
EXCEPTIONAL FAMILY RESOURCES
Policy and Procedure Manual

Topic: Incident Management

Relevant to Dept(s): All

Original Effective Date: 11/1/2019

Revision Date:

Policy:

It is the intent of Exceptional Family Resources (EFR) to ensure that all individuals who receive services do so in an environment that is as safe as possible and are protected to the extent possible from any potential danger or abuse. Incident management is the formal system established to do so. Therefore, the process of reporting and reviewing of incidents must work to ensure that necessary and prompt steps are taken to protect these individuals and others. It must initiate a response to dangerous or abusive situations, as well as attempt to eliminate the potential for future recurrences. We are committed to the enhancement of quality of support.

This policy was written primarily for those individuals who receive services in the system for people with developmental disabilities, but the policy pertains to all people who receive services at Exceptional Family Resources; however, the policy is based on those regulations set forth by OPWDD, and all regulations by OPWDD are to be followed for those in that service delivery system.

Procedure

It is the intent of this policy to require an incident management system, including the reporting, investigation, review, correction, and monitoring of certain events or situations, in order to protect individuals receiving OPWDD services (to the extent possible) from harm; ensure that individuals are free from abuse and neglect; and to enhance the quality of the services and care they receive. This policy is based on regulations as outlined in 14 NYCRR Part 624 and Part 625.

Immediate Protections

Depending on the circumstances of the incident or allegation, protections may need to be put in place immediately upon discovery of an incident or situation. EFR will act immediately upon discovery when individuals are at risk or when their well-being has been jeopardized. It is everyone's responsibility to take action to stop any abuse or further harm to an individual. Any employee acting on behalf of EFR shall take whatever measures reasonable and prudent to ensure the protection of the individual from further harm, injury, abuse and to provide prompt treatment or care

Protections are accomplished in many ways depending on the circumstances of the situation. Examples of this could include, but are not limited to: seeking medical treatment or calling 911, contacting EFR's emergency number, increasing staff supervision, staff retraining, or administrative leave. When applicable, an employee, intern, volunteer, consultant, or contractor alleged to have abused or neglected an individual shall be removed from direct contact with, or responsibility for, all persons receiving services from the agency. In the event a staff is placed on administrative leave, that staff member is placed on leave from all individuals he/she works with at EFR pending the outcome of the investigation, unless otherwise indicated. In other cases, referrals for other supports or advocacy may be appropriate.

Agency Internal Reporting

When an incident is alleged to have occurred, it is EFR's expectation that the staff with the immediate knowledge of the situation contact the administrator on call via the emergency number. This process is to occur as soon as possible, after any necessary emergency medical treatment or other form of protection is sought for the individual. The EFR administrator who takes the emergency call will take lead in making sure that all immediate protections have been taken. The administrator on call will discuss as needed with the Executive Director/designee as to what the next steps should be. EFR's Executive Director/designee will assign an investigator and depending on the classification of the incident, additional contacts may need to be made to CPS or law enforcement. Law enforcement must be contacted for any alleged crimes committed against an individual by a staff, intern, or volunteer, or if an emergency response by law enforcement is needed.

Classification

REPORTABLE INCIDENTS: Applies only to incidents that occur under the auspices of an agency. Reportable Incidents include both categories of "Abuse" and "Significant Incidents."

(I) ABUSE/NEGLECT:

1. Physical Abuse
2. Sexual Abuse
3. Psychological Abuse
4. Deliberate Inappropriate Use of Restraints
5. Aversive Conditioning
6. Obstruction of reports of reportable incidents
7. Unlawful Use or Administration of a Controlled Substance
8. Neglect

(II) SIGNIFICANT INCIDENTS:

1. Conduct between persons receiving services that would constitute abuse as noted above
2. Conduct that is inconsistent with a person's plan of services, including:
 - (A) Seclusion
 - (B) Unauthorized use of time-out
 - (C) Administration of a prescription or OTC medication inconsistent with a doctor's order
 - (D) Inappropriate use of restraints
3. Missing Person at risk for injury
4. Unauthorized absence
5. Choking with known risk
6. Choking with no known risk
7. Self-abusive behavior with injury
8. Injury with hospital admission
9. Theft and financial exploitation
10. Other significant incident

SERIOUS NOTABLE OCCURRENCES: Applies only to events and situations that occur under the auspices of an agency. These include:

1. Death
2. Sensitive Situation

Minor Notable OCCURANCES:

5. Theft/Financial exploitation (more than \$15/less than or equal to \$100)
6. Injury, minor notable occurrence

EVENTS/SITUATIONS: Applies only to events and situations that occur outside of the auspices of an agency. This category only applies to programs under OPWDD. These include:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Active Neglect
5. Passive Neglect
6. Self-Neglect
7. Financial Exploitation
8. Death

INTERNAL INCIDENTS: Incidents that should be reported and tracked but do not reach the severity of a Reportable Incident, Notable Occurrence, or Event/Situation. Internal incidents can occur within, or outside of the auspices of EFR, in which staff intervention and follow-up is important to document.

