

**DEPARTMENT FOR
BEHAVIORAL HEALTH,
DEVELOPMENTAL and INTELLECTUAL
DISABILITIES**

**FACILITY RISK MANAGEMENT
PROTOCOL**

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DEPARTMENT FOR BEHAVIORAL HEALTH, DEVELOPMENTAL AND INTELLECTUAL DISABILITIES (DBHDID)

FACILITY RISK MANAGEMENT PROTOCOL

1. PURPOSE AND PHILOSOPHY OF RISK MANAGEMENT

A. Purpose

The purpose of this protocol is to describe the responsibilities related to the protections of individuals who are served by the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), and all of its facilities and the management of incidents. Risk Management includes the components of effective abuse protection recommended by the Centers for Medicare & Medicaid Services (CMS); incident investigation; tracking and trending of incidents; incident data analysis; and implementing effective actions to protect from harm those individuals served.

B. Philosophy

Risk Management serves to promote an environment that is free from harm. DBHDID believes all individuals served are entitled to appropriate services in a caring and hospitable environment that is free from harm. In order to create this environment, facilities must eliminate, wherever possible, the occurrence of incidents; i.e., episodes of harm or potential harm. The fewer the incidents, the more caring and hospitable the circumstances under which those individuals we serve will live, work, and learn. Furthermore, Risk Management is a component of a larger Quality Improvement program by which the emphasis is on improvement of systems and processes through the collection and analysis of data.

2. SYSTEMIC APPROACH TO PREVENT ABUSE / NEGLECT

Facilities must have integrated systems to ensure all individuals served are free from abuse, neglect, exploitation, mistreatment, injuries of unknown origin, peer-to-peer aggression with injury, serious injuries, and other harms. Facilities are responsible to organize systems in such a manner as to **proactively** assure individuals are free from serious and immediate threat to their physical and psychological health and safety. The following key components to a systematic approach are required for effective protection from harms:

A. Prevent

This component ensures there is adequate staff at the facility on duty, which includes the appropriate number and types of qualified, trained, and experienced staff, available to meet the care needs of every individual.

The facility implements policies and procedures, and organizes itself in such a manner that individuals are free from threat to their health and safety.

The facility's system has the capacity to prevent the occurrence of abuse, neglect, exploitation, mistreatment; injuries of unknown origin; peer to peer aggression with injury; serious injuries; and other harms and reviews specific incidents for "lessons learned" which form a feedback loop for necessary policy changes.

B. Screen

This component ensures that persons with a conviction or prior employment history of child or adult abuse, neglect or mistreatment are not hired or retained as employees.

C. Identify

This component ensures the facility creates and maintains a proactive approach to identify events and occurrences that may constitute or contribute to abuse, neglect, exploitation, mistreatment; injuries of unknown origin; peer-to-peer aggression with injury; serious injuries; and other harms.

The facility identifies patterns or isolated incidents of unexplained functional regression, or other evidence of physical, verbal, sexual or psychological abuse or punishment posing a serious and immediate threat to individuals.

D. Train

This component ensures the facility, during its orientation program, and through an ongoing training program, provides all employees with information regarding signs and symptoms and the reporting of abuse, neglect, exploitation, mistreatment; injuries of unknown origin; peer-to-peer aggression with injury; serious injuries; and other harms and related reporting requirements, including prevention, intervention, and detection.

The facility ensures that staff can define what constitutes abuse and punishment and actively promotes respect and dignity for individuals. The facility ensures training provided results in the competencies needed for staff to do their job.

Through the treatment planning process, the facility will train family and guardians about the signs and symptoms and the reporting of abuse, neglect, exploitation, and mistreatment.

E. Protect

This component ensures the facility protects individuals from further potential harm during investigation of any allegation of abuse, neglect, exploitation, mistreatment; injuries of unknown origin; peer-to-peer aggression with injury; serious injuries; and other harms. The facility shall protect individuals, staff, and others who report from retaliation.

F. Investigate

This component ensures the facility conducts an objective investigation of all alleged abuse, neglect, exploitation, mistreatment; injuries of unknown origin; peer-to-peer aggression with injury; serious injuries; and other harms, in a timely and thorough manner.

Nursing Homes and ICF/IDD Facilities: This system ensures the facility reports the results of all investigations to the Facility Director or designated representative and to other officials in accordance with applicable local, State, or Federal law within 5 working days of the incident. and, if the alleged violation is verified, appropriate corrective action is taken.

Hospitals and Personal Care Homes: This system ensures the facility reports the results of all investigations to the Facility Director or designated representative or to other officials in accordance with applicable local, State, and Federal law within 14 calendar days of the incident. , and if the alleged violation is verified, the appropriate corrective action is taken.

Nursing Homes, ICF/IDDs, Personal Care Homes and Hospitals: Analysis of incidents and investigations is an ongoing process. Identified trends are addressed through a continuous Quality Improvement program in a timely manner. Based on data analysis, corrective systematic improvements are developed, trained, implemented and monitored for sustained improvement.

G. Report/Respond

The Facility Director or designated representative shall follow KRS 209.030, KRS 620.030, 42 CFR 483.13, and 42 CFR 483.420 for **immediate reporting of harm or potential for harm to adults and children including, but not limited to ALL:** allegations of abuse, neglect, exploitation, or mistreatment; injuries of unknown origin; serious injuries, whether known or unknown; peer-to-peer aggression with serious injury; and serious occurrences or events with potential to cause harm. At the Facility Director's or designated representative's discretion, or the DBHDID Commissioner's request, additional harms not delineated above may also be reported. All immediate reports shall be made to:

- a. DCBS (see Sections 15.A., 15.C, and 15.E);
- b. OIG (see Sections 15.B. and 15.E.); and/or
- c. DBHDID (see Sections 15.A., 15.C., 15.D., and 15.E.)

Following the identification of a condition or situation that has potential to cause harm to a person's psychological and/or physical health and safety, or following an incident that causes harm to a person's psychological and/or physical health and safety, it is the responsibility of the facility to **immediately** secure the safety of the individual(s) or person(s) by removing the threat.

3. AGENCY ROLES

A. Department for Behavioral Health, Developmental and Intellectual Disabilities

DBHDID provides minimum guidelines for risk management whether the facility is operated directly or under contract. DBHDID is responsible for the administration, implementation, coordination, and monitoring of the Facility Risk Management Protocol and providing technical assistance to the facilities regarding the Facility Risk Management Protocol and the Electronic Medical Record.

B. Office of Inspector General

The Office of Inspector General (OIG) investigates for potential facility regulatory violations of state and federal law, to include allegations of abuse, neglect, and exploitation. Investigation objectives will focus on the facility's protective oversight, prevention, efficiency and quality within the healthcare delivery system.

C. Department for Community Based Services: Adult and Child Protections

a. Adult Protections – KRS 209

Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of KRS 209. The Department for Community Based Services (DCBS) provides protective services that may include, but are not limited to, conducting investigations of complaints of possible abuse, neglect, or exploitation to ascertain whether or not the situation and condition of the adult in need of protective services warrants further action; social services aimed at preventing and remedying abuse, neglect, and exploitation; and services directed toward seeking legal determination of whether or not the adult in need of protective services has been abused, neglected, or exploited and to ensure that he/she obtains suitable care in the facility.

b. Child Protections – KRS 620

Any person who knows or has reasonable cause to believe that a child is dependent, neglected or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Kentucky State Police; the cabinet or its designated representative; the Commonwealth's attorney or the county attorney; by telephone or otherwise. Any supervisor who receives from an employee a report of suspected dependency, neglect or abuse shall promptly make a report to the proper authorities for investigation. Nothing in this section shall relieve individuals of their obligations to report.

4. APPLICATION AND AUTHORITY

A. Application

This Protocol applies to all individuals served in the DBHDID facilities, whether operated directly or under contract, and to all state employees, contract employees, consultants, agents, visitors to the facility, family/guardian, and other persons as applicable.

B. Authority

The Facility Risk Management Protocol is based upon reference to the following statutes, regulations, and State Operation Manuals:

KRS Chapters 209, 216, 218A, 222, 507, 508, 509, 510, 511, 513, 514, 530, 531, 600, and 620; 42 CFR 483.1-75, 101 KAR 2:102, 902 KAR 20:016, 902 KAR 20:048, 902 KAR 20:051, 42 CFR 483.400-480, State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals (Rev. 1, 5-21-04), State Operations Manual Appendix J - Guidance to Surveyors: Intermediate Care Facilities for Persons With Mental Retardation, State Operations Manual Appendix PP - Guidance to

5. GENERAL DEFINITIONS

A. Agent

Any person not employed by the facility but working under the auspices of the facility, including but not limited to: volunteer, student.

B. Facility Risk Management Coordinator

The staff assigned by the Facility Director responsible for implementing the Facility Risk Management Protocol.

C. Incitement

To spur to action or instigate into activity; implies responsibility for initiating another person's actions.

D. Individual

The person served in a facility: who resides in a nursing home; who resides in an ICF; who does not reside in an ICF but receives services at the ICF; who receives services in a psychiatric hospital; who resides in a personal care home; who resides in a neuro-behavioral unit; OR, who may be physically away from the facility (nursing home, ICF/IDD, personal care home, neuro-behavioral unit or psychiatric hospital) but still carried on the census of the facility.

E. Investigation

The process of conducting an objective, thorough, timely systematic examination of all allegations of abuse, neglect, exploitation, or mistreatment; injuries of unknown origin; peer-to-peer aggression with injury; serious injuries, or other harms.

F. Investigator

A person who successfully completes a DBHDID-approved Investigator training.

G. Retaliatory Action

Any action intended to inflict emotional or physical harm or inconvenience on an employee or individual served, by a supervisor, another employee, or another individual because he or she has reported an allegation of abuse, neglect, exploitation, mistreatment; injuries of unknown origin; peer to peer aggression with injury; serious injuries; or other harms. This includes, but is not limited to: harassment, disciplinary measures, intimidation, discrimination, reprimand, threat, and/or criticism.

6. HARM TRIGGERS

Facilities have an integrated system in place to protect individuals served in DBHDID facilities from all types of harm, whether the facility is operated directly or under contract. This includes protection from harm by, but is not limited to state employees; contract employees; other individuals; consultants; agents; visitors to the facility; family/guardian; and other persons as applicable. Harm triggers include, but are not limited to (Harm Triggers – see Appendix A):

- a. Failure to protect from abuse – Physical, Sexual Abuse, Sexual Assault, Verbal
- b. Failure to protect from neglect
- c. Failure to protect from psychological harm
- d. Failure to protect from undue adverse medication consequences or non-provision of medications as prescribed
- e. Failure to provide adequate nutrition and hydration to support and maintain health
- f. Failure to practice adequate standard safety precautions or infection control
- g. Failure to correctly identify individuals
- h. Failure to provide safety from fire, smoke, or environmental hazards or educate staff in handling emergency situations

- i. Failure to provide initial medical screening, stabilization of emergency medical conditions and safe transfer for individuals and women in active labor seeking emergency treatment (Emergency Medical Treatment and Active Labor Act)

7. HARM DEFINITIONS

A. Abuse - Mental/Psychological Abuse

Includes, but is not limited to: humiliation, harassment, threats of punishment or deprivation, sexual coercion, or intimidation, whereby individuals suffer psychological harm or trauma.

B. Abuse – Physical

Any physical motion or action, by which bodily harm or trauma occurs, and includes but is not limited to hitting, slapping, pinching, punching, kicking and burning. Physical abuse also includes controlling behavior through corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.

C. Abuse – Sexual

Sexual abuse is defined as non-consensual sexual contact between an individual and another, including but not limited to: residents; state employees; contract employees; consultants; agents; visitors to the facility; family/guardian; other persons as applicable; and includes any touching of the sexual or other intimate parts of a person done for the purpose of gratifying the sexual desire of either party. For purposes of this protocol, an individual is considered incapable of consenting to sexual contact with an employee, contract employee, consultant, or other agent of the facility.

Sexual abuse includes sexual assault which is penetration by use of force or threat of force and/or if the aggressor knew the victim was unable to understand the nature of the act or unable to give knowing consent. Sexual assault is a form of sexual violence, which includes, but is not limited to rape, groping, forced kissing or the torture of a person in a sexual manner.

Sexual abuse also includes but is not limited to staff negligently allowing intimate, non-consensual sexual contact between individuals, sexual harassment, and sexual coercion.

Any sexual contact requires an expanded investigation to determine if abuse occurred; however, if the expanded investigation shows that the individual is capable of giving knowing consent, that the sexual contact was consensual, and the sexual contact was not with an employee, contract employee, consultant, or other agent of the facility, then sexual abuse did not occur and the incident shall not be substantiated for sexual abuse.

D. Abuse - Verbal

Any use of oral, written or gestured language that willfully includes disparaging and/or derogatory terms to individuals, their families, and/or their significant others, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Verbal abuse also includes pejorative and derogatory terms to describe individuals with disabilities.

E. Adult Abuse

Adult abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury or anguish. Abuse also refers to the ill-treatment, violation, revilement, maltreatment, and/or otherwise disregard of an individual, whether purposeful, or due to carelessness, inattentiveness, or omission of the perpetrator. This may be a direct act by an individual or the incitement of another staff member or individual to perform the act. Abuse also may be due to staff neglect or indifference to infliction of injury or intimidation of one individual by another.

F. Adult Neglect

A situation in which an adult is unable to perform or obtain for himself the goods or services that are necessary to maintain his health or welfare, or the deprivation of services by a caretaker, i.e. the failure to provide goods and services necessary, to maintain the health and welfare of an adult, which may result in physical harm, mental anguish, or mental illness.

G. Aggression, Peer-to-Peer

An occurrence whereby an individual who resides or receives services at the facility acts aggressively toward another individual who resides or receives services at the facility and the occurrence includes, but is not limited to: hitting, pushing, kicking or other similar acts.

H. Child Abuse and Neglect (KRS 600.020(1))

"Abused or neglected child" means a child whose health or welfare is harmed or threatened with harm when his parent, guardian, or other person exercising custodial control or supervision of the child:

- a. Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;
- b. Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;
- c. Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005;
- d. Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
- e. Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
- f. Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;
- g. Abandons or exploits the child;
- h. Does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child; or
- i. Fails to make sufficient progress toward identified goals as set forth in the court-approved case plan to allow for the safe return of the child to the parent that results in the child remaining committed to the cabinet and remaining in foster care for fifteen (15) of the most recent twenty-two (22) months.

I. Exploitation

Obtaining or using an individual's resources, including but not limited to **funds, assets, or property**, by deception, intimidation, or similar means, with the intent to deprive the individual of those resources. Exploitation includes the misappropriation of an individual's property, which includes the deliberate misplacement, mistreatment, or wrongful, temporary, or permanent use of an individual's belongings or money without the individual's consent.

J. Immediate

Without delay.

K. Incident

An occurrence or event that causes harm, or has potential to cause harm to, including but not limited to: individual(s) served, state employees, contract employees, consultants, agents, visitors to the facility, family/guardian, and property.

L. Injuries of Unknown Origin

An injury should be classified as an "injury of unknown origin" when **both** of the following conditions are met:

- a. The origin of the injury was not observed by any person **or** the source of the injury could not be explained by the individual; **and**
- b. The injury is suspicious because of the extent of the injury **or** the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) **or** the number of injuries observed on one individual at one particular point in time **or** the incidence of injuries over time.

M. Medication Errors

There are nine (9) categories of medication errors, according to Categories as defined by National Coordinating Council for Medication Error Reporting and Prevention (NCC-MERP) Error Outcome Category Index:

- a. Category A: Circumstances or events that have the capacity to cause error; this error requires a medication variance report to the facility Pharmacy and Therapeutics Committee.
- b. Category B: An error occurred, but the error did not reach the patient; this error requires a medication variance report to the facility Pharmacy and Therapeutics Committee.
- c. Category C: An error occurred that reached the patient, but did not cause patient harm.
- d. Category D: An error occurred that reached the patient and required monitoring to confirm that it resulted in no harm to the patient, and/or required intervention to preclude harm.
- e. Category E: An error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention.
- f. Category F: An error occurred that may have contributed to or resulted in temporary harm to the patient and required initial or prolonged hospitalization.
- g. Category G: An error occurred that may have contributed to or resulted in permanent patient harm.
- h. Category H: An error occurred that required intervention necessary to sustain life.
- i. Category I: An error occurred that may have contributed to or resulted in the patient's death.

