

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: INCIDENT REPORTING AND MANAGEMENT POLICY 12.01
FOR DDA EMPLOYEES

Authority: [42 CFR 483.13](#) *Resident Behavior and Facility Practices*
[42 CFR 483.420](#) *Resident Assessment*
[Chapter 26.44 RCW](#) *Abuse of Children*
[Chapter 43.20A RCW](#) *DSHS*
[Chapter 70.124 RCW](#) *Abuse of Patients*
[Title 71A RCW](#) *Developmental Disabilities*
[Chapter 74.34 RCW](#) *Abuse of Vulnerable Adults*

Reference: DSHS Administrative Policy 8.02, *Client Abuse Reporting*
DSHS Administrative Policy 9.01, *Major Incident Reporting*
DSHS Administrative Policy 9.03, *Administrative Review – Death of a Residential Client*
DSHS Administrative Policy 18.62, *Allegations of Employee Criminal Activity*
[DDA Policy 5.13](#), *Protection from Abuse: Mandatory Reporting*
[DDA Policy 5.15](#), *Restrictive Procedures: Community*
[DDA Policy 5.17](#), *Physical Intervention Techniques*
[DDA Policy 5.20](#), *Restrictive Procedures and Physical Interventions with Children and Youth*
[DDA Policy 7.05](#), *Mortality Reviews*
[DDA Policy 12.02](#), *RHC Incident Investigations*
[Residential Care Services Nursing Home Guidelines](#)

PURPOSE

This policy provides guidelines for employees of the Developmental Disabilities Administration (DDA) for timely reporting and management of serious and emergent incidents harming or threatening the health and safety of DDA clients.

The intent of the DDA incident reporting and management system is to identify, analyze and correct hazards, risks or potentially harmful situations from occurring and prevent a future reoccurrence as much as possible.

This policy also describes responsibilities for review and resolution, including follow-up actions, necessary for specific incident types.

SCOPE

This policy applies to all DDA employees except employees of State-Operated Living Alternatives (SOLAs) and Community Crisis Stabilization Services (CCSS). For SOLA and CCSS incident reporting, see DDA Policy 6.12, *Incident Management and Reporting Requirements for Residential Services Providers*.

This policy also applies to all DDA volunteers, interns, and work study students.

DEFINITIONS

Administrative unit means the DDA regional field service office or RHC.

Professional medical attention means care beyond first aid by a medical professional, including primary care providers, paramedics, fire fighters, urgent care, or emergency room personnel.

Residential habilitation center (RHC) means a residential facility for individuals with intellectual disabilities or other condition similar to intellectual disability operated by the DDA. RHCs may meet the requirements to be certified as an intermediate care facility for individuals with intellectual disabilities (ICF/IID), or a nursing facility, or both. When an RHC meets the requirements for both, the ICF/IID and nursing facility are separate facilities and have different requirements.

Work day or **working day** means Monday through Friday, excluding state and federal holidays.

POLICY

- A. Serious and emergent incidents involving individuals receiving a paid service from DDA must be reported to DDA Central Office using the DDA Electronic Incident Reporting System.
- B. Each administrative unit within DDA must follow the procedures described in this policy for managing serious and emergent incidents.
- C. Each administrative unit must have systems in place to ensure incidents are reported as required by this policy and to ensure management has the information necessary to review, analyze, provide necessary supports, and implement appropriate corrective actions

Note: Compliance with federal regulations may require local RHC reporting of events, situations, and circumstances above and beyond what is named in this policy.

PROCEDURES

A. Reporting to the Proper Authorities

All DDA employees are mandated reporters, and must report incidents involving suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, abandonment, or mistreatment of children or vulnerable adults to the proper authorities pursuant to [RCW 26.44](#), *Abuse of Children* and [RCW 74.34](#), *Abuse of Vulnerable Adults*. Refer to [DDA Policy 5.13](#), *Protection from Abuse – Mandatory Reporting*, for additional requirements and statutory definitions.

Reports must be made immediately, including when using the electronic incident reporting system as a means to fulfill abuse and neglect mandatory reporting obligations.