Reporting

The EFR administrator/designee who takes the emergency call will ensure that the Executive Director is advised of all incidents as well as events/situations immediately upon occurrence or discovery.

The investigator/designee shall notify via phone, all incidents immediately upon occurrence or discovery to the Incident Management Coordinator at OPWDD. This notification must include a description of the immediate protections.

The investigator/designee must report to law enforcement in the event that an emergency response by law enforcement is needed, and/or when a crime may have been committed against an individual receiving services by a staff/intern/volunteer/contractor.

The investigator/designee shall notify the Care Manager of all incidents within 24 hours of entry of the incident into IRMA. The notification must include a description of the immediate protections.

The investigator/designee will notify the chairperson of the Incident Review Committee (IRC) that an incident has occurred including the category so as to ensure the committee is scheduled to meet within the designated time frames.

Documentation

Incident information will be entered into the OPWDD Incident Report and Management Application (IRMA). The investigator/designee has responsibility for IRMA data entry within 24 hours of occurrence or discovery or by the close of the next working day, whichever is later. Information entered into IRMA will generate the OPWDD Form 147.

Events/situations information will be entered into the OPWDD Incident Report and Management Application (IRMA). The Investigator/designee has responsibility for IRMA data entry within 24 hours of occurrence or discovery or by the close of the next working day, whichever is later. Information entered into IRMA will generate the OPWDD Form 150.

Incidents that should be reported and tracked but do not reach the severity of a Reportable Incident, Notable Occurrence, or Event/Situation shall be documented using Exceptional Family Resources “Non-Reportable” Occurrence Form. This form may be completed by the employee involved, or after discussion, by a supervisor. This form should be completed within 24 hours of an occurrence.

Jonathan’s Law

Some incidents require additional notification by the investigator/designee to inform ‘qualified’ persons of their right to access information under Jonathan’s Law. Jonathan’s Law notifications are required for all reportable incidents and notable occurrences. This notification must occur as soon as possible but no later than 24 hours after the completion of the initial incident report in IRMA.

A ‘qualified’ person is defined as:

- Parent of the individual receiving services
- Spouse of the individual
- Adult child of the individual
- Adult Sibling of the individual
- Legal guardian of the individual
- The individual – if a capable adult

The investigator/designee must attempt to make telephone contact to one of the above individuals unless the person has objected to this notification in writing, the adult individual objects, or if the contact person is the alleged abuser.

Under Jonathan’s Law, the ‘qualified’ person to whom notification is made is informed:

- Of a description of the situation and initial actions taken to protect the individual
- That he/she will receive a redacted Report on Actions Taken (OPWDD 14 indicating immediate steps taken in response of the incident to safeguards the person). This report must be sent out within 10 days of the completion of the initial written incident report or initial entry into IRMA.
- An offer to meet with the Executive Director/designee to further discuss the incident/occurrence.
- For allegations of abuse/neglect, an offer to provide information regarding the status or finding.

The ‘qualified’ person can request any or all of the following:

- A meeting with the Executive Director/designee
- A copy of the redacted initial incident report
- Information on the status and/or resolution for allegations of abuse or neglect

The investigator/designee is responsible for responding to further requests made by qualified persons.

Investigation Process

Any report of a reportable incident or notable occurrence must be thoroughly investigated by the Executive Director/designee or an investigator designated by the Executive Director/designee, unless OPWDD advises EFR that the incident or occurrence will be investigated by OPWDD and specifically relieves the agency of the obligation to investigate.