N. Minor Injury

The injury received is of minor severity, e.g., any bruise, cut, or abrasion, that requires either the administration of minor first aid or no treatment. This is meant to include treatments such as the application of small adhesive bandages, cleaning of abrasion, application of ice packs for minor bruises, or use of over the counter medications such as antibiotic creams, aspirin and acetaminophen. Minor first aid may be applied by medical personnel to include a physician.

O. Missing Individual / Elopement

An event in which an individual has not been accounted for when expected to be present, or left the grounds of the facility without permission. NOTE: If an individual was on one-to-one supervision at the time of elopement, the classification for the event is Neglect and reported as Alleged Neglect.

P. Mistreatment

Behavior or practice that results in any type of individual exploitation such as sexual or criminal.

Q. Mortality

Expected or unexpected death of an individual within the facility, during hospitalization, or within 30 days after discharge or transfer to another healthcare setting.

R. Para-suicidal Behavior

Behavior suggesting suicidal thoughts, with no serious attempt present.

S. Serious Injury

The injury received is of serious severity, e.g., sutures, bone fractures, burns, substantial hematoma, injuries to internal organs that require the treatment of the individual by a licensed medical physician (medical treatment beyond first aid.) The treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a physician's private office or clinic or through treatment at the emergency room of a general acute care hospital.

T. Suicidal Behavior (Attempt)

Any serious attempt to kill one's self.

U. Threat

Any condition or situation which could cause or result in severe, temporary, or permanent injury or harm to the mental or physical condition of individuals, or in their death.

8. WRITTEN PROCEDURES

Facilities shall have written procedures to follow KRS 209, KRS 620, 42 CFR 483.13, and 42 CFR 483.420 in the reporting of incidents to the Facility Director or designated representative and/or other authorized officials, and corresponding integrated Risk Management system.

9. INCIDENT REPORTING

An Incident Report shall be completed after every incident. Upon receiving a report of an incident, the Facility Director or designated representative is responsible for making the determination on whether an Expanded Investigation will be initiated, based on the information provided, whether harm has occurred, and whether the potential for harm is present.

Pending the outcome of an Expanded Investigation, all incidents are considered "alleged."

A. Incident Investigation

Incident Investigation may be completed by a facility supervisor, next level supervisor, or investigator. See Appendix B for the Incident Report and associated Incident Investigation form.

If the incident is peer-to-peer aggression with no or minor injury, an additional follow-up will be completed. This follow-up may be completed by a facility supervisor, the next level supervisor, or investigator. See Appendix C for the Peer to Peer with No or Minor Injury follow-up form.

If the immediate facility supervisor is not available or it has been alleged the immediate facility supervisor is involved in the incident, the next level supervisor, or investigator will complete the investigation. At the Commissioner's (or designee) discretion, based on the severity of an allegation or incident, an Advanced Certified Investigator from another facility may be assigned to complete the investigation.

As an investigation progresses and information becomes available that shows the incident falls within the category of incidents that require an Expanded Investigation as set out in paragraph 9.C.1. below, the supervisor shall immediately call the Facility Director or designated representative to report the additional information regarding the incident. The Facility Director or designated representative will assign an Expanded Investigation, if the additional information provided validates the incident meets the type of incident that requires an Expanded Investigation. If the additional information does not meet the type of incident that requires an Expanded Investigation, the Facility Director or designated representative shall require the Incident Investigation to continue.

If it is determined that an Expanded Investigation will be conducted, information obtained by the facility supervisor during the investigation will be incorporated, as applicable, into the Expanded Investigation.

B. Report of Unusual Incident

If it is determined that an Expanded Investigation will be conducted, a Report of Unusual Incident (RUI) shall be completed by a facility supervisor, next level supervisor, or investigator. See Appendix D for the RUI form.

C. Expanded Investigations

Expanded Investigations are completed only by a certified investigator.

If it has been alleged the investigator is involved in the incident, the Facility Risk Management Coordinator or designee will complete the Expanded Investigation. Alternatively, the facility may contact the DBHDID Commissioner and request that a DBHDID investigator complete the Expanded Investigation.

If the allegation or incident would require an expanded investigation except that the circumstances under C.2. below apply, the incident analysis shall include a statement of the reasons an expanded investigation was not conducted and documentation in the form of witness statements, photographs, video recordings or other evidence to show that the requirements of paragraph C.2. were met.

Facilities will use the Expanded Investigation Form in Appendix E.

1. The following types of allegations or incidents **require** Expanded Investigations unless the circumstances set out below in paragraph 2 apply:
 - a. Abuse (physical, sexual, verbal, mental / psychological);
 - b. Neglect;
 - c. Exploitation (funds, assets, property);
 - d. Mistreatment (sexual, criminal);
 - e. Peer-to-peer aggression with serious injury;
 - f. Increased incidents of peer-to-peer aggression, regardless of injury, if there is suspicion of abuse, neglect, exploitation, or mistreatment.;
 - g. Failure to provide adequate nutrition/hydration (Appendix A);
 - h. Pattern of failure to practice standard safety and/or infection control precautions (see Appendix A);
 - i. Failure to provide safety from environmental hazards (see Appendix A);
 - j. Failure to provide safety from fire or smoke (see Appendix A);
 - k. Failure to provide initial medical screening, stabilization of emergency medical conditions and safe transfer for individuals and women in active labor seeking emergency treatment (see Appendix A); (Note: These are serious events that in the past should have been investigated)
 - l. Category D medication errors if a trend is present;
 - m. Category E-I medication errors;
 - n. Death of any individual on state property;
 - o. Expected or unexpected death of any individual served within the facility, during hospitalization, or within 30 days after discharge or transfer to another healthcare setting;
 - p. Missing individual/elopement from the facility;
 - q. Injuries of an unknown origin
 - r. Serious injuries of a known cause if there is suspicion of abuse, neglect, exploitation, or mistreatment;
 - s. Increased incidents of serious injuries of a known cause if there is suspicion of abuse, neglect, exploitation, or mistreatment.
 - t. Serious injuries due to staff interventions during restrictive procedures, e.g., placing an individual in behavioral restraints, etc;
 - u. Individual discovered to be in a lower level of supervision than required by the current treatment plan;
 - v. Suicidal behavior (attempt);
 - w. Serious occurrences or events that cause or have the potential to cause, an immediate threat to the health, safety, and welfare of individuals or other persons;
 - x. Through the facilities' proactive approach of identifying an occurrence, pattern, or trend, it is determined there is or may be a serious and immediate threat to an individual's or other person's health, safety, and welfare. (Note: CMS & OIG focused on proactive approach)
2. If the location where the incident occurred is equipped with a surveillance camera or cameras that retained video evidence sufficient to allow the investigator to determine that an allegation would be unsubstantiated if investigated, an expanded investigation is not required. When determining whether an expanded investigation will be required, an investigator shall consider whether the person making the allegation could be mistaken or confused about the alleged time and location of the incident and whether the video evidence would be conclusive. After considering all of the facts and circumstances, if the video evidence is inconclusive, an expanded investigation shall be conducted. NOTE: If the incident involves verbal or mental/psychological abuse, video evidence that does not also record and retain a clear audio record is inconclusive and an expanded investigation is required,

If a person makes an allegation that would require an expanded investigation under paragraph 1, but recants the allegation, the investigator may determine an expanded investigation is not required if **ALL** of the following occur:

- a. The individual recants within the same conversation in which the allegation was made or when speaking with the investigator for the first time;

- b. A neutral party who was not involved in the original incident, such as a patient care advocate, interviews the individual and determines there was no evidence of coercion or pressure to recant;
- c. The neutral party provides a signed, written statement summarizing the interview with the individual and stating the neutral party's conclusions;
- d. No visible injury is present; and
- e. The facility director determines there is sufficient evidence to support a finding that the individual made a false allegation and subsequently freely and voluntarily recanted his or her allegation.

10. EMPLOYEE RESPONSIBILITIES RELATED TO INCIDENTS

Any person employed by the facility has responsibilities related to Risk Management and shall take actions to ensure the health, safety, and welfare of individuals, staff, and other persons, and shall abide by the following:

A. Medical Treatment

Immediately, staff discovering an incident must provide first aid within their ability related to their training, if needed, and if applicable, request additional medical assistance.

B. Notification Requirements

Staff shall follow KRS 209.030, KRS 620.030, 42 CFR 483.13, and 42 CFR 483.420, and facility policy for **immediate reporting** to the Facility Director or designated representative and/or to other authorized officials **of harms or potential for harms to adults and children including, but not limited to, ALL:** allegations of abuse, neglect, exploitation, or mistreatment; injuries of unknown origin; serious injuries, whether known or unknown; peer to peer aggression with injury; and serious occurrences or events with potential to cause harm.

C. Incident Report

An Incident Report shall be completed before the end of shift in which the incident was discovered, prior to leaving the facility. Facilities shall enter the incident report into the Electronic Medical Record or use the DBHDID approved incident report (Appendix B).

D. Failure to Report

Failure to immediately report an occurrence or event that causes harm or has potential to cause harm shall be considered in violation of KRS 209, KRS 620, 42 CFR 483.13, and 42 CFR 483.420 and facility policy and staff shall be subject to disciplinary action, up to and including dismissal.

E. Cooperate in Investigations / Failure to Cooperate in Investigations

Full cooperation is expected in any internal or external investigation of an incident. Staff shall provide all information pertinent to the incident and recommendations that may assist in the prevention of future incidents. Failure to cooperate with the investigation process shall be considered a violation of this protocol and facility policy and staff shall be subject to disciplinary action, up to and including dismissal.

F. Retaliatory Actions Prohibited

Any forms of retaliatory action made toward either an individual served or staff who report an incident, staff who provide information regarding such incidents in good faith, facility supervisor conducting an investigation, or investigator, either during the course of an investigation or afterwards, are strictly prohibited. Staff found involved in retaliatory actions to any degree shall be considered in violation of this protocol and facility policy and shall be subject to disciplinary action, up to and including dismissal.

11. FACILITY SUPERVISOR RESPONSIBILITIES RELATED TO INCIDENTS

The facility supervisor has responsibilities related to Risk Management and shall take the following actions where appropriate to ensure the health, safety, and welfare of individuals, staff, and other persons.

- A. Immediately start an Incident Investigation/Follow-up;
- B. Secure the scene in an appropriate manner:
 - a. Ensure first aid and/or medical care has been provided or obtained;
 - b. Immediately remove the potential target employee(s), if known, from direct care, and if more than one target employee, keep them separated to minimize the discussion of the incident among themselves, while ensuring adequate supervision of all individuals;

- c. Immediately put interventions in place to ensure the safety of all individuals, staff, and other persons;
 - d. Obtain photographs of all visible injuries or photographs to document that no injury is present;
 - e. Prohibit any person from removing or destroying potential or actual evidence;
 - f. Ensure that an immediate report of the incident was made to the Facility Director or designated representative and/or to other authorized officials;
 - g. Ensure the scene is not disturbed if facility investigators or law enforcement authorities are expected, in order to keep the scene and potential or actual evidence from being contaminated;
 - h. Keep potential witnesses at the scene, and
 - i. Keep separated when possible, while ensuring adequate supervision of all individuals;
 - ii. If separation is not possible, assign or request an additional supervisor to the scene to minimize the potential witnesses from discussing the incident among themselves;
 - iii. Separate as soon as replacement staff coverage is assigned and present; and
 - i. Initiate the Incident Report Form process with the reporting staff if it has not already been initiated; and
- C. Ensure all areas of the Incident Report form and corresponding incident investigation are completed before submission to the Risk Management Department.

12. RESPONSIBILITIES OF THE FACILITY DIRECTOR OR DESIGNATED REPRESENTATIVE

The Facility Director or designated representative shall be responsible to:

- A. Assign an individual to supervise the facility's investigative and risk management functions, known as a Facility Risk Management Coordinator;
- B. Designate a minimum of two Certified Investigators for the facility (please see Appendix F for training requirements);
- C. Ensure facility supervisors and investigators have been trained in the appropriate investigation process;
- D. Ensure any persons involved in an incident are provided appropriate care and medical treatment and/or measures are taken to ensure their safety;
- E. Immediately review a reported incident to:
 - a. Ensure proper incident notifications are completed and transmitted to the DBHDID, DCBS, OIG, and other officials in accordance with state and federal law; and
 - b. Determine whether an Expanded Investigation is required;
- F. Ensure employee(s) are immediately removed from direct care if the incident alleges that the employee(s) participated in abuse, neglect, exploitation, mistreatment or other harm and reassign employee(s) out of direct care;
- G. Assign Expanded Investigations, as applicable
- H. Assign an investigator, if a determination is made to initiate an Expanded Investigation, to begin the collection of testimonial evidence within two hours of receiving notice of the incident. Assign:
 - a. Whenever possible, to those with no direct administrative or clinical responsibilities;
 - b. To those with no personal associations, or any other potential biases in the organizational unit where the incident occurred;
 - c. On a rotating basis whenever possible, to ensure sufficient opportunity to practice skills to maintain competence;
- I. Ensure for state-run facilities, if a determination is made the merit employee should not be on the facility grounds:
 - a. Notification is made to the DBHDID Commissioner's Office of the need for "special leave" under the authority of 101 KAR 2:102, Section 8; and
 - b. A written request for special leave is submitted to the Appointing Authority through the Commissioner's Office; and
 - c. If approved by the Appointing Authority, the Office of Human Resource Management will submit requests to the Personnel Cabinet Secretary for final approval to remove the staff from facility grounds.
- J. Ensure for contracted facilities, if a determination is made the contract employee should not be on the facility grounds, internal policies shall be followed to remove the staff from facility grounds.
- K. Determine at the conclusion of the facility's Expanded Investigation:
 - a. Whether the Final Expanded Investigative Report contains sufficient evidence to substantiate the allegation, as determined by the facility investigator, Facility Risk Management Coordinator and other designated staff as assigned;

- b. If the target employee(s) may be returned immediately to their previous work status if the facility Expanded Investigation does not substantiate the allegation of abuse, neglect, exploitation, mistreatment, or other harm;
- c. If the target employee(s) will receive disciplinary action, up to and including dismissal, if the facility Expanded Investigation substantiated the allegation of abuse, neglect, exploitation, mistreatment or other harm. The facility will make a request to the appropriate Human Resource office to initiate disciplinary action.
- d. If the target employee(s) may or may not be returned to their previous work status if the facility Expanded Investigation determines the allegation of abuse, neglect, exploitation, mistreatment, or other harm is inconclusive. The facility should proceed with making a determination on work status, and not hinge the decision on external reports (e.g. DCBS.) If further information is needed, the facility can request a copy of the Continuous Quality Assessment (CQA) from DCBS for further review.
- L. Notify DBHDID directly, as soon as practical after discovery, of any important or unforeseen event or situation that occurs, e.g., negative media attention;
- M. Designate staff to assist with the coordination of investigations made by external agencies. Responsibilities include securing all necessary information regarding the investigation, assisting as needed in the external process, and creating an ongoing facility tracking system and log of information requested;
- N. Provide sufficient staff assigned to the risk management review process to ensure effective management, oversight, communication, and accountability for the risk management system; and
- O. Participate as a regular member of the facility Risk Management Committee.

13. FACILITY SUPERVISOR RESPONSIBILITIES, AUTHORITY, AND CONDUCTING THE INVESTIGATION

Upon notification an incident has occurred, or a determination by the Facility Director or designated representative that an Expanded Investigation be initiated, to competently carry out assigned duties, the facility supervisor has the following responsibilities and authority, as applicable:

- A. Begin the Incident Investigation/Follow-up without delay;
- B. Complete the Peer to Peer Aggression with No or Minor Injury Investigation without delay;
- C. Have access to relevant documentation kept in the home/unit/floor concerning the incident and individuals, including information which is relevant to implementing individual program plans, appropriate care of, interaction with, and provision of services for the individuals;
- D. Request assistance from the Facility Risk Management Coordinator or designee, if needed;
- E. Complete the investigation objectively, thoroughly, and without bias;
- F. Complete the investigation in a timely manner, prior to leaving the facility;
- G. Submit the Incident Report and Incident Investigation/Follow-up (and Peer to Peer with No Injury Investigation, if applicable) to the Risk Management Office without delay;
- OR
- H. If the determination was made by the Facility Director or designated representative to initiate an Expanded Investigation, the facility supervisor will assist based on guidance from the investigator in securing the scene.

