.
	Injury Resulting from Restraint	Greene Arc, Inc. and County
Injury Requiring Treatment Beyond First Aid	Staff to Individual Injury, Injury Resulting from Individual to Individual Abuse	Greene Arc, Inc.
Individual to Individual	Injury Resulting from Restraint	Greene Arc, Inc. and County
	Sexual Abuse	Greene Arc, Inc.

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#### SEQUENCE OF REPORTING

##### **§ 6000.931 Multiple Categories and Sequence of Reporting**

A Point Person must review incident definitions to determine the most appropriate primary and secondary categories for a report. In situations where an incident appears to meet multiple incident definitions, the Point Person should enter a report based on the information available at the time of entry. Reclassification is an option at any time during the lifecycle of an incident.

The Point Person must also determine if the information received at the time of the initial report represents a singular incident or if multiple Incident Reports are needed to adequately capture information about the incident.

**Singular Reportable Incident** – When an individual experiences one incident that could have multiple incident categories.

**Multiple Reportable Incidents** – More than one incident experienced by one individual which are not linked to each other and would not be adequately addressed or resolved through a single Incident Report or if applicable, an investigation.

To assist the Point Person in choosing an appropriate classification when singular events represent more than one incident category, the following list of incidents (in priority) is suggested as a guide in selecting the most appropriate category and may not be appropriate in all situations:

- 1) Sexual Abuse
- 2) Abuse
- 3) Neglect
- 4) Exploitation
- 5) Rights Violation
- 6) Suicide Attempt
- 7) Serious Injury
- 8) Serious Illness
- 9) Behavioral Health Crisis Event
- 10) Missing Person
- 11) Law Enforcement Activity
- 12) Site Closure
- 13) Fire
- 14) Passive Neglect
- 15) Self-Neglect

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If an incident that requires reporting within 24 hours involves, or is the result of, a medication error, a report must be initiated in the appropriate 24-hour primary category. In addition, an Incident Report for the medication error must be reported within 72 hours.

Incidents that are reported as a death are considered singular reportable incidents. A death is considered a separate incident from the events that may have occurred prior. Incidents reported with a primary category other than death should not be reclassified to a death.

### **72-Hour Reporting Primary Incident Category**

- (a) Medication Error
- (b) Restraint

If a death, hospitalization, psychiatric hospitalization, emergency room visit or injury requiring treatment beyond first aid is the result of a medication error or the use of restraint, a report is to be initiated within 24 hours using the corresponding primary category.

## **ROLES**

### **§ 6000.951 Initial Reporter**

#### **1) Initial Reporter**

An Initial Reporter is any person who witnesses or experiences the incident, is informed of an allegation of an incident or is the first to discover or recognize the signs of an incident. Initial Reporters may be individuals receiving services, family members, community members or service system staff.

When the Initial Reporter is a Provider, SCO or County ID Program/AE staff person, contractor, consultant, volunteer or intern, the Initial Reporter must take all of the following steps:

- Respond to the situation by taking immediate action to protect the individual's health, safety and rights.
- Notify the appropriate reporting Entity's Point Person of the incident.
- Document observations about the incident in a narrative report.
- Comply with the applicable laws and regulations for incidents of alleged abuse, neglect or exploitation.

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**2) Point Person**

The Point Person is a person that receives information from an Initial Reporter and is responsible to manage the incident from beginning to end. Every Provider and SCO must have at least one Point Person but multiple people within an organization may have this role.

The purpose of this role is to ensure that all incident management activities are completed for each incident. The Point Person is considered the point of direct contact about an incident and must be available to respond to questions or issues that arise related to an incident.

The Point Person retains overall responsibility to ensure the activities listed below are completed as required by the Provider's, SCO's or County ID Program's/AE's policy and procedure. However, the Point Person may delegate any or all of the activities listed below. The specific Point Person assigned to an incident may change at any time. Changes in Point Persons must be reflected in the Incident Report in the Department's information management system.