B. Reporting within DDA

Regional Administrators (RA) and RHC Superintendents must ensure serious and emergent incidents are reported per protocol described below and detailed under the *Incident Classification and Reporting Timelines* section. There are two reporting protocols:

- **One-hour protocol:** Incidents meeting this protocol require a phone call to DDA Central Office within one hour, followed by an electronic incident report within one work day. Staff should follow administrative unit protocol and also report directly to a supervisor and the RA or Superintendent within one hour of receiving the information. The RA or Superintendent will determine who will notify Central Office.
- **One-day protocol:** Incidents meeting this protocol require an electronic incident report within one work day.

Events not identified in the *Incident Classification and Reporting Timelines* section may be documented according to administrative unit procedures (e.g., Service Episode Record (SER) or client record).

1. All DDA Central Office reportable incidents must be electronically transmitted through the electronic Incident Reporting System within the timeframe listed under *Incident Classification and Reporting Timelines*; or

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2. If the Incident Reporting System is down or inaccessible, incidents may be emailed or faxed using the [DSHS 20-192](#), *Administrative Report of Incidents* form. Note: this form is available only on the DSHS Intranet website.
 3. Field Services staff must complete an electronic incident report for the death of any:
 - a. No-paid services (NPS) client;
 - b. Birth to 3 client;
 - c. Specialized unit Medicaid client; or
 - d. Non-DDA eligible person identified as part of the Preadmission Screening and Resident Review (PASRR) process.

Note: Electronic incident reports are not required for other types of incidents.

Note: Any alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, and/or abandonment must be reported to protective agencies or other authorities as described in DDA Policy 5.13 regardless of services or settings.

C. Reporting the Death of a Client

1. Report all deaths to DDA Central Office as required per One-Hour or One-Day protocol. Ensure the client's parent or legal guardian is notified immediately.
2. Under RCW 68.50.020, if a DDA employee has reason to suspect the death of a vulnerable adult was caused by abuse, neglect, or abandonment, the employee must report the death to the medical examiner or coroner with jurisdiction, DSHS, and local law enforcement, in the most expeditious manner possible.
3. DDA conducts reviews of deaths according to [DDA Policy 7.05](#), *Mortality Reviews*, and DSHS Administrative Policy 9.03, *Administrative Review - Death of a Residential Client*.

D. Incident Follow-up and Closure

1. Incident report follow up is intended to:
 - a. Ensure initial actions have been taken and plans developed, as appropriate, to address any health and welfare concerns raised by the incident; and

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- b. Provide assurance that appropriate management and monitoring of critical incidents consistently occurs.

2. Document Initial Actions and Planned Follow Up in the Incident Report

- a. Document the initial actions taken, including specific actions intended to promote client health and welfare, in the “Planned Health and Welfare Actions” section. This should be documented at the time the incident report is initially entered and distributed, based on what is known at that time.
- b. For incidents that involve alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, and/or abandonment, specific actions planned to promote client health and welfare must be documented in the “Planned Health and Welfare Actions” section. Incidents meeting this criteria must not be marked as closed at this time.
 - i. Planned health and welfare actions are steps taken by the provider, client, facility, family member, legal representative and DDA staff to promote the safety and well-being of each individual involved in the incident.
 - ii. Health and welfare follow-up documentation should provide a description of services, staffing, referrals or actions taken by the provider, client, facility, family member, legal representative and DDA staff to promote the health and welfare of the client pending the outcome of an investigation. Examples include reconfiguration of a household, a request for additional staffing, supervision plan put in place, referral to payee services, and diversion placement.

3. 30-Day Incident Report Follow-up

- a. For incidents involving alleged or suspected abuse, improper use of restraint, neglect, personal or financial exploitation or abandonment, DDA staff must follow up with the client, their legal representative and the service provider, when involved, within 30 days of the incident. DDA staff must document this contact in the incident report follow-up, and determine:
 - i. If health and welfare actions have been taken as planned or if plans are moving forward as expected.