14. INVESTIGATOR RESPONSIBILITIES, AUTHORITY, AND CONDUCTING THE EXPANDED INVESTIGATION

Upon determination by the Facility Director or designated representative that an Expanded Investigation will be initiated, the investigator has the following responsibilities and authority:

- A. Coordinate without delay, an Expanded Investigation;
- B. Within two (2) hours of assignment, initiate and collect testimonial evidence;
- C. Visit the incident scene to determine whether appropriate measures have been taken to ensure the safety of the individuals and staff.
- D. Obtain all physical evidence.
- E. Collect all necessary demonstrative evidence including but not limited to: photographs of the scene, individuals, staff or other persons; videographs of the scene, individuals, staff, or other persons; diagrams of the scene; or photographs of all visible injuries or photographs to document that no injury is present;
- F. Collect all necessary documentary evidence as appropriate, including but not limited to: documents concerning the incident and individuals, staff, or other persons; information which is relevant to implementing individual program plans, appropriate care of, interaction with, and provision of services for the individuals;
- G. Continue to secure the scene to ensure nothing is disturbed if law enforcement authorities are expected.

- H. Conduct interviews with and obtain written and signed statements from all victims identified, including those whose ability to communicate is impaired, using a client advocate, interpreter, familiar staff of the individual to assist with the individual, or familiar staff of the individual to provide information to assist with the questions and statement write-up; all relevant witnesses, including staff and those individuals whose ability to communicate is impaired, using a client advocate or interpreter to assist with the questions and statement write-up; and with the staff who provided initial first aid/medical treatment;
- I. Conduct follow-up interviews if testimony gathered during the Expanded Investigation conflicts or if further questions are generated from information obtained;
- J. Consider all other responsibilities as secondary to a timely and thorough investigation;
- K. Have direct access to all staff members and individuals served for the purpose of conducting the investigation;
- L. Require employees to complete a written, signed statement;
- M. Instruct employees to remain beyond their assigned shift or return to the facility if needed;
- N. Request assistance from the Facility Risk Management Coordinator or designee, if needed;
- O. Complete the Expanded Investigation objectively, thoroughly, and without bias;
- P. Act at the direction of the Facility Director or designated representative during the Expanded Investigation; and
- Q. Compile a Final Expanded Investigative Report through the summary and analysis of collected evidence according to defined timeframes for the type of facility.

15. IMMEDIATE NOTIFICATION TO DCBS, DBHDID, OIG

The Facility Director or designated representative shall follow KRS 209, KRS 620, 42 CFR 483.13, and 42 CFR 483.420 for immediate reporting of harms or potential for harms to adults and children including, but not limited to ALL: allegations of abuse, neglect, exploitation, or mistreatment; injuries of unknown origin; serious injuries, whether known or unknown; peer to peer aggression with serious injury; Deaths that occur at the facility or within 30 days of discharge; and serious occurrences or events with potential to cause harm. At the Facility Director's or designated representative's direction, additional harms not delineated above may also be reported. All immediate reports shall be made to:

- a. DCBS (see Sections 15.A., 15.C, and 15.E);
- b. OIG (see Sections 15.B. and 15.E.); and
- c. DBHDID (see Sections 15.A., 15.C., 15.D., and 15.E.)

The Report of Unusual Incidents form (Appendix D) should be used as a guideline for immediate reporting, completed, and submitted for follow-up reporting.

If the incident is an event or act that appears criminal in nature, the facility will report the incident to appropriate law enforcement.

A. Immediate Notification for Adults

- a. Minimum information per KRS 209.030(4) must be provided, if known;
- b. Contact the local DCBS office during regular working hours. Contact the DCBS Adult Abuse/Child Abuse Hot Line at (800) 752-6200 after regular work hours, on holidays, and weekends; and
- c. After reporting to DCBS, the same initial reporting is sent through electronic mail (e-mail) to DBHDID.

B. Nursing Home Additional Immediate Notification to OIG

Nursing homes will also fax an immediate initial written report to OIG.

C. Immediate Notification for Children

- a. Minimum information per KRS 620.030(2) must be provided, if known; along with
 - i. Date and time the incident occurred; and
 - ii. Location where the child(ren) resided at the time of the incident; and
- b. Contact the local DCBS office during regular working hours. Contact the DCBS Adult Abuse/Child Abuse Hot Line at (800) 752-6200 after regular work hours, on holidays, and weekends; and
- c. After reporting to DCBS, the same initial reporting is sent through electronic mail (e-mail) to DBHDID.

D. Additional Immediate Notification to DBHDID

These additional occurrences require immediate notification to DBHDID..

- a. Death
Include the initial cause and relevant background information.
- b. Regulatory Agency or Law Enforcement
Report all regulatory agency visits and law enforcement visits. Include the date and time of the visit, agency name, name(s) of visitor, and explanation for visit.
- c. Hospitalizations
Include the reason and relevant background information.
- d. Emergency Room Visits
Include the reason for the visit and the outcome

E. Report of Unusual Incident

Using the Report of Unusual Incident form, the facility shall:

- a. Simultaneously fax the Report to DBHDID; DCBS; OIG; and, Protection and Advocacy, if the individual is a Protection and Advocacy client. All deaths of individuals with state guardians must be reported to Protection and Advocacy; and
- b. On weekends, holidays, or during non-office hours, simultaneously fax the Report to DBHDID, DCBS, OIG, and if applicable, Protection and Advocacy, within the first eight (8) hours of the next regular workday following the incident(s), except for nursing homes, which shall fax all reports immediately; and
- c. Retain records related to Incident Reports (including Incident Investigation section and Peer to Peer with No or Minor Injury Investigation section as applicable). Report of Unusual Incident Reports and Final Expanded Investigation Reports (including supportive evidence) at the facility for a minimum of three (3) years, then transfer to State Records Center for permanent retention.

16. ADDITIONAL NOTIFICATION REQUIREMENTS

Facilities shall pursue the following notifications according to the guidelines provided.

- A. Parents, Guardians, Next of Kin, Emergency Contact
All facilities are required to “notify promptly” regarding any significant incidents, or changes in the individual’s condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence:
 - a. The individual’s parents, if permission is given by the individual; or
 - b. The individual’s private or state guardian; or
 - c. The individual’s spouse, if permission is given by the individual; or
 - d. The individual’s next of kin, if permission is given by the individual; or
 - e. The individual’s emergency contact, if the individual gives permission.
- B. Notify Promptly
“Notify promptly” is defined as soon as possible unless otherwise agreed to by family/guardian.
 - a. In all cases, every attempt must be made to reach the family/guardian within 12 hours of incident occurrence or time of incident discovery.
 - b. If a message is left on an answering machine, the only information that may be provided is the name and telephone number of the facility caller with a request for the parent/guardian/next of kin/emergency contact to return the telephone call.
 - c. Written notices shall be sent if the parent/guardian/next of kin/emergency contact is unable to be reached by telephone within the 12 hours of discovery.

17. THE FINAL EXPANDED INVESTIGATIVE REPORT

The Final Expanded Investigative Report documents all evidence collected, answers investigatory questions, and includes a determination of whether an allegation of abuse, neglect, exploitation, or mistreatment or other harm as defined for Expanded Investigations has been found to be substantiated, unsubstantiated, or inconclusive.

A. Outcome – Substantiated, Unsubstantiated, or Inconclusive

- a. After the Final Expanded Investigative Report is complete, the investigator, Facility Risk Management Coordinator, Facility Director or designated representative, and other designated staff as assigned, will evaluate the Final Expanded Investigative Report to determine whether there is sufficient evidence to substantiate the allegation:

- i. The analysis of all relevant evidence must be thoroughly documented in an objective manner; and
- ii. The standard of proof to be used is “preponderance of the evidence” which is often expressed as the belief that it is more likely than not that a particular set of facts is true.

B. Confidentiality

The Final Expanded Investigative Report and supporting documents contained in the investigative file are confidential and may be disclosed within the facility to only those staff with responsibilities for taking disciplinary action or responding to recommendations that require knowledge of its contents.

C. Psychiatric Hospital Final Expanded Investigative Report

A final written report of the findings of an Expanded Investigation in psychiatric hospitals:

- a. Shall be submitted within 14 calendar days of the incident to:
 - i. The Facility Director;
 - ii. DBHDID;
 - iii. OIG, as requested; and
 - iv. DCBS, as requested;
- b. If requested in writing, DBHDID may approve an extension to the 14-calendar day requirement due to extenuating circumstances;
- c. A written response regarding the extension request will be forwarded to the Facility Director.

D. Nursing Facilities Final Expanded Investigative Report

A written report of the findings of an Expanded Investigation in nursing homes shall be submitted within five (5) working days of the incident to:

- a. The Facility Director;
- b. DBHDID;
- c. OIG; and
- d. DCBS, as requested.

E. ICF/IDD Facilities Final Expanded Investigative Report

A written report of the findings of an Expanded Investigation in ICF/IDD facilities shall be submitted within five (5) working days of the incident to:

- a. The Facility Director;
- b. DBHDID;
- c. OIG, as requested; and
- d. DCBS, as requested.

F. Personal Care Homes Final Expanded Investigative Report

A written report of the findings of an Expanded Investigation in Personal Care Homes shall be submitted within five (5) working days of the incident to:

- a. The Personal Care Home Director;
- b. DBHDID;
- c. OIG; and
- d. DCBS, as requested.

18. DUTY TO PROTECT

The facility must take whatever action is necessary to protect individuals residing there. For example, if a facility is forced by court order or arbitration rulings to retain or reinstate an employee believed to be abusive, the facility may need to take other measures to ensure individuals’ safety such as:

- a. Assigning the employee to an area where there is no contact with individuals;
- b. Providing increased supervision and additional training for the employee;
- c. For merit employees, confer with the Kentucky Cabinet for Health and Family Services, Office of Human Resource Management and Office of Legal Services regarding appealing the arbitration or court decision, which may include pursuing formal criminal charges.

19. FACILITY RISK MANAGEMENT REVIEW PROCESS

Each facility shall have a system to review incidents and address risk management issues, no less than once a week.

A. Facility Risk Management Coordinator Responsibilities

Each facility shall assign an individual(s) the responsibility to coordinate the risk management process. If the Facility Risk Management Coordinator assigns a designee to assist with the Risk Management functions, the same responsibilities apply. These responsibilities shall include, at a minimum:

- a. Ensure full implementation of the facility's Risk Management Protocol in accord with the DBHDID Facility Risk Management Protocol;
- b. Provide technical assistance to staff in the completion of the Incident Report form;
- c. Provide technical assistance to investigators;
- d. Review all Incident Report forms, Incident Investigations/Follow-ups, Peer to Peer with No Injury Investigations, and Expanded Investigations to ensure they are logical, plausible, and complete;
- e. Provide trend reports and analysis of incident and risk management data to the Risk Management Committee;
- f. Ensure a process is in place to assign Risk Management Committee members to back check the completion and/or implementation of plans as reported to the committee to include, but not be limited to: reviewing staff training records, interviewing staff to determine effectiveness of training, reviewing medical record to verify adherence to a submitted plan, ensuring adaptive equipment was purchased and in the home, etc.;
- g. Coordinate a weekly assessment of all incidents to determine whether incidents have been appropriately referred for an Expanded Investigation;
- h. Maintain the incident management database;
- i. On an ongoing monthly basis, review a 5% random sample or a minimum of five, whichever is greater, of all Final Expanded Investigative Reports using the DBHDID Incident Expanded Investigation Review Tool to identify areas of improvement and email or mail the corresponding Incident Reports, Report of Unusual Incident forms, Expanded Investigations, and completed Tools to DBHDID. In addition, email all remaining Expanded Investigations along with the related Incident Reports and Report of Unusual Incident forms to DBHDID;
- j. On an ongoing monthly basis, review a 5% random sample or a minimum of 20, whichever is greater, of Investigations/Follow-up Investigations, excluding peer to peer with no or minor injury investigations, using the DBHDID Incident/Follow-up Investigation Review Tool to identify areas for improvement and email all 20 of the randomly chosen Incident Report forms and corresponding Tools to DBHDID upon completion;
- k. On an ongoing monthly basis, review a 5% random sample or a minimum of 20, whichever is greater, of Peer to Peer with No or Minor Injury Investigations using the DBHDID Peer to Peer with No or Minor Injury Investigation Tool to identify areas for improvement and email or all 20 randomly chosen Incident Report forms and corresponding Tools to DBHDID upon completion;
- l. On an ongoing monthly basis, submit a summary, trending results, and analysis of all incidents to DBHDID;
- m. Identify persons to receive investigation training;
- n. Serve as the facility point of contact with DBHDID regarding the Facility Risk Management Protocol;
- o. Coordinate quarterly internal facility peer reviews on Expanded Investigations; and
- p. Develop procedures for the maintenance of Expanded Investigative files and evidence including:
 - i. A chronological log of all investigations;
 - ii. An identification number for each incident;
 - iii. Information that should be included in an investigative file;
 - iv. Person(s) responsible for maintenance of the files; and
 - v. Maintaining the files in secure facility location;
 - vi. A chronological log of all evidence;
 - vii. An identification number for each piece of evidence; and
 - viii. Preservation of evidence, including evidence that must be refrigerated; and
- q. Maintain a systematic process for filing and storing risk management documents compliant with HIPAA standards. Note: Some of this responsibility had been under Facility Director

B. Risk Management Review Committee Responsibilities

The responsibilities of the Committee shall include, at a minimum:

- a. A discussion of all incidents that have occurred within the facility since the previous meeting;
- b. A discussion of how the incidents occurred; whether or not they could have been prevented; and strategies and implementation plans for future prevention;
 - i. Communicate the strategies to DBHDID if successful for overall performance improvement;
- c. A review of the summaries of the:
 - i. Total number of incidents;
 - ii. Types of incidents;
 - iii. Total number of injuries;
 - iv. Type and severity of injuries;
 - v. Location, shifts, times of day where incidents and injuries occurred;
 - vi. Identify any apparent trends or patterns that could facilitate protection from harm or prevention of incidents; and
 - vii. Provide a written analysis (refer to p. 16, Section 19 A (l) and recommendations with a copy to the BHDID Risk Management Coordinator;
- d. Identifying additional information needed to determine the cause or circumstance of the incidents, with a plan, timeframe, and assigned responsibility to collect the information. The timeframe for follow-up should be based on the severity of the incident. The plans should include actions to reduce the number of incidents and make improvements in the facility's procedures;
- e. Assisting supervisors/managers/treatment teams to determine possible causes of incidents, and provide advice and resources. Once the possible causes have been determined, ensure a system is in place to pass the information to direct support staff to prevent such harm in the future;
- f. Ensuring the supervisors/managers/treatment team is responsible for submitting recommendations for resolution of identified problems or trends to the Committee. Ensure a system is in place to pass the final Committee recommendations to direct support staff. Assign responsibility of implementing the plans to appropriate staff, with follow up documentation of monitoring results presented to the Committee on a defined and timely basis to evaluate progress or lack of progress with recommended changes; and
- g. Systematically monitor implementation and outcome of all plans to provide continuous quality improvement to facility practices and procedures.

20. DBHDID FACILITY RISK MANAGEMENT PROTOCOL ADMINISTRATION

The administration of the Facility Risk Management Protocol involves the DBHDID Commissioner, the DBHDID Risk Management Advisory Committee, and the DBHDID Risk Management Team.

A. The DBHDID Commissioner or designated representative shall:

- a. Be responsible for the administration, implementation, coordination, and monitoring of the Facility Risk Management Protocol;
- b. Appoint a Risk Management Advisory Committee to advise the Commissioner's office about risk management issues;
- c. Appoint a DBHDID Risk Management Team to provide oversight and implementation of the DBHDID Facility Risk Management Protocol.

B. The DBHDID Risk Management Advisory Committee shall provide the following:

- a. Serve as an advisory group to the Commissioner about risk management issues, and individual-related extraordinary occurrences;
- b. Conduct at least annual meetings using a prepared agenda, to review risk management issues, individual-related extraordinary occurrences, and quarterly data analysis provided by the DBHDID Risk Management Team, and others;
- c. Review the Facility Risk Management Protocol on at least an annual basis and provide recommendations for improvement in writing to the Commissioner or designated representative for review and approval; and
- d. Once Protocol approval is obtained, provide a Facility Risk Management Protocol to facilities.