When an incident is reported, the Point Person must ensure:

- All actions needed to protect the health, safety, rights and well-being of the individual are taken following the initial knowledge or notice of the incident (55 Pa. Code §§ 2380.17, 2390.18, 6100.402, 6400.18, 6500.20).
- Referral to Victims Assistance Services is offered and support to access services is provided when an individual expresses an interest in these services. See Attachment 1.
- If the incident involves abuse, suspected abuse or alleged abuse, the target is separated from the victim (55 Pa. Code § 6100.46).
- If the incident involves abuse, suspected abuse or alleged abuse, the following are notified about the incident as appropriate:
  - Adult Protective Services
  - Child Protective Services
  - Older Adult Protective Services
  - The individual and persons designated by the individual, unless the person designated by the individual is the target.
  - The Department of Aging and the Department of Human Services
  - The designated managing Entity (AE)



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- The County government office responsible for the intellectual disability program (County ID Program), if applicable. (55 a. Code § 6100.46)
- The individual is informed of his or her rights and options related to contacting law enforcement.
- The individual, family members or persons designated by the individual are provided with timely response to questions or concerns related to the incident.
- The following incident management activities are completed:
  - The initial Incident Report is submitted to the Department's information management system within 24 or 72 hours of discovery, depending on the incident category.
  - The Incident Report is finalized within 30 calendar days of discovery of the incident.
  - If an extension is needed, the need for the extension, including the reason for the extension, is submitted to the Department's information management system.
  - Follow up on all comments received from initial or final management reviews is completed in order to ensure incident closure.  
(55 Pa. Code §§ 2380.17, 2390.18, 6100.401, 6100.404, 6400.18, 6500.20)
- If the individual is deceased, information is sent to the County ID Program/AE, when applicable, and the appropriate ODP regional office or uploaded to be included as part of the electronic Incident Report. The final section of the Incident Report is to be supplemented by a copy of the following:
  - Lifetime medical history
  - Copy of the Death Certificate
  - Autopsy report, as applicable
  - Discharge summary from the final hospitalization, if the individual died while hospitalized
  - Results of the most recent physical examination
  - Most recent health and medical assessments
  - A copy of the entire investigation file completed by the Provider or SCO

### **3) Incident Management (IM) Representative**

The IM Representative is the person designated by a Provider or SCO who has overall responsibility for incident management. Each Provider and SCO must have an IM Representative. As part of his or her job responsibilities, the IM Representative must be a Certified Investigator (CI). The CI certification must be obtained within 12 months of

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assuming the role of IM Representative. The IM Representative may delegate the activities listed below within the organization or to another organization (via a contract, agreement, etc.) but must maintain overall responsibility to ensure completion as required by applicable laws, regulations, policies and procedures. The IM Representative must ensure:

- The Point Person(s) has completed all required actions and activities.
- Corrective actions are implemented and monitored.
- All quality and risk management activities are completed, which include but are not limited to:
  - Monitoring of incident data.
  - A trend analysis of incident data at least every three months.  
(55 Pa. Code §§ 2380.19, 2390.19, 6100.405, 6400.20, 6500.22)
- Administrative reviews are conducted for all incidents that were investigated by a CI.
- Investigation files are complete, securely maintained and readily available for review by oversight Entities.
- The quality of investigations is reviewed using the standardized CIPR process and, as a result of the CIPR, the following occurs, if necessary:
  - Feedback is provided to the CI that conducted the investigation.
  - Corrective actions are implemented.
  - CI retraining, suspension of CI duties or removal of CI certification.
  - All staff, contractors, consultants, volunteers and interns are trained on all applicable regulations and laws pertaining to the service provided and internal incident management policies and procedures.
- Individuals and families, or persons designated by the individual, are offered education, training and information about incident management policies and procedures in a format that meets their communication needs.
- Roles (Point Person, CI, etc.) are managed in the Department's information management system. This includes:
  - Maintaining a list of active CIs including recertification dates.
  - Managing CI roles based on quality management activities and feedback from monitoring completed by oversight Entities.
  - Ensuring the previous Provider's staff and SCO's staff's access to the Department's information management system has been removed, when necessary.
- There is a timely response to complaints about a service that is related to the incident management or investigation processes (55 Pa. Code § 6100.51). The response must be provided in the communication method preferred by the individual.