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- ii. If actions planned and taken have been appropriately implemented to the satisfaction of the client, the client's legal representative, and DDA, then the incident should be closed. This is typically determined by contacting the client and their legal representative.

Note: If follow-up contact with the client or their legal representative would jeopardize the client's health and is clearly detrimental or would interfere with the integrity of an ongoing investigation, then contact with the assigned investigator (i.e., APS, CPS) can be considered appropriate follow-up in lieu of direct contact.

- iii. If planned health and welfare actions have not been implemented to the satisfaction of the client, their legal representative, or DDA then:

- 1) Document in the incident follow-up report the actions planned to address the remaining health and safety concerns;
- 2) Review follow-up actions no later than 90 days after the incident complete date;
- 3) Document completion of the review in the incident follow-up report;
- 4) Close the incident report no later than 90 days from incident complete date; and
- 5) Document any activity beyond these timelines in the client's service episode record or client record.

- b. Examples of follow-up documentation include, but are not limited to the following:

- i. Updated individual instruction and support plan, person-centered service plan, or individual habilitation plan;
- ii. Positive behavior support plan development or revision;
- iii. Cross-system crisis plan development or revision;

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- iv. Technical assistance to the service provider; and
 - v. Changes in service provider or client services as a result of the incident.
- c. Any activity beyond these timelines should be documented in the client's service episode record or client record.

E. Regional and RHC Quality Assurance Responsibility

- 1. Regional and RHC Quality Assurance (QA) staff or their designees will ensure oversight systems are in place to:
 - a. Monitor for timely incident processing, including 30 day follow up and closure no later than 90 days following the incident complete date; and
 - b. Train new staff on the Incident Reporting System.
- 2. Regional and RHC QA staff will analyze significant incident data trends and areas of concern and report their analyses quarterly to the Incident Management Program Manager.

F. DDA Central Office Quality Assurance Responsibility

- 1. The DDA Incident Report Review Committee will meet regularly to analyze statewide data and review serious or emergent incidents reported through the Incident Reporting System.
- 2. The Incident Management Program Manager will relay recommendations regarding individual cases and trends or patterns for follow up to the regional or RHC Quality Assurance Manager and the RHC Superintendent or designee.
- 3. The Incident Management Program Manager will share aggregate data and relay analysis outcomes to the DDA Full Management Team for review and recommendations.

ONE-HOUR PROTOCOL

- A. One-hour protocol includes:
 - 1. A phone call to DDA central office no more than one hour after becoming aware of an incident; and

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2. An incident report no more than one working day after becoming aware of an incident.
- B. A DDA employee must follow one-hour protocol if any of the following occur:
1. Alleged sexual abuse of a client by a DSHS employee, volunteer, licensee, or contractor.
 2. Choking – client chokes on food, liquid, or object and requires physical intervention, regardless of outcome. Examples of physical interventions include abdominal thrusts, suctioning and finger sweeps.
 3. Client is missing from a CCSS, SOLA, or RHC (for all other missing clients, see one-day protocol incidents below).
 4. Client arrested with charges or pending charges for a violent crime as defined in RCW 9.94A.030 .
 5. Death of a client supported by an RHC, SOLA, or CCSS.
 6. Hospitalization following an injury of unknown origin or suspected abuse or neglect.
 7. Known media interest or litigation. Positive news stories do not require an electronic incident report; however, regional and headquarters staff must still be notified via email.

Note: Known media interest or litigation must be reported to a Regional Administrator or Superintendent and Central Office within one hour. If the issue also meets other incident reporting criteria, follow up with an electronic incident report within one working day.
 8. Natural disaster or conditions threatening client safety or program operations.
 9. Suicide.
 10. A suicide attempt, which means a non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior.
 11. Suspicious or unusual death of a client (i.e., likely to result in investigation by law enforcement, APS, CPS, or RCS).