C. The DBHDID Risk Management Team shall work together to provide the following:

- a. Be the point-of-contact for the facilities, and other agencies, for consultation when questions arise about the DBHDID Facility Risk Management Protocol;
- b. On an ongoing monthly basis, select at least one facility for review of 15 randomly chosen Incident Investigations and corresponding Incident Report forms submitted to DBHDID to:
 - i. Check for adherence to the Protocol;
 - ii. Check for quality;
 - iii. Determine that an Expanded Investigation was not warranted; and
 - iv. Create a formal written report of the analysis by facility and across facilities; and
- c. On an ongoing monthly basis, select at least one facility for review of 15 randomly chosen Peer-to-Peer with No or Minor Injury Investigations and corresponding Incident Report forms submitted to DBHDID to:
 - i. Check for adherence to the Protocol;
 - ii. Check for quality;
 - iii. Determine that an Expanded Investigation was not warranted; and
 - iv. Create a formal written report of the analysis by facility and across facilities; and
- d. On an ongoing monthly basis, conduct a site visit to review a 20% randomly chosen sample of at least one facility's Final Expanded Investigations and corresponding Incident Reports and Reports of Unusual Incident to:
 - i. Check for adherence to the Protocol;
 - ii. Check for quality; and
 - iii. Create a formal written report of the analysis by facility and across facilities; and
- e. Evaluate Expanded Investigations to provide consultation and feedback as indicated
 - i. Keep a yearly, chronological, organized file of consultation and feedback, whether by written correspondence, verbal (which must be documented), or e-mail;
- f. Notify the Facility Director of any incident that was not investigated or warrants an Expanded Investigation;
- g. Contact facilities to assist with development of appropriate staff training initiatives to meet the changing training needs based on data analysis;
- h. Coordinate the Department's reporting function, which includes preparation and distribution of the following reports to Executive staff and those having a need to know:
 - i. Daily Morning Report;
 - ii. Annual Summary, including a written analysis of any trends noted
- i. Attend Facility Director and Executive Committee meetings, as requested;
- j. Periodically chair meetings of all facility risk management coordinators to discuss issues with implementing the DBHDID Facility Risk Management Protocol;
- k. Maintain a systematic process for filing and storing risk management documents compliant with HIPAA standards;
- l. Notify the Commissioner and appropriate Facility Director of the quality of Expanded Investigations if a particular investigator continues to reflect poor quality even after receiving peer feedback;
- m. Be responsible for making all necessary arrangements and assist with training for statewide risk management training events;
- n. Conduct facility focused reviews, facility Expanded Investigations, and risk management training as requested by the DBHDID Commissioner or designated representative; and
- o. Serve on the Department's Risk Management Advisory Committee.

21. DBHDID SPECIALTY INTERMEDIATE CLINIC RISK MANAGEMENT PROTOCOL

The Specialty Intermediate Clinics in our ICF-IDD facilities shall each have an approved risk management protocol in place.

A. Application

This section of the protocol applies to all individuals served in the Specialty Intermediate Clinics, whether operated directly or under contract, and to all state employees, contract employees, consultants, agents, visitors to the facility, family/guardian, and other persons as applicable

B. Authority

Please refer to page 3 of this protocol for information on statutory and regulatory support for this protocol.

C. Definitions, Harm Triggers, and Harm Definitions

Please refer to pages 3-8 of this protocol for general definitions, harm triggers, and harm definitions.

D. Written Procedures

Specialty Intermediate Clinics shall have written procedures to follow the reporting requirements in KRS 209.030 and 620.030, 42 CFR 483.13, and 42 CFR 483.420 in the reporting of incidents to the ICF Facility Director or designated representative and/or other authorized officials, and corresponding integrated Risk Management system.

E. Reporting and Investigation

For incidents involving residents of a DBHDID ICF-IDD Facility or allegations against facility or clinic staff, follow the existing Facility Risk Management Protocol. For incidents involving other individuals served in the clinics, follow all applicable reporting requirements and cooperate with any investigations conducted by other agencies.

Please refer to page 13 for immediate reporting guidelines for incidents involving ICF-IDD residents, or allegations against facility or clinic staff. For incidents involving individuals not residing at a DBHDID facility and that do not involve allegations against clinic or facility staff, report to:

- a. DCBS (immediately by phone, then fax as required)
- b. The agency that provides services to the individual
- c. DBHDID (immediately by e-mail, then by fax as required)

If the incident is an event or act that appears criminal in nature, the clinic must also report the incident to appropriate law enforcement.

F. Additional Immediate Reporting to DBHDID

Please refer to page 13-14 of this protocol for a list of incidents, which require **additional** email notification to DBHDID.

G. Employee Responsibilities Related to Incidents

Any person employed by the clinic has responsibilities related to Risk Management and shall take actions to ensure the health, safety, and welfare of individuals, staff, and other persons. Please refer to page 9 of this protocol for details of the requirements.

H. Questions

Should clinic employees have questions regarding this protocol, they should contact the Risk Manager at the facility whose residents they treat, or any member of the DBHDID Risk Management Team.

22. ELECTRONIC MEDICAL RECORD DOWNTIME

If the Electronic Medical Record system experiences downtime, please utilize the forms referenced in the appendices within this protocol.

Appendix A – Harm Triggers

Harm Triggers from State Operations Manual, Appendix Q – Guidelines for Determining Immediate Jeopardy. pp. 5-7.

Issue	Harm Triggers
A. Failure to protect from abuse	<ol style="list-style-type: none"> 1. Serious injuries such as head trauma or fractures; 2. Non-consensual sexual interactions; e.g., sexual harassment, sexual coercion or sexual assault; 3. Unexplained serious injuries that have not been investigated; 4. Staff striking or roughly handling an individual; 5. Staff yelling, swearing, gesturing or calling an individual derogatory names; 6. Bruises around the breast or genital area; or Suspicious injuries; e.g., black eyes, rope marks, cigarette burns, unexplained bruising.
B. Failure to Prevent Neglect	<ol style="list-style-type: none"> 1. Lack of timely assessment of individuals after injury; 2. Lack of supervision for individual with known special needs; 3. Failure to carry out doctor's orders; 4. Repeated occurrences such as falls which place the individual at risk of harm without intervention; 5. Access to chemical and physical hazards by individuals who are at risk; 6. Access to hot water of sufficient temperature to cause tissue injury; 7. Non-functioning call system without compensatory measures; 8. Unsupervised smoking by an individual with a known safety risk; 9. Lack of supervision of cognitively impaired individuals with known elopement risk; 10. Failure to adequately monitor individuals with known severe self-injurious behavior; 11. Failure to adequately monitor and intervene for serious medical/surgical conditions; 12. Use of chemical/physical restraints without adequate monitoring; 13. Lack of security to prevent abduction of infants; 14. Improper feeding/positioning of individual with known aspiration risk; or 15. Inadequate supervision to prevent physical altercations.
C. Failure to protect from psychological harm	<ol style="list-style-type: none"> 1. Application of chemical/physical restraints without clinical indications; 2. Presence of behaviors by staff such as threatening or demeaning, resulting in displays of fear, unwillingness to communicate, and recent or sudden changes in behavior by individuals; or 3. Lack of intervention to prevent individuals from creating an environment of fear.
D. Failure to protect from undue adverse medication consequences and/or failure to provide medications as prescribed.	<ol style="list-style-type: none"> 1. Administration of medication to an individual with a known history of allergic reaction to that medication; 2. Lack of monitoring and identification of potential serious drug interaction, side effects, and adverse reactions; 3. Administration of contraindicated medications; 4. Pattern of repeated medication errors without intervention; 5. Lack of diabetic monitoring resulting or likely to result in serious hypoglycemic or hyperglycemic reaction; or

Issue	Harm Triggers
	6. Lack of timely and appropriate monitoring required for drug titration.
E. Failure to provide adequate nutrition and hydration to support and maintain health.	1. Food supply inadequate to meet the nutritional needs of the individual; 2. Failure to provide adequate nutrition and hydration resulting in malnutrition; e.g., severe weight loss, abnormal laboratory values; 3. Withholding nutrition and hydration without advance directive; or 4. Lack of potable water supply.
F. Failure to protect from widespread nosocomial infections; e.g., failure to practice standard precautions, failure to maintain sterile techniques during invasive procedures and/or failure to identify and treat nosocomial infections	1. Pervasive improper handling of body fluids or substances from an individual with an infectious disease; 2. High number of infections or contagious diseases without appropriate reporting, intervention and care; 3. Pattern of ineffective infection control precautions; or 4. High number of nosocomial infections caused by cross contamination from staff and/or equipment/supplies.
G. Failure to correctly identify individuals.	1. Blood products given to wrong individual; 2. Surgical procedure/treatment performed on wrong individual or wrong body part; 3. Administration of medication or treatments to wrong individual; or 4. Discharge of an infant to the wrong individual.
H. Failure to provide safety from fire, smoke and environment hazards and/or failure to educate staff in handling emergency situations.	1. Nonfunctioning or lack of emergency equipment and/or power source; 2. Smoking in high risk areas; 3. Incidents such as electrical shock, fires; 4. Ungrounded/unsafe electrical equipment; 5. Widespread lack of knowledge of emergency procedures by staff; 6. Widespread infestation by insects/rodents; 7. Lack of functioning ventilation, heating or cooling system placing individuals at risk; 8. Use of non-approved space heaters, such as kerosene, electrical, in resident or patient areas; 9. Improper handling/disposal of hazardous materials, chemicals and waste; 10. Locking exit doors in a manner that does not comply with NFPA 101; 11. Obstructed hallways and exits preventing egress; 12. Lack of maintenance of fire or life safety systems; or 13. Unsafe dietary practices resulting in high potential for food borne illnesses.
I. Failure to provide initial medical screening, stabilization of emergency medical conditions and safe transfer for individuals and women in active labor seeking emergency treatment (Emergency Medical Treatment and Active Labor Act).	1. Individuals turned away from ER without medical screening exam; 2. Women with contractions not medically screened for status of labor; 3. Absence of ER and OB medical screening records; 4. Failure to stabilize emergency medical condition; or 5. Failure to appropriately transfer an individual with an unstabilized emergency medical condition

Appendix B – Incident Report

Effective Date:

Incident #:

Reporting on: <input type="checkbox"/> Adult											
Individual Name				Home/Unit			Date of Report	MM/DD/YY	Time of Report	am pm	
Date of Incident	MM/DD/YY		Date of Discovery	MM/DD/YY		Witnessed	<input type="checkbox"/>		By whom		
Time of Incident			Time of Discovery			Discovered	<input type="checkbox"/>				
Primary Location of Incident <i>(Ex: gym, home, etc.)</i>				Secondary Location of Incident <i>(Ex: bathroom, dining area, etc.)</i>							
Verbally Reported by				To Whom			On (date)	MM/DD/YY	At (time)	am pm	
TYPE OF INCIDENT - (Check ALL applicable boxes)											
OTHER											
<input type="checkbox"/> Other (Describe)			<input type="checkbox"/> Injury of Unknown Origin (Describe) An injury should be classified as an "injury of unknown origin" when both of the following conditions are met: a. The origin of the injury was not observed by any person or the source of the injury could not be explained by the individual; and b. The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed on one individual at one particular point in time or the incidence of injuries over time. (Note: Items on this form were generally found on facility incident reports, facilities can add Codes or other incidents if they want)								
<input type="checkbox"/>	Code A (Fire)			<input type="checkbox"/>	HIPAA Security Breach			<input type="checkbox"/>	Fire Dept.		
<input type="checkbox"/>	Code B (Staff Assistance Needed)			<input type="checkbox"/>	Missing Individual/Elopement			<input type="checkbox"/>	Law Enforcement		
<input type="checkbox"/>	Code C (Medical Emergency)			<input type="checkbox"/>	PICA			<input type="checkbox"/>	Duty to Warn		
<input type="checkbox"/>	Code D (Lethal Weapon)			<input type="checkbox"/>	Fall due to Seizure			<input type="checkbox"/>	Contraband		
<input type="checkbox"/>	Code E (Bomb Threat)			<input type="checkbox"/>	Fall due to Mobility			<input type="checkbox"/>			
AGGRESSIVE ACTS											
<input type="checkbox"/>	Para-Suicidal Behavior			<input type="checkbox"/>	Aggressive Act to Self						
<input type="checkbox"/>	Property Destruction			<input type="checkbox"/>	Aggression – Individual to Staff and/or Others						
<input type="checkbox"/>	Suicidal Behavior (Attempt)			<input type="checkbox"/>	Aggression – Peer to Peer						
ACCIDENTS											
<input type="checkbox"/>	Accidental Injury (Describe)										
MEDICAL / HEALTH / MEDICAL SAFETY											
<input type="checkbox"/>	Adverse Drug Reaction			<input type="checkbox"/>	Choking			<input type="checkbox"/>	Medical Equipment / Health Products		
<input type="checkbox"/>	Med Error Category = (D,E-I)			<input type="checkbox"/>	Mortality			<input type="checkbox"/>	Standard safety/infection control precautions		
<input type="checkbox"/>	Emergency Department (ER)			<input type="checkbox"/>	Hospital Admission–Emergent			<input type="checkbox"/>	Hospital Admission due to Behavior Event		
<input type="checkbox"/>	Other Medical/Health/Medical Safety (Describe)										
INDIVIDUAL'S RIGHTS											
Abuse <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Mental/Psychological							<input type="checkbox"/> Mistreatment				
Exploitation <input type="checkbox"/> Funds <input type="checkbox"/> Assets <input type="checkbox"/> Property							<input type="checkbox"/> Lower level of supervision than required				
<input type="checkbox"/>	Nutrition and hydration					<input type="checkbox"/>	Seclusion				
<input type="checkbox"/>	Safety from fire, smoke					<input type="checkbox"/>	Safety from environmental hazards				
<input type="checkbox"/>	Behavioral Restraint					<input type="checkbox"/>	Neglect				
<input type="checkbox"/>	EMTALA					<input type="checkbox"/>	Child Abuse and Neglect				

MEDICAL ASSESSMENT – WRITE CLEARLY				
Name on Incident Report/Aggressor <small>(Cross out aggressor if no aggressor)</small>	DATE of Assessment	MM/DD/YY	TIME of Assessment	
Body Part(s) Affected				INJURY: YES <input type="checkbox"/> NO <input type="checkbox"/>
			### FOR INJURY ONLY ###	
			INJURY SEVERITY CODES	
			<input type="checkbox"/> S1	No Treatment
			<input type="checkbox"/> S2	Minor First Aid
			<input type="checkbox"/> S3	Medical Treatment
			<input type="checkbox"/> S4	Hospitalization
			<input type="checkbox"/> S5	Death
			<input type="checkbox"/> S6	Refused Treatment
<small>(See definitions of S codes)</small>				
Signature of Medical Person	<small>(Can put in signature of MD or RN if that is the medical person who will always do the assessment)</small>		Date of Signature	MM/DD/YY

MEDICAL ASSESSMENT – WRITE CLEARLY				
Victim <small>(Cross out Victim if no Victim)</small>	DATE of Assessment	MM/DD/YY	TIME of Assessment	
Body Part(s) Affected				INJURY: YES <input type="checkbox"/> NO <input type="checkbox"/>
			### FOR INJURY ONLY ###	
			INJURY SEVERITY CODES	
			<input type="checkbox"/> S1	No Treatment
			<input type="checkbox"/> S2	Minor First Aid
			<input type="checkbox"/> S3	Medical Treatment
			<input type="checkbox"/> S4	Hospitalization
			<input type="checkbox"/> S5	Death
			<input type="checkbox"/> S6	Refused Treatment
Signature of Medical Person			Date of Signature	MM/DD/YY

INCIDENT INVESTIGATION/FOLLOW-UP

INCIDENT INVESTIGATION MUST BEGIN IMMEDIATELY – WRITE CLEARLY

Investigation Started **Date:** _____ **Time:** _____ **am** **pm**

If incident is peer to peer aggression with no or minor injury, complete All steps *Except #2 and #3* AND complete the Peer to Peer with No or Minor Injury Follow-up Form

1. Describe the immediate steps taken to SECURE THE SCENE.

2. Describe the activity at the time of the incident, including: intervention strategies used with the individual, precipitating event, early warning signs, staffing considerations, and staff actions relating to the incident.

If Incident is Peer to Peer Aggression with No or Minor Injury, Skip this Step.

3. Summary of findings. Include a review of individual's relevant program plan and intervention strategies in comparison to the activities described in #2.

If Incident is Peer to Peer Aggression with No or Minor Injury, Skip this Step.