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### **4) Certified Investigator (CI)**

A CI is a person who has been trained and certified by the Department to conduct investigations. The CI must:

- Conduct investigations using the process, standards of quality and template(s) outlined in the most current ODP CI manual.
- Create a CI Report and enter the investigation information in the Department's information management system.
- Ensure the complete original investigation file is given to the Entity for whom the investigation is being conducted.
- Participate in the CIPR process.
- A person's CI certification can be suspended or removed by the Department at any time for any reason.

### **5) Administrative Review Committee Member**

An Administrative Review Committee member is a person designated by a Provider, SCO, or AE to participate in the administrative review process. An Administrative Review Committee member must be familiar with the CI process. An Administrative Review Committee member will:

- Review the CI report and if necessary, the investigatory file;
- Evaluate the CI's adherence to the principles of speed, objectivity and thoroughness;
- Develop preventative and additional corrective actions; and
- Conclude the investigation by making a determination of confirmed, not confirmed or inconclusive.

### **6) County ID Program/AE Incident Reviewer**

An Incident Reviewer is a person designated by the County ID Program/AE who is responsible for completing all required management reviews of incidents.

### **7) County ID Program/AE Incident Manager**

An Incident Manager is the person designated by the County ID Program/AE who has overall responsibility for incident management. As part of his or her job responsibilities, the County ID Program/AE Incident Manager must be a CI. The CI certification must be obtained within 12 months of assuming the role of Incident Manager. The County ID Program/AE Incident

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Manager may delegate the activities listed below within the organization or to another organization (via a contract, agreement, etc.) but must maintain overall responsibility to ensure their completion as required by applicable laws, regulations, policies or procedures.

The County ID Program/AE Incident Manager must ensure:

- Implementation of policies and procedures that support:
  - The review of Incident Reports within 24 hours of submission in the Department's information management system.
  - The actions needed to approve or disapprove Incident Reports submitted by the Provider or SCO occurring within 30 calendar days of submission by the Provider or SCO.
- Investigations are conducted by the County ID Program/AE as required in this bulletin.
- The individual, and persons designated by the individual, are informed of the investigation determination, unless otherwise indicated in the ISP.
- There is a timely response to complaints that are related to the incident management or investigation processes. The response must be provided in the communication method preferred by the individual.
- An Administrative Review is conducted for all incidents that required investigation by a CI.
- Investigation files are complete, securely maintained and available for review by oversight Entities.
- The quality of investigations conducted by County ID Programs/AEs (including those conducted on behalf of the County ID Program/AE via a contract, agreement, etc.) are reviewed using the standardized CIPR process and, as a result of the CIPR, the following occurs, if needed:
  - Feedback is provided to the CI that conducted the investigation
  - Corrective actions are implemented
  - CI retraining, suspension of CI duties, and/or removal of CI certification
- The quality of Provider and SCO conducted investigations.
  - The County ID Program/AE should consider completing the CIPR review process for the Service Provider and SCO investigations. These CIPR reviews would be on an ad hoc basis, as the County ID Program/AE is not required to complete this activity on any scheduled frequency. ODP strongly encourages the County ID Program/AE to use the CIPR process as part of a formal Corrective Action Plan (CAP) or for other quality improvement efforts directed towards Service Providers and SCOs.