The assigned investigator will initiate the investigation immediately. All employees, interns, volunteers, consultants, or contractors are expected to cooperate in the investigation process in a timely manner. A thorough investigation must be conducted into any incident, or notable occurrence. The Investigator is expected

to complete the investigation within 7 days. The investigator is expected to follow the investigatory process put forth in OPWDD investigator training. Once the investigation is completed the investigator has 3 days to complete the report using OPWDD Form 149 and submit it with all supporting documentation to the Quality Improvement Manager for review. On occasion there may be extenuating circumstances that prohibit this from happening in the expected time frame. Examples of this would be in the event of CPS or law enforcement involvement who must complete their investigation prior to EFR's. If the investigator discovers the report cannot be completed in the expected time frame the investigator must notify the Quality Improvement Manager in writing with the reason. The Quality Improvement Manager will review the report for its thoroughness and will follow up with the investigator in regards to outstanding questions or concerns. Within 14 days the full investigation including recommendations will be forwarded to the Executive Director, Assistant Executive Director, and the Program Director for review and response.

It is expected that investigations will be uploaded into IRMA within 30 days unless extenuating circumstances prohibit the conclusion. Examples of this would be in the event of CPS or law enforcement involvement who must complete their investigation prior to EFR's. In the event an investigation is not completed in the expected time frame the reason must be documented in the IRMA application.

Investigations are reviewed at the next Incident Review Committee meeting. The committee is mandated to meet within one month of the date that a reportable incident or serious notable occurrence is discovered and reported. At a minimum this committee must meet on a quarterly basis.

It is the responsibility of the committee chair person to ensure IRC minutes reflect the committee is thoroughly reviewing investigations.

The immediate supervisor(s) and parties in the chain of command of staff directly involved in reportable incidents or notable occurrences are prohibited from conducting investigations of these incidents. Furthermore, immediate supervisors must not be involved in reviewing such incidents as part of the Incident Review Committee.

If an employee leaves employment prior to the conclusion of a pending investigation, the investigation shall continue until it is completed and a finding of substantiated or unsubstantiated is reached.

Incident Review Committee (IRC)

An agency-wide Incident Review Committee has been appointed by the Executive Director. The IRC reviews and monitors investigatory procedures for reportable incidents or serious notable occurrences. It is the responsibility of the committee to assess whether appropriate investigatory procedures are being followed, to make recommendations to the Executive Director when necessary, ensure the agency investigator has conducted a thorough investigation, and ensure contributing factors have been identified so they can make recommendations to help prevent future incidents from occurring. This committee has an identified chairperson. It is the responsibility of the committee chair person to ensure the committee fulfills all of its responsibilities, including but not limited too; meeting within the required time frames, ensuring the IRC minutes reflect that the committee is thoroughly reviewing investigations, and the IRC findings and recommendations are forwarded to the Executive director within 2 weeks of the meeting. It is the responsibility of the Executive Director to communicate these findings and recommendations to the Program Director. The Executive Director ensures that committee recommendations are positively received and considered in the interest of preventing future occurrences on incidents.

This committee determines whether incidents are formally 'closed' or whether additional information is needed or further action must take place in order to safeguard the individual. They advise the Executive Director if they

recommend additional safeguards. The Committee meets on a monthly basis unless an emergency meeting is required.

The committee is comprised of a member of the Board of Directors, two professional staff, an individual with a disability, a family member, and a DSP. The Quality Improvement Manager serves as a consultant to offer information on regulatory compliance and to answer questions that may arise in regards to the investigation itself.

It is the responsibility of the investigator/designee to ensure the individual's Care Manager receives an update within 10 days from when the Incident Review Committee closes the incident. This written update must include identifying investigative conclusions and recommendations pertaining to the individual's care, protection, and treatment.

Incidents may result in written recommendations to the appropriate Department Director and members of leadership as appropriate, to eliminate or minimize similar incidents in the future. Changes in policy/procedure may also be recommended in order to minimize recurrence.

Analysis of incidents occur on an annual basis. The completed annual trend analysis report is presented is yearly to the Board of Directors to inform members on incident statistics.

Notification of this Policy and Procedure:

Upon commencement of service provision, and annually thereafter EFR provides written instruction to individuals and advocates on how to access EFR's Incident Management Policy and Procedures as well as OPWDD's "Learning about Incidents" brochure in electronic format via our Website. In addition individuals and advocates are notified that upon written request EFR will provide paper copies of such information. These notifications occur unless the individual has objected to this notification.

Incident Management System Monitoring

The Executive Director has designated the Quality Improvement Department responsible for the monitoring of the incident management system to ensure all procedures are being followed as required. Through information gathered from data collection, review of incidents, input in IRMA, and participation in the IRC the Quality Improvement Manager is responsible for reporting any concerns directly to the Executive Director.

More information on 624 regulations can be found on OPWDD's website at http://www.opwdd.ny.gov/opwdd_resources/incident_management/home