4. Conclusions

5. Recommendations

Investigation Completed **Date:** _____ **Time:** _____ **am** **pm**

Signature of Person Completing Investigation

Date of Signature

MM/DD/YY

Team Leader Review

(If Incident is Peer to Peer with No or Minor Injury, X through this section)

How does this incident affect the status of the individual?

(See instructions)
Recommend the time frame be that this section be completed the next workday.

Is additional follow-up needed?

Yes No

Describe follow-up.

Signature of Team Leader

Date of Signature

MM/DD/YY

If there is not enough space to write all the details for any section, record the information on a separate sheet of paper. Include the Name on Incident Report, Home/Unit, Name of Section continued, and attach to Incident Report.

FACILITY AND EXTERNAL NOTIFICATIONS AS APPLICABLE – WRITE CLEARLY				
STAFF / OTHERS TO NOTIFY First, Last Name of person notified	By First, Last Name of person who notified	RESPONSIBLE PARTY To Notify Others	DATE MM/DD/YY	TIME am / pm
MEDICAL (Facilities can put in the name of the person or the position of the person here)		TITLE OF STAFF (or name)		
SUPERVISOR (Facilities can put in the name of the person or the position of the person here)		TITLE OF STAFF		
SHIFT COORDINATOR (similar title) (Facilities can put in the name of the person or the position of the person here)		TITLE OF STAFF		
GUARDIAN AND/OR FAMILY		TITLE OF STAFF		
FACILITY DIRECTOR OR DESIGNEE		TITLE OF STAFF		
FACILITY RISK MANAGEMENT COORDINATOR		TITLE OF STAFF		
DBHDID		TITLE OF STAFF		
DCBS		TITLE OF STAFF		
OIG		TITLE OF STAFF		
P&A		TITLE OF STAFF		
OTHER		TITLE OF STAFF		

FACILITY RISK MANAGEMENT COORDINATOR / DESIGNEE REVIEW – WRITE CLEARLY					
Incident Report Received	Date		MM/DD/YY	Time	am
Did individual refuse assessment/treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Follow-up: (All of the above with exception of team leader section to be completed before supervisor leaves the facility. This section is completed by Risk Management Coordinator the following work day)		
Were all notifications made timely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Follow-up:		
Are training needs identified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	List:		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Signature of Facility Risk Management Coordinator / Designee			Date of Signature	MM/DD/YY	

Injury Severity Codes

S1 No Treatment Required

S2 First Aid Required: The injury received is of minor severity and requires the administration of *minor first aid*. This is meant to include treatments such as the application of small adhesive bandages, cleaning of abrasion, application of ice packs for minor bruises, or use of over the counter medications such as antibiotic creams, aspirin and acetaminophen. Minor first aid may be applied by medical personnel to include a physician.

S3 Medical Treatment Required: The injury received is of serious severity, e.g., sutures, bone fractures, burns, substantial hematoma, injuries to internal organs, prescriptions beyond over the counter medication, or occurrences or events considered as serious injuries, that requires the treatment of the individual by a licensed medical physician (*medical treatment beyond first aid.*) The treatment received may be provided within the facility or provided outside the facility where it may range from treatment at a physician's private office or clinic or through treatment at the emergency room of a general acute care hospital.

S4 Hospitalization Required: The injury received is so severe that it requires medical intervention and treatment, as well as care of the injured individual, at a general acute care hospital outside the facility, regardless of the length of stay. This severity level requires the injured individual to be *formally admitted to the hospital and assigned to a bed on a unit outside of the emergency room.*

S5 Death: The injury received was so severe that it resulted in – or complications from the injury led to – the *termination of the life of the injured individual.*

S6 Refused Treatment: The individual refused assessment and/or treatment for an identified or suspected injury.

Incident Report - Page 1 Recording Instructions

*See manual for recording into Electronic Medical Record

Area		Incident Report - Page 1 Recording Instructions
1.	Incident #	Risk Management will record the incident number during the risk management review of report.
2.	Reporting on	Check either Adult or Child, based on the incident that is being reported on.
3.	Individual Name	Record the first and last name of the individual for whom the incident is being reported. If the incident is Peer to Peer, record the AGGRESSOR'S name.
4.	Home/Unit	Record the home or unit where the individual resides.
5.	Date of Report	Record the date the Incident Report is filled out.
6.	Time of Report	Record the time the Incident Report is filled out. Circle am or pm.
7.	Date of Incident	Record the date of the incident, if known. If unknown, record "unknown." If late reporting occurs, and date of the incident is provided during the late reporting, record the incident date as reported.
8.	Time of Incident	Record the time of the incident, if known. If unknown, record "unknown." If late reporting occurs, and time of the incident is provided during late reporting, record the incident time as reported.
9.	Date of Discovery	Record the date of discovery of the incident, if date of incident is unknown or if late reporting occurs.
10.	Time of Discovery	Record the time of discovery of the incident, if time of incident is unknown or if late reporting occurs. Circle am or pm.
11.	Witnessed / Discovered	Record whether the reporter witnessed the incident or discovered the incident, e.g., Staff Sue saw John fall over the chair = witnessed; Staff Sue found a scratch on John's arm = discovered.
12.	By Whom	Record the first and last name of person who witnessed or discovered the incident.
13.	Primary location of incident	Record the general location of the incident, e.g., home, gym, store, classroom, mall, etc.
14.	Secondary location of incident	Record the location, as specific as possible, where the incident occurred, e.g., individual's own bedroom by the right side of the nightstand, kitchen hallway in front of the refrigerator, peer's bathroom in the floor between the sink and shower, dining area by middle kitchen table, laundry room beside dryer, class bathroom near the left side of the sink, specific site on or off grounds, day area by the exit sign etc.
15.	Verbally reported by	Record the first and last name of person who verbally reported the incident to the supervisor.
16.	To whom	Record the first and last name of the person to whom the incident was reported.
17.	On (date)	Record the date the incident was reported to the person in #15.
18.	At (time)	Record the time the incident was reported to the person in #15.
19.	Type of Incident	Under the categories of incidents, check all applicable boxes that describe the incident. See Definitions attached to the Incident Report. If an incident falls into Injury of Unknown Origin, Other, Accidental Injury, or Other Medical/Health/Medical Safety, a description of the incident is required. Facilities may insert their relevant CODE categories.

Incident Report - Page 2 Recording Instructions

Incident Report - Page 2 Recording Instructions	
Area	Incident Report - Page 2 Recording Instructions
1.	Home/Unit Record the home or unit where the individual resides.
2.	Name on Incident Report Record the name of the individual that is on Page 1.
3.	Individuals Involved in Incident Record the names of all individuals involved in the incident. If the incident is peer-to-peer, list the AGGRESSOR, then VICTIM(S), then other individuals involved. Use extra sheets if necessary.
4.	Home/Unit Record the home or unit where the individual resides.
5.	Alleged Involvement Check the appropriate box for each Individual's name listed in #3, of alleged involvement in the incident at the time of report. Aggressor: Individual aggressed against another Individual and caused the incident to occur. Victim: Individual was a receiver of the reportable incident from another individual, staff, or other person. Involved: Individual was reported to be present and engaged in the incident at the time of report, OR reported to be either present or not present and <u>connected to</u> the reportable incident at the time of report. Witness: Individual saw the incident happen. Undetermined: Reporter writes the Individual's name but cannot clearly state whether the Individual was involved in the incident or not.
6.	Staff / Visitor / Other Record the names of staff, visitors, or other persons involved in the incident.
7.	Staff / Visitor / Other Staff ID Number Record the identification number of the staff.
8.	Staff / Visitor / Other Phone # Staff: Record the facility phone number and extension, and record an off-site phone number. Visitor or Other: Record an off-site phone number.
9.	Staff / Visitor / Other Alleged Involvement Check the appropriate box for each person's name listed in #6, of alleged involvement in the incident at the time of report. Involved: Person was reported to be present and engaged in the incident at the time of report, OR reported to be either present or not present and <u>connected to</u> the reportable incident at the time of report. Witness: Person saw the incident happen. Undetermined: Reporter writes the Person's name but cannot clearly state whether the Individual was involved in the incident or not.
10.	Reporter: Describe Incident in Own Words. Write clearly. The reporter will record a description of the incident including individuals involved, staff involved, the sequence of events, and the outcome of the incident. Use additional paper as necessary, recording the Name on Incident Report, Home/Unit, and the area about which the recording is continuing.
11.	Signature of Reporter The reporter will legibly sign their first and last name.
12.	Date of signature The reporter will record the date of their signature.

Incident Report - Page 3 Recording Instructions

		Incident Report - Page 3 Recording Instructions
1.	Home/Unit	Record the home or unit where the individual resides.
2.	Name on Incident Report	Record the name of the individual that is on Page 1.
MEDICAL ASSESSMENT – WRITE CLEARLY (for Individual the incident is being reported on, or AGGRESSOR, if due to peer to peer)		
3.	Name on Incident report/Aggressor	Record the name of the individual that is on Page 1.
4.	Date of Assessment	Record the date the individual was assessed. If there is more than one Aggressor, each Aggressor would generate an individual medical assessment. Attach additional medical assessments to the original Incident Report.
5.	Time of assessment	Record the date of the time of assessment. Circle am or pm.
6.	Body parts affected	<p>In describing the body part of the individual, the medical person conducting the assessment must include the body part injured (if any); the location on the body part where the injury occurred; the assessed extent of the injury, whether known or suspected; and look for injuries that may be caused due to abuse or neglect.</p> <p>Examples of body parts: Abdomen, Ankle, Anus/Rectum, Back, Breast, Buttocks, Calf, Chest, Cheek, Chin, Collarbone, Ear, Elbow, Eye/Brow, Face, Finger, Fingernail, Foot, Forearm, Genitals, Groin, Hand, Head/Scalp, Heel, Hip, Instep, Knee, Mouth/Lip, Neck/Throat, Nose, Ribs, Shin, Shoulder, Teeth, Thigh, Thumb, Toe, Toenail, Tongue, Upper arm, Vaginal Area, Wrist, etc.</p> <p>Examples of additional descriptors: Front, back, left, right, inner, outer, bottom of, top of, inside of, etc.</p> <p>Examples of injuries: Abrasion, Airway obstruction/Choking, Bite/Sting, Blister, Bruise/Contusion, Burn, Chaffed/Chapped, Concussion, Cracked/Missing Tooth or Nail, Dislocation, Fracture, Hematoma, Infection, Irritation/Rash, Laceration, Laceration w/sutures/staples/derma bond, Lesion, Puncture, Redness, Scratch, Seizure, Soft tissue swelling, Sprain, Strain, Sunburn, etc.</p> <p>Examples of injuries that may be caused by abuse or neglect:</p> <ol style="list-style-type: none"> Abrasions or bruises on the back, spine, and elbows: Could this have been caused by dragging the individual? Circular or oval bruise on the shoulder or upper arm: Could this have been caused by a punch? Burst eardrum: Could this have been caused by a slap? Patch(es) of hair missing from scalp: Could this be caused by someone trying to “control” that individual by holding his or her hair? Bruise on the forearm: Could this have been caused by the individual trying to defend themselves? Patterned bruising: Does it look like fingertips? Does it look like a shoeprint or a print from some object? Is there an object present that may have caused the pattern? Burns: Could this have been caused by a cigarette burn, stove burn, lighter burn, match burn? Bruising around the neck: Could someone choking the individual have caused this? Injury in a suspicious area: Is the injury suspicious based on the nature or circumstances of the injury, and on the functional or medical status of the individual? <p>Anytime there is an injury that may be caused by abuse or neglect, the medical person assessing the injury must be extremely diligent in describing the injury.</p>
7.	Injury	If an injury is present, check YES. If an injury is not present, check NO.
8.	For Injury Only Injury Severity Codes	If YES, an injury is present, check only one box, which should be the appropriate highest severity code according to the injury severity definitions.
9.	Signature of Medical Person	The medical person completing the assessment will legibly sign their first and last name.
10.	Date of signature	The medical person completing the assessment will record the date of their signature.
MEDICAL ASSESSMENT – WRITE CLEARLY		

Area		Incident Report - Page 3 Recording Instructions
(if incident is peer to peer, this section is for Individual who is VICTIM)		
11.	Name of Victim	Record the name of the Individual identified as the Victim in the incident report. If there is more than one Victim, each Victim would generate a medical assessment. Attach additional medical assessments to the original Incident Report.
FOLLOW THE INSTRUCTIONS FOR EACH AREA AS WRITTEN ABOVE to assess the VICTIM.		

Incident Report - Page 4 Incident Investigation/Follow-Up Recording Instructions

Area	Incident Report Page 4 - INCIDENT INVESTIGATION/FOLLOW-UP Recording Instructions
Home/Unit	Record the home or unit where the individual resides.
Name on Incident Report	Record the name of the individual that is on Page 1.
Investigation Started Date	Record the date the Incident Investigation/follow-up started.
Investigation Started Time	Record the time the Incident Investigation/follow-up started. Circle am or pm.
If incident is peer to peer aggression with no or minor injury, complete All steps <i>Except #2 and #3</i> AND complete the Peer to Peer with No or Minor Injury Investigation/Follow-up Form	
1. Describe the immediate steps taken to SECURE THE SCENE.	<p>Record the immediate steps that were taken to ensure the individual is safe. Record the steps taken to secure the scene to include, as applicable:</p> <ul style="list-style-type: none"> a. Ensure first aid and/or medical care has been provided or obtained; b. Immediately remove the potential target employee(s), if known, from direct care, and if more than one target employee, keep them separated to minimize the discussion of the incident among themselves, while ensuring adequate supervision of all individuals; c. Immediately put interventions in place to ensure the safety of all individuals, staff, and other persons; d. Obtain photographs of all visible injuries or photographs to document that no injury is present; e. Prohibit any person from removing or destroying potential or actual evidence; f. Ensure that an immediate report of the incident was made to the Facility Director or designated representative and/or to other authorized officials; g. Ensure the scene is not disturbed if facility investigators or law enforcement authorities are expected, in order to keep the scene and potential or actual evidence from being contaminated; h. Keep potential witnesses at the scene, and <ul style="list-style-type: none"> i. Keep separated when possible, while ensuring adequate supervision of all individuals; ii. If separation is not possible, assign or request an additional supervisor to the scene to minimize the potential witnesses from discussing the incident among themselves; iii. Separate as soon as replacement staff coverage is assigned and present; and i. Initiate the Incident Report Form process with the reporting staff if it has not already been initiated.
2. Describe the activity at the time of the incident, including: intervention strategies used with the individual, precipitating event, early warning signs, staffing considerations, and staff actions relating to the incident.	<p><u>If Incident is Peer to Peer Aggression with No or Minor Injury, Skip this Step.</u></p> <p>Record the activities that were going on at the time of the incident, including, as applicable:</p> <ul style="list-style-type: none"> a. Record the intervention strategies that were used with the individual; b. Record the precipitating event for the incident; c. Record the early warning signs the individual was displaying before the incident occurred; d. Describe the staffing considerations (untrained staff, staff not familiar with individual, new staff, etc.) at the time of the incident; e. Describe the staff actions before, during, and after the incident. <p>This section should also be used to record <u>whether active treatment was occurring</u>, and what the individual and the assigned staff (and other staff as applicable) were doing before, during, and after the incident.</p>
3. Summary of findings. Include a review of individual's relevant program plan and	<p><u>If Incident is Peer to Peer Aggression with No or Minor Injury, Skip this Step.</u></p> <p>Record a summary of the findings of the investigation. Include a summary of a review of the individual's relevant program plan and interventions strategies that should have been used compared to the activities described in box # 2.</p>

intervention strategies in comparison to the activities described in #2.	
4. Conclusions	Record the outcome of the incident.
5. Recommendations	Record recommendations based on the information gathered during the investigation to improve the quality of care for the individual.
Investigation Completed Date	Record the date the Incident Investigation/follow-up was completed.
Investigation Completed Time	Record the time the Incident Investigation/follow-up was completed. Circle am or pm.
Signature of Person Completing Investigation	The person completing the Incident Investigation/follow-up will legibly sign their first and last name.
Date of Signature	The person completing the Incident Investigation/follow-up will record the date of their signature.
Team Leader Review	
If Incident is Peer to Peer with Minor or No Injury, X through this Section	
If Incident is Peer to Peer with No or Minor Injury, X through this Section	Complete this section for all incidents, EXCEPT for Peer to Peer with No or Minor injury. "X" through this section if the incident is Peer to Peer with No or Minor Injury, because these same questions will be answered on the Peer to Peer with No or Minor Injury Follow-up form.
How does this incident affect the status of the individual?	Record information about the affect this incident has on the present status of the individual. Include whether this is an isolated incident or whether this incident is part of a trend.
Is additional follow-up needed?	Record the appropriate response by checking the Yes or No box. If Yes, record the follow-up needed, e.g., changes needed related to overall programming, referral to PT for assessment, referral to day program for change of class, referral to case manager for training for 1st shift staff on Topic XYZ, discuss with treatment team, etc.
Signature of Team Leader	The Team Leader completing the review will legibly sign their first and last name.
Date of Signature	The Team Leader completing the assessment will record the date of their signature.