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- Periodic training is provided to County ID Program/AE staff that have a direct role in incident management and to individuals and their families, guardians and advocates in a format that meets the communication needs of the audience about:
  - Their rights, roles and responsibilities for protecting an individual's health and welfare.
  - All applicable incident management policies, procedures, regulations and laws.
- Ongoing training and technical assistance, as needed, is provided to Providers and SCOs that relates to the needs of individuals served by the Provider or SCO. This includes coordination of training resources to be provided by Entities other than the County ID Program/AE.
- Collaboration with the individual and his or her ISP team to develop and implement:
  - Mitigation plans to address medical, behavioral, and socio-economic crisis situations in a timely manner as required by the Administrative Entity Operating Agreement.
  - Corrective actions.
- Direct management of individual incidents (including coordination with Protective Service Entities) and crisis situations including the following:
  - Locating resources and opportunities for mitigating the crisis through family or community;
  - Being actively engaged in identifying qualified Service Providers;
  - Working to divert institutional placement; and
  - If deemed appropriate by the Department, facilitating competency and guardianship appointments.
- All quality and risk management activities are completed related to incident management as outlined in this bulletin.

Anyone who receives funds from the Intellectual and Developmental Disability system, either directly or indirectly, to provide or secure supports or services for individuals authorized to receive services from the County Intellectual and Developmental Disability Program and employees, subcontractors and volunteers of facilities licensed by the Department of Human Services Office of Intellectual and Developmental Disability, is to report incidents as defined within this bulletin to the County and ODP.

When providing services in the home of an individual or his/her family, Greene Arc, Inc., their employees or contracted Agents are to report incidents that occur when they are present in the home. Additionally, Greene Arc Inc., their employees or contracted Agents are to report

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suspected or alleged abuse of which they become aware, regardless of whether they were providing services at the time the alleged abuse occurred. They are also to report the death of any individual to whom they are providing services. When an individual receives only case management services, the Supports Coordinator is to report incidents of suspected abuse and death whenever they learn of them.

All reportable incidents are to be submitted electronically via a web-based system approved by ODP. No contingencies have been made for submission of reportable incidents by any other means.

**WHEN IN DOUBT... REPORT!** Remember what you saw, Report what you saw!

Greene Arc, Inc. will train all staff on the reporting process and the responsibility of that Reporter in accordance with ODP Bulletins 00-01-05 and 00-21-02.

**TYPES OF INCIDENT REPORTS**

**§ 6000.961 Standardized Incident Report**

Chapter 7 of OAPSA (often referred to as Act 13) extends the mandatory reporting requirements of the Act to all care-dependent adults (those over the age of 18) who reside or receive services in specific facilities including home health Agencies. Employees or Administrators of a covered facility who have reasonable cause to suspect that an individual receiving care, services or treatment from the facility is a victim of abuse shall immediately make a report in compliance with the requirements detailed in the Act. All adults covered within the scope of this Intellectual and Developmental Disability Bulletin who are receiving care or services in a facility as defined in the OAPSA are also covered by the Act.

Individuals and Agencies who provide facility-based supports and services within the scope of this bulletin are required to follow the mandatory reporting requirements of the OAPSA when they have reasonable cause to suspect that a care-dependent adult is a victim of abuse or neglect, as defined within the OAPSA. Compliance with the mandatory reporting requirements of the OAPSA is in addition to the reporting requirements established in this policy.

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**The following process applies to the primary incident category to be reported within 24 hours:**

1. Name of the individual affected by the incident
2. Primary and secondary nature of the incident, based on the "Reportable Incidents" definition
3. Actions taken to address the incident
4. Current status of the individual
5. Date and time the incident occurred or was recognized/discovered
6. Location where the incident occurred
7. Name and address of the Provider Agency or other person/Entity who submitted the initial notification
8. Name of the person making the initial report
9. Name of the Point Person who has assumed responsibility for follow-up of the incident
10. Determination of whether or not an investigation is needed
11. Home address of the individual
12. Individual's date of birth
13. Individual's Base Service Unit (BSU) number
14. Date and time of the initial notification
15. Description of the immediate and subsequent steps taken by the Point Person or other Representatives of the Provider to assure the individual's health, safety and response to the incident, including date, time and by whom these steps were taken

If the incident involves several individuals, all names and other identifying information may be submitted as part of a single "site" report. If the individual is not registered with a County BH/IDD Program, the report is to list the county or the state where the person is/was a resident.