Incident Report - Page 5 Recording Instructions

Area		Incident Report - Page 5 Recording Instructions
FACILITY AND EXTERNAL NOTIFICATIONS AS APPLICABLE – WRITE CLEARLY		
1.	Home/Unit	Record the home or unit where the individual resides.
2.	Name on Incident Report	Record the name of the individual that is on Page 1.
3.	Staff/Others to Notify	Persons to notify should not change. As the notification is made, the person making the notification will legibly record the first and last name of the person notified. Facilities may add to this list of notifications.
4.	By	Persons who make the notifications to Staff/Others to notify will legibly record their first and last name.
5.	Responsible Party	Facilities should insert the title of staff required to make the notification in the corresponding first column. For example: Direct Care Staff is responsible to notify Supervisor; Shift Coordinator is responsible to notify Risk Management Coordinator, etc.
6.	Date	Record the date the notification by Responsible Party was completed.
7.	Time	Record the time the notification by Responsible Party was completed – record am or pm.
FACILITY RISK MANAGEMENT COORDINATOR / DESIGNEE REVIEW – WRITE CLEARLY		
8.	Incident Report Received: Date	Record the date the Incident Report was received by the Risk Management Coordinator/designee.
9.	Incident Report Received: Time	Record the time the Incident Report was received by the Risk Management Coordinator/designee. Circle am or pm.
10.	Did individual refuse assessment /treatment?	Record the response by checking the Yes or No box. If the Yes box is checked, follow-up by Risk Management should occur to ensure the individual received medical treatment and record the response.
11.	Were all the notifications made timely?	Record the response by checking the Yes or No box. If notifications were not made timely, record the follow-up to ensure the facility is following regulatory standards and the Facility Risk Management Protocol reporting requirements.
12.	Are training needs identified?	Record the response by checking the Yes or No box. After reviewing the Incident Report, record training needs identified to share with the Risk Management Committee and Staff Training Department.
13.	Blank areas	Facility may insert follow up questions relevant to facility, as desired.
14.	Signature of Facility Risk Management Coordinator / Designee	The Facility Risk Management Coordinator/designee completing the assessment will legibly sign their first and last name.
15.	Date of Signature	The Facility Risk Management Coordinator/designee completing the assessment will record the date of their signature.

Type of Incident Definitions

Abuse - Mental/Psychological: Includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, sexual coercion, intimidation, whereby individuals suffer psychological harm or trauma.

Abuse - Physical: Any physical motion or action, by which bodily harm or trauma occurs and includes but is not limited to hitting, slapping, pinching, punching, kicking and burning. Physical abuse also includes controlling behavior through corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.

Abuse – Sexual: Sexual abuse is defined as non-consensual sexual contact between an individual and another, including but not limited to: residents; state employees; contract employees; consultants; agents; visitors to the facility; family/guardian; other persons as applicable; and includes any touching of the sexual or other intimate parts of a person done for the purpose of gratifying the sexual desire of either party. For purposes of this protocol, an individual is considered incapable of consenting to sexual contact with an employee, contract employee, consultant, or other agent of the facility.

Sexual abuse includes sexual assault which is penetration by use of force or threat of force and/or if the aggressor knew the victim was unable to understand the nature of the act or unable to give knowing consent. Sexual assault is a form of sexual violence, which includes, but is not limited to rape, groping, forced kissing or the torture of a person in a sexual manner.

Sexual abuse also includes but is not limited to staff negligently allowing intimate, non-consensual sexual contact between individuals, sexual harassment, and sexual coercion.

Any sexual contact requires an expanded investigation to determine if abuse occurred; however, if the expanded investigation shows that the individual is capable of giving knowing consent, that the sexual contact was consensual, and the sexual contact was not with an employee, contract employee, consultant, or other agent of the facility, then sexual abuse did not occur and the incident shall not be substantiated for sexual abuse.

Abuse - Verbal: Any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to individuals or their families, and/or significant others or within their hearing distance, regardless of their age, ability to comprehend, or disability. Verbal abuse also includes pejorative and derogatory terms to describe individuals with disabilities.

Accidental Injury: An unforeseen, unintended, and unexpected event that causes bodily injury, which occurs at a definite place. This incident type DOES NOT include injuries resulting from aggressive acts to self or others, adverse drug reaction, or outcomes from medical procedures or lab tests. Examples may include work area injuries; injuries from participating in sports activities; injuries from a body part scraping, hitting a solid or scratchy object, etc.

Adverse Drug Reaction: Any unexpected, unintended or undesired result from the use of a drug.

Aggression - Individual to Staff and Others: A person who resides or receives services by the facility who acts aggressively toward “Staff and Others” defined as: employees of the facility, or consultants hired by the facility or the state, or contractors hired by the facility or the state, or state or federal surveyors, or anyone else engaged in work at the facility or persons deemed “visitor status” by the facility, and who engages in hitting, pushing, kicking or other similar acts.

Aggression - Peer to Peer: An occurrence whereby an individual who resides or receives services at the facility acts aggressively toward another individual who resides or receives services at the facility and the occurrence includes but is not limited to: hitting, pushing, kicking, or other similar acts.

Aggressive Acts to Self: Engagement in self injury as manifested by head banging, body hitting, hair pulling, self-biting, skin picking, banging of limbs on hard surfaces, hitting self with objects, or similar acts that may or may not cause injury.

Behavioral Restraint: The application of body pressure to an individual for the purpose of guiding, restricting, or suppressing a person’s movement or preventing a person’s access to his/her body to manage an imminent danger to self or others that cannot be managed by less restrictive measures. Behavioral Restraints includes three categories: Physical Restraint, Mechanical Device Restraint, or

Type of Incident Definitions
Chemical Restraint.
Choking: An event in which an individual experienced partial or total airway obstruction requiring application of the Heimlich maneuver.
Child Abuse and Neglect: A child whose health or welfare is harmed or threatened with harm when his parent, guardian, or other person exercising custodial control or supervision of the child inflicts or allows to be inflicted upon the child physical or emotional injury by other than accidental means; creates or allows to be created a risk of physical or emotional injury by other than accidental means; engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005; continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child; commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child; creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child; abandons or exploits the child; does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being.
Code A (facility to insert): A code transmitted over a public address system that indicates, "Fire-assistance needed."
Code B (facility to insert): A code transmitted over a public address system that indicates, "Staff-assistance needed."
Code C (facility to insert): A code transmitted over a public address system that indicates "Medical Emergency- assistance needed."
Code D (facility to insert): A code transmitted over a public address system that indicates a person in possession of a lethal weapon presents an immediate or foreseeable threat of perpetrating serious or fatal injury towards individuals, staff, and/or visitors.
Code E (facility to insert): A code transmitted over a public address system that indicates "Bomb in facility."
Contraband: Items that are prohibited to be in possession by individuals, staff, or other persons on facility grounds, e.g. guns, box cutters, razor blades, illicit drugs, alcohol, lighters, etc.
Duty to warn: An event in which a professional evaluation of an individual indicates a threat to another person is valid, and the Duty to Warn statute (KRS 202A.400) is followed with respect to proper notifications.
Emergency Department (ER): A broad array of services provided in an emergency room of a hospital and includes Emergency Department Evaluations.
EMTALA: Individuals turned away from ER without medical screening exam; women with contractions not medically screened for status of labor; absence of ER and OB medical screening records; failure to stabilize emergency medical condition; failure to appropriately transfer an individual with an unstabilized emergency medical condition; or similar acts.
Exploitation: Obtaining or using an individual's resources including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the individual of those resources. Exploitation includes the misappropriation of an individuals' property, which includes the deliberate misplacement, mistreatment, or wrongful, temporary, or permanent use of an individual's belongings or money without the individual's consent.
Fall due to Mobility: A fall in which an individual drops to the ground from a sitting or standing position, either witnessed or self-reported, and the drop is due to an inability of body parts to move freely in the motion of walking, stepping, or climbing, etc.
Fall due to Seizure: A fall in which an individual drops to the ground from a sitting or standing position, either witnessed or self-reported, and the drop is due to a Seizure type activity.
Fire Dept.: An event in which a Fire Department responds to an alarm, but there is no fire to suppress

Type of Incident Definitions

due to false alarm.

HIPAA Security Breach: Unauthorized access or acquisition of protected health information (PHI) that compromises the security, confidentiality, and integrity of personal information of individuals served by the facility. Unauthorized access or acquisition of PHI may be by computer access; hacking; or by removing, photocopying, or theft of paper records. Access or acquisition may be related to carelessness, intentional access for personal reason or gain, or intentional access for financial gain or malice.

Hospital Admission - Emergent: An event in which medical treatment is provided to an individual at an emergency department and the individual was admitted to the hospital or the individual is a direct admission to the hospital bypassing the emergency department, for emergency treatment.

Hospital Admission due to Behavior Event: An event in which medical treatment is provided to an individual at an emergency department and the individual was admitted to the hospital or the individual is a direct admission to the hospital bypassing the emergency department, for emergency treatment due to an incident in which the individual was aggressive to self, or due to an incident in which the individual was the victim of a peer's aggressive behavior.

Injury of Unknown Origin: An injury in which both of the following conditions are met: (a.) the origin of the injury was not observed by any person or the source of the injury could not be explained by the individual; and (b.) the injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed on one individual at one particular point in time or the incidence of injuries over time.

Law Enforcement: An event in which law enforcement is called to the facility due to a report of alleged criminal activity.

Medical Equipment/Health Products: All injuries and deaths due to malfunction or user error of a medical device or product. The Facility Risk Management Coordinator shall report all injuries and deaths to the manufacturer of the device and to the Food and Drug Administration.

Lower Level of Supervision than Required: Individual discovered to be in a lower level of supervision than required by the current treatment plan.

Medication Errors: There are nine (9) categories of medication errors, as defined by the National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) Error Outcome Category Index: All medication errors require a Medication Variance Report to be submitted to the Pharmacy and Therapeutics Committee.

Category A: Circumstances or events that have the capacity to cause error.

Category B: An error occurred, but the error did not reach the individual.

Category C: An error occurred that reached the individual, but did not cause harm.

Category D: An error occurred that reached the individual and required monitoring to confirm that it resulted in no harm to the individual, and/or required intervention to preclude harm.

Category E: An error occurred that may have contributed to or resulted in temporary harm to the individual and required intervention.

Category F: An error occurred that may have contributed to or resulted in temporary harm to the individual and required initial or prolonged hospitalization.

Category G: An error occurred that may have contributed to or resulted in permanent individual harm.

Category H: An error occurred that required intervention necessary to sustain life.

Category I: An error occurred that may have contributed to or resulted in the patient's death.

Missing Individual/Elopement: An event in which an individual has not been accounted for when expected to be present, or left the grounds of the facility without permission. NOTE: If an individual was on one-to-one supervision at the time of elopement, the classification for the event is Neglect and reported as Alleged Neglect.

Mistreatment: Behavior or practice that results in any type of individual exploitation such as sexual or criminal.

Type of Incident Definitions
<u>Mortality:</u> Expected or unexpected death of an individual within the facility, during hospitalization, or within 30 days after discharge or transfer to another healthcare setting.
<u>Neglect - Adult:</u> A situation in which an adult is unable to perform or obtain for himself the goods or services that are necessary to maintain his/her health or welfare, or the deprivation of services by a caretaker, i.e. the failure to provide goods and services necessary, to maintain the health and welfare of an adult, which may result in physical harm, mental anguish, or mental illness.
<u>Nutrition and hydration:</u> Food supply inadequate to meet the nutritional needs of the individual; failure to provide adequate nutrition and hydration resulting in malnutrition; withholding nutrition and hydration without advance directive; lack of potable water supply; or similar acts.
<u>Other (Describe):</u> An incident that does not fit any of the already defined types. Other requires a description of the incident being reported.
<u>Other Medical/Health and Safety (Describe):</u> An incident that does not fit any of the already defined Medical/Health and Safety incident types. Other requires a description of the incident being reported.
<u>Para-Suicidal Behavior:</u> Behavior suggesting suicidal thoughts, with no serious attempt present.
<u>PICA:</u> Ingestion of a nonnutritive, nonfood substance that is inappropriate to developmental level and is not part of a culturally sanctioned practice.
<u>Property Destruction:</u> Intentional damage to personal, private or state property and causes disruption to the environment of the individual engaging in property damage destruction or causes disruption to the environment of another individual or staff, and requires more than minor repair or replacement.
<u>Safety from environmental hazards:</u> Nonfunctioning or lack of emergency equipment and/or power source; incidents such as electrical shock; ungrounded/unsafe electrical equipment; widespread infestation by insects/rodents; lack of functioning ventilation, heating or cooling system placing individuals at risk; use of non-approved space heaters, such as kerosene, electrical, in individual's areas or areas where individuals assemble; improper handling/disposal of hazardous materials, chemicals and waste; unsafe dietary practices resulting in high potential for food borne illnesses; or similar acts.
<u>Safety from fire, smoke:</u> Smoking in high-risk areas; lack of maintenance of fire or life safety systems; locking exit doors in a manner that does not comply with NFPA 101; obstructed hallways and exits preventing egress; or similar acts.
<u>Seclusion:</u> An event in which an individual is involuntarily confined alone in a room or an area from which the individual is physically prevented from leaving.
<u>Standard safety/infection control precautions:</u> Improper handling of body fluids or substances from an individual with an infectious disease; high number of infections or contagious diseases without appropriate reporting, intervention and care; pattern of ineffective infection control precautions; high number of nosocomial infections caused by cross contamination from staff and/or equipment/supplies; or similar acts.
<u>Suicidal Behavior (Attempt):</u> Any serious attempt to kill one's self.

Appendix C - Peer to Peer with NO or MINOR INJURY Investigation/Follow-Up
Attach to Incident Report

Home/ Unit		Name on Investigation		Date of Incident	MM/DD/YY	Time of Incident		Page 1
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INVESTIGATION/FOLLOW-UP MUST BEGIN IMMEDIATELY – WRITE CLEARLY

INVESTIGATION Started **Date:** MM/DD/YY **Time:** am pm

The following blocks MUST contain information about ALL aggressors and ALL victims.

1. Describe the activity of the individuals before the incident.	
2. Describe the activity of the staff before the incident.	
3. Describe the activity of the individuals during the incident.	
4. Describe the activity of the staff during the incident.	
5. Describe the activity of the individuals after the incident.	
6. Describe the activity of the staff after the incident.	
7. Describe the surroundings of the individuals that impacted the incident. (Noisy, other individual threats, meal late, NPO, rain, Code, did not get to do something desired, complaint of pain, etc.)	
8. Describe all early warning signs the individuals displayed that an incident was about to occur. (Yell, hit others, self-abuse, run, sit quietly, slam doors, sweating, turn pale, shaking, coughing, eat too fast, etc.)	
9. Review the treatment plans and Behavior Plan(s) . Number and describe the intervention strategies staff should have used.	

PEER TO PEER with NO or MINOR INJURY INVESTIGATION/FOLLOW-UP

Home/Unit		Name on Investigation		Date of Incident	MM/DD/YY	Time of Incident		Page 2
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10. Describe all intervention strategies staff used before, during, and after the incident. Begin with least restrictive strategy used and end with most restrictive strategy used.	
11. What effect did the intervention strategies have on the individuals? (calmed self, more disruptive, SIB, aggressive, hit others, attempt to exit, etc.)	
12. Describe the staffing pattern that may have impacted the incident. (Pulled staff, staff with individual not appropriate, loud staff, etc.)	
13. Describe the sequence of immediate protections implemented to eliminate <i>potential, immediate, and future</i> harm.	
14. Describe staff injury , if any.	

Investigation/Follow-up Completed	Date:	Time:	<i>am pm</i>
Signature of Person Completing Investigation/Follow-up		Date of Signature	MM/DD/YY

Team Leader Review

How does this incident affect the status of the individual?	Note: If this section is filled out here, it does not have to be filled out on the Incident Report Form.		
Is additional follow-up needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe follow-up.
Signature of Team Leader		Date of Signature	MM/DD/YY

If there is not enough space to write all the details for any section, record the information on a separate sheet of paper. Include the Name on Incident Report, Home/Unit, Name of Section continued, and attach to Incident Report.

Peer to Peer with NO or MINOR INJURY Investigation/Follow-Up- Recording Instructions

PEER TO PEER with NO or MINOR INJURY INVESTIGATION/FOLLOW-UP - Recording Instructions		
	Area	Instructions
1.	Home/Unit	Record the home or unit where the individual resides.
2.	Name on Investigation	Record the name of the individual for whom the investigation is being conducted.
3.	Date of Incident	Record the date of the incident that is being investigated.
4.	Time of Incident	Record the time of the incident that is being investigated
INVESTIGATION/FOLLOW-UP MUST BEGIN IMMEDIATELY – WRITE CLEARLY		
Record information in all blocks regarding the incident.		
<i>If this is a peer to peer incident, the following blocks MUST contain information about ALL aggressors and ALL victims.</i>		
5.	1. Describe the actions of the individuals before the incident.	Describe what the individuals were doing before the incident occurred, e.g. eating dinner, taking a shower, riding bike, running on pavement, playing basketball, etc.
6.	2. Describe the actions of the staff before the incident.	Describe what staff assigned to the individuals were doing before the incident occurred, and for other staff as applicable.
7.	3. Describe the actions of the individuals during the incident.	Describe what the individuals were doing during the incident.
8.	4. Describe the actions of the staff during the incident.	Describe what the staff assigned to the individuals were doing during the incident, and for other staff as applicable.
9.	5. Describe the actions of the individuals after the incident.	Describe what the individuals were doing after the incident.
10.	6. Describe the actions of the staff after the incident.	Describe what the staff assigned to the individuals were doing after the incident, and for other staff as applicable.
11.	7. Describe the surroundings of the individuals that impacted the incident. (Noisy, other individual threats, meal late, NPO, rain, Code, did not get to do something desired, complaint of pain, etc.)	Describe the surroundings before the incident occurred.
12.	8. Describe all early warning signs the individuals displayed that an incident was about to occur. (Yell, hit others, self-abuse, run, sit quietly, slam doors, sweating, turn pale, shaking, coughing, eat too fast, etc.)	Describe the early warning signs being done by the individuals to indicate something was about to occur.
13.	9. Review the treatment plans and Behavior Plan(s) . Describe the intervention strategies staff <i>should have</i> used.	After reviewing the treatment plan and associated Behavior Plans (if applicable), briefly describe the intervention strategies staff should have used.
14.	10. Describe all intervention strategies staff used before, during, and after the incident. Begin with least restrictive strategy used and end with most restrictive strategy used.	Beginning with the least restrictive strategy used, describe all intervention strategies staff used before, during and after the incident.
15.	11. What effect did the intervention strategies have on the individuals? (calmed self, more disruptive, SIB, aggressive, hit others, attempt to exit, etc.)	Describe the effect the intervention strategies had on the individual.
16.	12. Describe the staffing pattern that may have impacted the incident. (Pulled staff, staff with individual not appropriate, loud staff, etc.)	Describe the staffing pattern that may have impacted the incident.

PEER TO PEER with NO or MINOR INJURY INVESTIGATION/FOLLOW-UP - Recording Instructions		
17.	13. Describe the sequence of immediate protections implemented to eliminate <i>potential, immediate, and future harm</i>	Describe the sequence of protections implemented to eliminate potential, immediate and future harm.
18.	14. Describe staff injury , if any.	Describe any injuries staff may have acquired from the incident. If there were not injuries, record "NA."
19.	Investigation/Follow-up Completed	Record the date and time the investigation/follow-up was completed. Circle am or pm.
20.	Signature of Person Completing Investigation/Follow-up	The supervisor completing the investigation/follow-up will legibly sign their first and last name.
21.	Date of Signature	The supervisor completing the investigation/follow-up will record the date of their signature.
Team Leader Review		
22.	How does this incident affect the status of the individual?	Record information about the affect this incident has on the present status of the individual. Include whether this is an isolated incident or whether this incident is part of a trend.
23.	Is additional follow-up needed?	Record the appropriate response by checking the Yes or No box. If Yes, record the follow-up needed, e.g., changes needed related to overall programming, referral to PT for assessment, referral to day program for change of class, referral to case manager for training for 1 st shift staff on Topic XYZ, discuss with treatment team, etc.
24.	Signature of Team Leader	The Team Leader completing the review will legibly sign their first and last name.
25.	Date of Signature	The Team Leader completing the assessment will record the date of their signature.

Appendix D – Report of Unusual Incident

Reporting on:		<input type="checkbox"/> Adult	<input type="checkbox"/> Child			
Facility Name:		Incident #:				
Report to DBHDID Date: MM/DD/YY		Report to DBHDID Time: am pm				
Name of Reporter, if known: <input type="checkbox"/> Individual <input type="checkbox"/> Staff <input type="checkbox"/> Other (Describe)						
Staff Completing Report:		Title:				
Incident Date: MM/DD/YY		Discovery Date: MM/DD/YY				
Incident Time: am pm		Discovery Time: am pm				
TYPE OF INCIDENT						
<input type="checkbox"/>	Aggression – Peer to peer with serious injury	<input type="checkbox"/>	Serious known injury			
<input type="checkbox"/>	Restrictive procedure injury (Note: Serious)	<input type="checkbox"/>	Suicidal Behavior (Attempt)			
<input type="checkbox"/>	Injury of unknown origin	<input type="checkbox"/>	Medication Error			
<input type="checkbox"/>	Standard safety / infection control precautions	<input type="checkbox"/>	Safety from fire, smoke			
<input type="checkbox"/>	Missing Individual / Elopement	<input type="checkbox"/>	Lower level of supervision than required			
<input type="checkbox"/>	Safety from environmental factors	<input type="checkbox"/>	Nutrition or hydration			
<input type="checkbox"/>	Serious event with potential to cause harm	<input type="checkbox"/>				
<input type="checkbox"/>	Mortality	<input type="checkbox"/>				
<input type="checkbox"/>	Suspected / Alleged Neglect	<input type="checkbox"/>				
<input type="checkbox"/>	Suspected / Alleged Abuse	<input type="checkbox"/> Physical	<input type="checkbox"/> Verbal <input type="checkbox"/> Sexual			
<input type="checkbox"/>	<input type="checkbox"/> Mental/Psychological					
<input type="checkbox"/>	Suspected / Alleged Exploitation	<input type="checkbox"/> Funds	<input type="checkbox"/> Assets <input type="checkbox"/> Property			
<input type="checkbox"/>	Other (Describe)					
Name of Individuals Being Served for Whom Incident is being Reported	SS#	Age	Sex	Unit/Home	Alleged Involvement	
					<input type="checkbox"/> Aggressor	<input type="checkbox"/> Victim
					<input type="checkbox"/> Involved	<input type="checkbox"/> Witness
					<input type="checkbox"/> Undetermined	
					<input type="checkbox"/> Aggressor	<input type="checkbox"/> Victim
					<input type="checkbox"/> Involved	<input type="checkbox"/> Witness
					<input type="checkbox"/> Undetermined	
					<input type="checkbox"/> Aggressor	<input type="checkbox"/> Victim
					<input type="checkbox"/> Involved	<input type="checkbox"/> Witness
					<input type="checkbox"/> Undetermined	
Staff, Family, Guardian, Agent, Visitor, Other Involved in Incident	If Staff is Target, Date and Time Removed from Direct Care		If delay in removing Staff Target from direct care, explain			
	Date: MM/DD/YY					
<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O (describe)	Time: am pm					
	Date: MM/DD/YY					
<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O (describe)	Time: am pm					
	Date: MM/DD/YY					
<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O (describe)	Time: am pm					

Where did the incident happen? Specify location.			
Describe the incident and how it happened, in sequence of occurrence.			
Describe immediate actions taken (e.g., supervisory presence, separate peers, start investigation, remove alleged target from direct care, medical care, ER, correct error by (describe), call Fire Dept., etc.)			
What was the effect of the incident on the individual(s)? (e.g., complaint of pain, scratches, potential for bruising, stitches, supervision level, fearful demeanor, crying, major anxiety, etc.)			
Add any other information that might be helpful in establishing the cause of abuse, neglect, exploitation, or the incident.			
IF KNOWN, INCLUDE ANY ALLEGATIONS OF PREVIOUS ABUSE, NEGLECT, EXPLOITATION, OR OTHER HARM. IF KNOWN, INCLUDE THE DATE AND TIME OF THE PREVIOUS EVENTS. IF UNKNOWN, RECORD "UNKNOWN."			
DATE	TIME	TYPE	OUTCOME
MM/DD/YY			
MM/DD/YY			
MM/DD/YY			
Investigator:		Date Assigned: MM/DD/YY	Time Assigned:
Staff who called DCBS:		Date: MM/DD/YY	Time of Call(s):
DCBS Responder:			
DBHDID Fax		Date: MM/DD/YY	Time:
DCBS Fax		Date: MM/DD/YY	Time:
OIG Fax		Date: MM/DD/YY	Time:
P&A Fax (if applicable)		Date: MM/DD/YY	Time:
Parent/Guardian Contact Name:		Date: MM/DD/YY	Time:
Staff who contacted Parent/Guardian:			
CONFIDENTIALITY NOTICE: The information contained herein is subject to all appropriate confidentiality statutes and regulations and must not be shared without proper written authorization.			

Report of Unusual Incident Recording Instructions

REPORT OF UNUSUAL INCIDENT RECORDING INSTRUCTIONS	
1.	Reporting on: Check either Adult or Child, based on the incident that is being reported on.
2.	Facility Name: Record the facility name.
3.	Incident #: Record the facility-specific incident number.
4.	Report to DBHDID Date: Record the date the INITIAL report is sent by e-mail to DBHDID.
5.	Report to DBHDID Time: Record the time the INITIAL report is sent by e-mail to DBHDID. Circle am or pm.
6.	Name of Reporter, if known: Record the first and last name of the original person making the report of a reportable incident, if known. If unknown, record "anonymous."
7.	Name of Reporter, if known: Check the box for Individual, Staff or Other as appropriate. If Other is checked, describe the person as best as possible, e.g., father of individual, store owner where Individual XYZ works; person who stated they witnessed a reportable incident in community; etc.
8.	Staff Completing Report: Record the first and last name of the staff who is completing the RUI.
9.	Title: Record the title of the staff who completed the RUI.
10.	Incident Date: Record the date of the reportable incident, if known. If unknown, record "unknown." If late reporting occurs, and date of the reportable incident is provided during the late reporting, record the incident date as reported.
11.	Incident Time: Record the time of the reportable incident, if known. If unknown, record "unknown." If late reporting occurs, and time of the reportable incident is provided during late reporting, record the incident time as reported. Circle am or pm.
12.	Discovery Date: Record the date of discovery of the reportable incident, if date of incident is unknown or when late reporting occurs.
	Discovery Time: Record the time of discovery of the reportable incident, if time of incident is unknown or when late reporting occurs. Circle am or pm.
13.	Type of Incident: According to initial information given by the reporter, check the appropriate box(es) – see Facility Risk Management Protocol and Harm Triggers for explanation of types of reportable incidents.
14.	Name of Individuals Being Served for whom Incident is being Reported: Record the first and last name of all individuals being served who are identified as being involved in the reportable incident. If the reportable incident is Peer-to-Peer, record the Aggressor's name first, then Victim's name(s).
15.	SS#: Record the social security numbers of all individuals who are identified as being involved in the reportable incident.
16.	Age: Record the age of all individuals who are identified as being involved in the reportable incident. Use the age on the date of the incident, if incident date is known. If not, record the age on the date of discovery.
17.	Sex: Record the gender of all individuals who are identified as being involved in the reportable incident. Use "F" for female and "M" for male.
18.	Unit/Home: Record the unit or home number of all individuals who are identified as being involved in the reportable incident.
19.	<p>Alleged Involvement: Check the appropriate box for each Individual's name listed, of alleged involvement in the reportable incident at the time of initial report:</p> <ul style="list-style-type: none"> a. Aggressor: Individual aggressed against another individual and caused the reportable incident to occur; individual aggressed against staff or other person and caused the reportable incident to occur. b. Victim: Individual was a receiver of the reportable incident from another individual, staff, or other person. c. Involved: Individual was reported to be present and engaged in the reportable incident at the time of initial report, OR reported to be either present or not present and connected to the reportable incident at the time of report. d. Witness: Individual saw the reportable incident happen. e. Undetermined: Reporter gives the Individual's name but cannot clearly state whether the individual was involved in the reportable incident at the time of initial report.
20.	<p>Staff, Family, Guardian, Agent, Visitor, and Other Involved in Incident: Record the first and last names of the staff, family, guardian, agent, visitor, or other persons involved in the reportable incident. If name is not known, describe in as much detail as possible. Check the appropriate box as applicable:</p> <p>S = Staff F = Family G = Guardian A = Agent V = Visitor</p> <p>O = Other person (describe): Describe the person as best as possible, e.g., father of individual, store owner where Individual XYZ works; person who stated they witnessed the incident in community; etc.</p>
21.	<p>If Staff is a Target, Date and Time Removed from Direct Care: If the "S" box for Staff is checked in #20 and the Staff is a target;</p> <ul style="list-style-type: none"> a. Record the date the target was removed from contact with all Individuals; and

REPORT OF UNUSUAL INCIDENT RECORDING INSTRUCTIONS

	b. Record the time the target was removed from contact with all Individuals. Circle am or pm.
22.	If delay in removing Staff Target from direct care, explain: If an alleged staff target is not removed from contact with all individuals immediately, record an explanation for the delay.
23.	Where did the incident happen? Specify location: Record the location, as specific as possible, where the incident occurred, e.g., individual's own bedroom by the right side of the nightstand, kitchen hallway in front of the refrigerator, peer's bathroom in the floor between the sink and shower, dining area by middle kitchen table, laundry room beside dryer, class bathroom near the left side of the sink, specific site on or off grounds, day area by the exit sign etc.
24.	Describe the incident and how it happened, in sequence of occurrence: Record the details of the incident. As recording begins, order the events as they occurred, describing how the incident happened (e.g. what was happening before the incident, what happened during the incident, what happened after the incident.) Include in the description, the names of individuals as well as staff, family, guardian, agent, visitor, or other persons who were involved in the reportable incident. Provide a time line in the sequence along with locations, if known.
25.	Describe immediate actions taken: Record the immediate actions taken in response to the reportable incident which may include actions taken before, during, and after the incident (e.g., supervisory presence, separate peers, start investigation, remove alleged target from direct care, medical care, ER, correct error by (describe), call Fire Dept., etc.) to ensure individual(s) are free from serious and immediate threat to their physical and psychological health and safety. In addition, record information the facility may have taken to ensure the safety of ALL individuals.
26.	What was the effect of the incident on the individual(s)? Record information regarding the effect of the incident on the individual(s) (e.g., complaint of pain, external bruising or scratches, supervision level, fearful demeanor, crying, major anxiety, etc.)
27.	Add any other information that might be helpful in establishing the cause of abuse, neglect, exploitation, or the incident: Record relevant information, if available, regarding the reportable incident that may help establish the cause of the abuse, neglect, exploitation, or the incident. If no other information is available, record "No other information available."
28.	If known, include any allegations of previous abuse, neglect, exploitation, or other harm. If known, include the date and time of the previous events. If Unknown, record "Unknown": Record allegations of previous abuse, neglect, exploitation, or other harm, if known. If unknown, record "Unknown" as applicable in columns described in Rows 29-32:
29.	Date: Record the date if known, of any evidence of previous abuse, neglect, exploitation, or other harm incidents.
30.	Time: Record the time, if known, of any evidence of previous abuse, neglect, exploitation, or other harm incidents.
31.	Type: Record the type of incident, if known, of previous abuse, neglect, exploitation, or other harm incidents.
32.	Outcome: Record the outcome of incident, if known, of previous abuse, neglect, exploitation, or other harm incidents, e.g., Substantiated, Unsubstantiated, Inconclusive.
33.	Investigator: Record the first and last name of the Investigator assigned.
34.	Date Assigned: Record the date the Investigator was assigned.
35.	Time Assigned: Record the time the Investigator was assigned.
36.	Staff who called DCBS Record the first and last name of staff who made the initial phone call to DCBS.
37.	Date: Record the date of the initial phone call to DCBS
38.	Time of calls: DCBS may answer the initial phone call. If so, record the time of contact. Some areas may have to make numerous phone attempts before a contact is made. Record all times of phone attempts. The last time recorded should be the time of contact.
39.	DCBS Responder: Record the first and last name of the DCBS staff or identification number of the DCBS staff with whom contact was made.
40.	DBHDID Fax
41.	Date: Record the date the fax was sent.
42.	Time: Record the time the fax was sent.
43.	DCBS Fax
44.	Date: Record the date the fax was sent.
45.	Time: Record the time the fax was sent.
46.	OIG Fax
47.	Date: Record the date the fax was sent.
48.	Time: Record the time the fax was sent.
49.	P&A Fax (if applicable)
50.	Date: Record the date the fax was sent.