Identification of all persons to whom the initial notification has been (or will be) submitted (i.e., family, law enforcement Agency, etc.), the date, time and method (phone, fax, electronic, etc.) by which notification has been made and the person who has/will notify the necessary parties.

#### **§ 6000.962 Abbreviated Incident Report**

The following process applies to the primary incident categories requiring reporting within 72 hours. These incidents are not individually approved by the County, ODP regional office or Bureau of State-Operated Facilities, but are to have a 30-day analysis completed and

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maintained by the Provider/Entity. Analysis of these incidents is to be included in the quarterly report.

Medication errors and the use of restraints are to be reported using the abbreviated EIM incident management data entry screens, designed to gather relevant data about these incidents. Data is to be input within 72 hours of the recognition or discovery of the event.

#### **INCIDENT REPORT**

All staff involved in direct service shall be accountable for the Incident Report, which is due within five (5) days of the incident or of the date when Greene Arc, Inc. learns of the incident. The Report will contain all of the information included in the initial notification and add:

- 1) Indication if the Incident Report will be the Final Report
- 2) Current update on the individual's status
- 3) Change of classification or additional information on the nature of the incident, if applicable
- 4) 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
- 5) Identification of other persons who may have witnessed or been directly involved in the incident
- 6) Specific description of any injury received by the individual, including the cause, effect and the body part involved
- 7) Specific signs and symptoms of any illness (acute or chronic) which may be contributory to the incident
- 8) 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/date/time of and practitioner involved in any subsequent treatments, evaluations, etc.
- 9) If the individual has been hospitalized, the name and address of the hospital, the admitting diagnosis(es), the estimated (or actual) date of discharge and the discharge diagnosis(es), etc.
- 10) Background information on the individual, including level of Intellectual and Developmental Disability, pertinent medical history, diagnoses, etc.

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- 11) Name of the Certified Investigator assigned, whether the incident requires investigation and the date on which the investigation began. If the incident involves an allegation of abuse, current status of the target of the investigation, if one has been identified
- 12) If the nature of the incident requires contact with law enforcement, the name and departmental office of the person(s) contacted, the date and time of the contact and the name of the person who initiated the contact and a description of any steps taken by law enforcement officials

The narrative description may be summarized by Greene Arc, Inc. but the written statements of the person(s) directly involved are to be available for review, if needed.

#### **FINAL REPORT**

If the incident is not one that needs investigated, the Point Person will do the Final Report as the day 5 report and indicate it as a Final Report. If it requires an investigation, the investigation will complete the Final Report as outlined. The Final Report will be completed by Greene Arc, Inc. within thirty (30) days from the date of the incident (unless notification of an extension has been generated). The Final Report will add:

- 1) Present status of the individual in reference to the incident
- 2) Summary of the Investigator's findings and conclusions
- 3) If the incident involves an allegation of some type of abuse/neglect, the conclusion reached on the basis of the investigation (i.e., the allegation is confirmed, not confirmed, inconclusive, etc.) and the status of the target
- 4) Description of the steps taken by the Provider in response to the conclusions reached as a result of the investigation
- 5) Verification by the Provider that all necessary corrective actions have been identified
- 6) If any corrective action cannot/has not been completed by the time the Final Report 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
- 7) If the incident involves an injury of unknown origin, confirmation of the cause, if one has been identified, and steps taken to prevent recurrence
- 8) Description of any changes in the individual's plan of support necessitated by or in response to the incident