REPORT OF UNUSUAL INCIDENT RECORDING INSTRUCTIONS

51.	Time: Record the time the fax was sent.
52.	Parent/Guardian Contact Name: Record the first and last name of the Parent/Guardian contacted.
53.	Date: Record the date the contact was made.
54.	Time: Record the time the contact was made.
55.	Staff who contacted Parent/Guardian: Record the first and last name of the staff who contacted the Parent/Guardian.
	Amended Report: If Initial Information provided at the time of the Report of Unusual Incident changes significantly (additional individuals, staff, or others involved; wrong individuals, staff, or others identified in original report; additional information provided during the course of <u>initial beginnings</u> of the investigation that alters the original Report, etc.) the Report of Unusual Incident must be amended and resubmitted to DBHDID, DCBS, OIG, and P&A (as applicable.) The Report of Unusual Incident must include "AMENDED REPORT" recorded at the top of the first page along with the same Incident #. A brief description of changes made should be noted on the fax cover sheet.

Appendix E - Final Expanded Investigative Report – Outline and Recording Instructions

Facility: Record the Facility name.	Individual Name(s): Record the Individual's name(s) for whom the investigation is conducted. If there is not an Individual's name associated with the Investigation, record the Incident Type.
Case Number: Record the facility-specific case number.	Investigator: Record the name of the investigator.
Date of Final Report: Record the date of the final written report. MM/DD/YY	

I. INTRODUCTION

- A. The nature of the incident and/or information provided to the investigator at the time of the assignment.**
 Record the initial information provided to the investigator at time of the assignment. If an amended Report of Unusual was submitted that changed the initial information, record the amended information underneath the original information with a heading of "Amended Initial Report."
- B. The name of person(s) reporting the incident.**
 Record the name of the person who reported the incident.
- C. Date and time the incident occurred.**
 Record the date and time of the incident, if known. If unknown, record "unknown." If late reporting occurs, and date and time of the incident is provided during the late reporting, record the incident date and time as reported AND the Discovery Date and Time, which indicates the date the report was actually made.
- D. Date and time the incident was discovered.**
 Record the date and time of discovery of the incident, if date of incident is unknown.
- E. Date and time staff discovering the incident verbally reported it to the supervisor.**
 Record the date and time the staff discovering the incident verbally reported it to the supervisor.
- F. Date and time the initial written incident report was completed.**
 Record the date and time the initial written incident report was completed.
- G. Date and time the Facility Director/designated representative was notified.**
 Record the date and time the Facility Director/designated representative was notified about the incident.
- H. Date and time the investigator was assigned the expanded investigation.**
 Record the date and time the investigator was assigned to begin the expanded investigation.
- I. Date and time the Department for Community Based Services was notified.**
 Record the date and time DCBS was notified by the initial phone call. Some areas may have to make numerous phone attempts before a contact is made. Record all times of phone attempts made. The last time recorded should be the time of contact.
- J. Date and time the Office of Inspector General was notified.**
 Record the date and time OIG was notified.
- K. Date and time the appropriate law enforcement agencies were notified.**
 Record the date and time appropriate law enforcement agencies were notified. Record "NA" if not applicable.
- L. In cases of death, date and time the coroner's office was notified.**
 Record the date and time the coroner's office was notified. Record "NA" if not applicable.
- M. Date and time the individual's guardian was notified.**
 Record the date and time the parent/guardian was notified.
- N. Date and time DBHDID central office was initially notified by e-mail.**
 Record the date and time DBHDID was initially notified by e-mail.
- O. Date and time Protection and Advocacy was notified.**
 Record the date and time P&A was notified. Record "NA" if not applicable.

II. IMMEDIATE PROTECTIONS

A. Date and time medical services were provided to the individual, if applicable.

Record the date and time medical services were provided to the individual. Record "NA" if not applicable.

B. Name, date and time target employee(s) was removed from direct care, if applicable.

Record the name, date and time target employee(s) was removed from direct care. If staff were not immediately removed from direct care, include the explanation for the delay. Record "NA" if not applicable.

C. Interventions put in place to ensure the safety of all individuals, staff, and other persons.

Record the interventions immediately put in place to ensure the safety of all individuals, staff, and other persons. Record "NA" if not applicable.

D. Ensure the scene is not disturbed, including prohibiting staff, individuals, or other persons to remove or destroy potential or actual evidence, if applicable.

Record the steps taken to ensure the scene is not disturbed, including prohibiting staff, individuals, or other persons to remove or destroy potential or actual evidence. Record "NA" if not applicable.

E. Potential witnesses kept at the scene and kept separated, if applicable.

Record whether the potential witnesses were kept at the scene and kept separated. If potential witnesses were not kept at the scene, include the explanation. If potential witnesses were not kept separated, include the explanation. Record "NA" if not applicable.

F. Secure relevant documentary evidence, if applicable.

Record whether relevant documentary evidence was immediately secured. If relevant documentary evidence was not immediately secured, include the explanation. Record "NA" if not applicable.

G. Secure relevant physical evidence, if applicable.

Record whether relevant physical evidence was immediately secured. If relevant physical evidence was not immediately secured, include the explanation. Record "NA" if not applicable.

III. INVESTIGATIVE PROCEDURE

A. General Information:

1. Date and time the investigator first arrived at the incident scene.

Record the date and time the investigator first arrived at the incident scene.

2. The person(s) with whom the investigator spoke at the site. (Not witness interviews)

Record the name and title of person(s) with whom the investigator spoke at the site, not to include witness interviews.

B. Collecting Physical and Demonstrative Evidence:

1. List each piece of physical evidence collected.

List each piece of physical evidence collected. Record "NA" if not applicable.

2. The manner in which the physical evidence was collected and logged.

Record the manner in which the physical evidence was collected and logged. Record "NA" if not applicable.

3. The manner in which the physical evidence was kept after collection in order to maintain the "chain of custody."

Record the manner in which the physical evidence was kept after collection in order to maintain the "chain of custody." Record "NA" if not applicable.

4. List any pictures that were taken.

List and enumerate any pictures taken, e.g. six pictures of Individual ABC, 5 pictures of Incident Site, etc. Record "NA" if not applicable.

5. List any other demonstrative evidence available to the investigator; e.g., diagrams, maps, floor plans, x-rays, etc.

Record and enumerate all other demonstrative evidence available to the investigator; e.g., diagrams, maps, floor plans, x-rays, etc. Record "NA" if not applicable.

C. Testimonial Evidence:

1. **The way in which the investigator determined whom to interview.**
Record the way in which the investigator determined whom to interview.
2. **The person(s), if any, identified as the target(s) of the case.**
Record the name and title of staff or other person(s), identified as the target(s) of the case.
3. **If the order of interviews is not in the desired order of reporter, victim(s), witness(es), and target(s) record explanation.**
If the order of interviews is not conducted in the desired order, the report must clearly state the reason for not doing so. If not applicable, record "NA."
4. **List all persons interviewed in chronological order, including title, date, time of each interview, and the corresponding Attachment number of the written statements.**

NAME	TITLE	DATE/TIME	STATEMENT ATTACHMENT# (Documentary Evidence)

Record all interviewee names – reporter, victims, relevant witnesses, other relevant persons, and persons who provided initial first aid/medical treatment, and targets - in chronological order, including title, date, time, and statement attachment number of each. If a person(s) was interviewed more than one time, the name and other information should continue in the chronological order and treated as a new item in the list.

Victim(s) identified will be interviewed, including those whose ability to communicate is impaired, using a client advocate, staff who can communicate with individual, or interpreter to assist with the investigative questions and statement write-up.

Relevant witnesses will be interviewed, including individual(s) and those individual(s) whose ability to communicate is impaired, using a client advocate, staff who can communicate with individual, or interpreter to assist with the investigative questions and statement write-up.

Other persons relevant to the case will be interviewed.

If interviews are not conducted with any victims, relevant witnesses, persons who provided initial first aid/medical treatment, or other persons relevant to the case, the report must clearly state the reason for not doing so.

If an interview is not conducted within 24 hours of the incident or discovery time, whichever is applicable, the report must clearly state the reason for not doing so.

D. Documentary Evidence:

1. **List other documents collected in this case, other than written statements identified in III.C.4.**

DOCUMENT	ATTACHMENT#

Record other documents obtained that are pertinent to the investigation, e.g. Incident Reports, Report of Unusual Incidents, diagrams, logs, photographs, time cards, e-mails, safety sheet, diagnosis code sheet, IPP/ILP/treatment plan, activity schedule, nursing notes, video photographs, AOD reports, staff query report, behavior plans, etc. Record the attachment number of each. Do not include written statements already recorded in III.C.4.

2. **The manner in which all documentary evidence was collected and secured prior to and after collection.**
Record the manner in which the investigator secured all documentary evidence, prior to and after collection.

IV. SUMMARY OF THE EVIDENCE

- A. **The investigative question(s) which the investigator must answer.**
Follow training provided by/sponsored by DBHDID to formulate and record the investigative questions.
- B. **Summarize all direct evidence available to answer the investigative question(s).**
Record a summary of direct evidence collected to answer the investigative questions, to include witness statements, or other direct evidence as applicable.

- C. Summarize all circumstantial evidence available to answer the investigative question(s), as applicable.**
Record a summary of circumstantial evidence available to answer the investigative questions. Examples of circumstantial evidence are listed below – all may not be applicable to the investigation.

Witness statement and interview of Staff/Individual #1
Witness statement and interview of Staff/Individual #2, etc.

Follow-up witness statement and interview of Staff/Individual #1, if applicable
Follow-up witness statement and interview of Staff/Individual #2, if applicable, etc.

Incident Report(s) Review:
Shift Report or Log Report Review:
Staff Assignment Sheet Review:
Nursing Notes/Medical Notes Review:
Target Staff Query Results:
Safety and Interventions Review:
Dining Plan and Supports Review:
Client Admission Face Sheet Review:
Diagram Drawing Review:
IPP / ILP / Treatment Plan Review:
Physical Supports Review:
Activity Schedule Review:
Prints from Video Camera Footage Review
Pictures of Individual Review:
Other Pictures (Name Location) Review:
Staff Training Review:
Other Reviews (write in specific name of Review):

V. ANALYSIS and FINDINGS

Investigative Question # 1 and Conclusion:

Record, based on the preponderance of the evidence, an outcome of substantiation, unsubstantiation, or inconclusive. Include a summary of the analysis that supports the conclusion.

Investigative Question # 2 and Conclusion, etc.

Record, based on the preponderance of the evidence, an outcome of substantiation, unsubstantiation, or inconclusive. Include a summary of the analysis that supports the conclusion.

Additional Information that contributed to Conclusions.

Include a summary of other analysis that supports the conclusion(s), if applicable.

VI. FACILITY FOLLOW UP

Record facility follow up actions.

Investigator Signature

The investigator will legibly sign their first and last name.

MM/DD/YY
Date of Signature

The investigator will record the date of their signature.

Appendix F - Incident Investigative Training – Definitions and Protocol

Certified Investigator: This course covers the fundamental principles of conducting investigations, analyzing and weighing evidence to reach conclusions, writing investigative reports and the process for assessing the quality of investigations. Participants must pass an exam which tests their knowledge of the investigative practices taught in this DBHDID approved training program to be considered a Certified Investigator.

Advanced Investigations and Evaluating the Quality of Investigations: This course focuses on skills such as interviewing and statement taking; provides a review of investigative techniques and terms; and, provides investigators with a process for determining the quality of an investigation and the soundness of the conclusions. *Prerequisite: Certified Investigator training*

Mortality Review, Death Investigations, and Root Cause Analysis: This course addresses the following: typologies of death; the relationship of death investigations to the investigations of other serious incidents; the mortality review process and its relationship to incident management and quality improvement; and, provides the skills and tools to identify systemic causes of serious incidents, not just the identification of root causes, but the implementation of solutions. *Note: This course is geared toward individuals who have completed the Certified Investigator training and, although the course is not a mandatory prerequisite, staff who lead death investigations must have both trainings.*

Incident Management Training, Protecting People from Harm: This course provides training for staff at various levels to support and implement incident management processes to protect the individuals served from harm. This training is divided into two groups; incident management for direct care employees including supervisors, and incident management for managers and others responsible for implementing and overseeing incident management process. There are four modules, which include subjects such as evidence based management, review and use of incident data, serious incidents investigations as a classification tool, etc. *Note: This course is not mandatory, but is offered as a tool to ensure quality care.*

Training Protocol:

1. Each facility shall maintain a minimum of two (2) trained *Certified Investigators* who are responsible for completing final expanded investigative reports. Each facility shall also maintain additional Certified Investigators as determined necessary to meet the needs of the facility considering the number of patient days, historic data regarding the number of incidents, and trending.
2. Certified Investigators who complete final expanded investigative reports and the Director/Coordinator of Risk Management shall attend the *Advanced Investigations and Evaluating the Quality of Investigations* training at least every three years.
3. Staff completing incident investigations not requiring an expanded investigation shall attend facility provided training at least every three years.
4. Staff leading a death investigation shall be a Certified Investigator who has attended the *Mortality Review, Death Investigations, and Root Cause Analysis* training, at least every three years.
5. DBHDID maintains the right to request any investigator be suspended from conducting investigations and take additional training based on the quality of their work product.
6. Each facility shall notify DBHDID when a trained investigator terminates their employment, or moves to a position whereby their role no longer includes conducting investigations for the facility

Appendix G – Clinical Mortality Data Request Form

Please complete the **attached 3 pages** and return them along with the information listed below **within 30 days** as part of the final report of your follow-up related to the recent death of an individual supported by your facility. Please send this information to the Mortality Review Committee via the mortality drop box or fax to 502-564-2386

<p align="center">Please mark each item requested as ‘enclosed’ or ‘not applicable’. If a requested document is determined to be ‘not applicable’, please provide the reason.</p>		
Department for Behavioral Health, Developmental and Intellectual Disabilities Mortality Review Report	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Internal Mortality Review Information	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Final Expanded Investigation	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Admission Psychiatric Assessment	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Admission History and Physical	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Most Recent History & Physical	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Psychosocial Admission Information	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Physician’s Progress Notes 3 months	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Medical Consultation Reports 6 months	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Labs performed in the past 6 months	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Discharge Report or Death Summary	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Root Cause Analysis, if applicable	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Nurse’s Notes for the past 2	<input type="checkbox"/> Enclosed	

months	<input type="checkbox"/> Not Applicable	
Admission Assessment	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
MAR's for the past 2 months	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Current Psychological Evaluation	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Incident Reports for the past 3 months	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Autopsy Report, if applicable	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Code Sheet, if Applicable	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	
Copy of Advance Directive, DNR, Living Will, or Health Care Directive, if applicable	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not Applicable	

Medical Care			
Individual's Name:			
MAID #:	Date Of Birth:	Date Of Death:	
Primary Care Physician (PCP)			# of visits in past year
Name: _____ Tel: _____			
Date last seen: _____			
PCP changed in the past year? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Medical Specialists			
Dr's Name and Specialty Type	Reason for Visit		# of visits in past year
Emergency Room/Urgent Care Clinic Visits in Past Year:			
Date of Visit	Name of Hospital	Reason for Visit	
Hospital Admissions in Past Year:			
Dates of Hospital Stay	Name of Hospital	Reason for Admission	Attending Physician
Please provide details regarding any history of tobacco, alcohol, or illegal drug use.			

FACILITY RISK MANAGEMENT PROTOCOL

REVISED AND APPROVED:

Wendy Morris, DBHDID Commissioner

Effective Date: October 1, 2019

February 2004

Revised August 2005

Revised April 2007

Revised July 2007

Revised July 2008

Revised January 2016

Revised October 2019