ONE-DAY PROTOCOL

- A. One-day protocol requires a DDA employee to submit an incident report no more than one working day after becoming aware of an incident.
- B. If a CRM's sole source of information regarding a possible incident is an APS, RCS, or CPS intake tickler CARE, and the information is insufficient to determine the nature of the issue or to properly complete an incident report, then a report is not required to be entered into the Incident Reporting System. At such time that a CRM receives sufficient information to determine that an incident report is required per policy and to appropriately complete an electronic incident report, then an incident report must be completed.

If the CRM receives an APS, RCS, or CPS outcome tickler in CARE for which there is no DDA incident report, the CRM must contact the investigator to get the details of the incident and do an incident report.

- C. A DDA employee must follow one-day protocol if any of the following occur:
1. Alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment of a client by a DSHS employee, volunteer, licensee, or contractor.
 2. A client is injured following the use of a restrictive procedure or physical intervention.
 3. A client's injury, regardless of origin, requires professional medical attention.
 4. Known criminal activity perpetrated by a DSHS employee, volunteer, licensee, or contractor that may impact the person's ability to perform the duties required of their position.
 5. Criminal activity by a client that results in a case number being assigned by law enforcement.
 6. Alleged sexual abuse of a client (if not reported under one-hour protocol above).
 7. Client-to-client abuse under RCW 74.34.035, which applies to clients 18 and older and includes:
 - a. Injuries (e.g., bruising, scratches, etc.) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal areas;

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- b. Fractures;
 - c. Choking attempts; or
 - d. Patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults.
8. A client is missing. A client is considered missing if:
- a. The client's assessed support level in their person-centered service plan (PCSP) is 4, 5, or 6, their whereabouts are unknown, and the client cannot be contacted for two hours, unless the client's DDA CARE assessment or PCSP indicates a different time period;
 - b. The client's assessed support level in their PCSP is 1, 2, 3a, or 3b and the client is out of contact with staff for more time than is expected based on their typical routine, DDA CARE assessment, or PCSP; or
 - c. The client is located by a first responder, police officer, or community member and the provider was unaware that the client was gone.
- Note: A client without good survival skills may be considered in "immediate jeopardy" when missing for any period of time based upon the client's personal history regardless of the hours of service received. This includes clients with identified community protection issues.
9. Death of a client that doesn't require one-hour protocol.
 10. Death of a live-in care provider.
 11. Inpatient admission to a state or local psychiatric hospital or evaluation and treatment center.
 12. Alleged or suspected abuse, abandonment, neglect, personal or financial exploitation by another person (who is not a client or staff), that is screened in by APS, CPS, or RCS for investigation.
 13. Criminal activity against a client resulting in a case number being assigned by law enforcement.
 14. Use of a restrictive procedure, on an emergency basis, that is not part of the client's Positive Behavior Support Plan (PBSP).

15. A medication or nurse delegation error that caused or is likely to cause injury or harm to a client according to a pharmacist, nurse, or other medical professional.
16. A pattern of medication errors involving the same client or the same staff.
17. Emergency medical hospital admissions.
18. A client or the client's legal representative are contemplating a permanent sterilization procedure.
19. A community protection client signs out or leaves the program without intent to return.
20. A client's provider or family declines to support the client after discharge from a medical or psychiatric facility.

EXCEPTIONS

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

SUPERSESSION

DDA Policy 12.01
Issued October 1, 2019

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: January 15, 2021

Attachment A - *Incident Reporting Protocol*

Attachment B - *Guidelines for Completing Electronic Incident Reports*

ATTACHMENT A
INCIDENT REPORTING TIMELINES

| <p style="text-align: center;">One-Hour Protocol*</p> <p style="text-align: center;">Phone call to DDA Central Office within one hour followed by electronic incident report within one working day</p> | <p style="text-align: center;">One-Day Protocol*</p> <p style="text-align: center;">Electronic incident report within one working day</p> |
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| <ol style="list-style-type: none"> 1. Alleged sexual abuse of a client by a DSHS employee, volunteer, licensee or contractor 2. Choking – client chokes on food, liquid, or object and requires physical intervention, regardless of outcome 3. Client missing from a CCS, SOLA, or RHC 4. Client arrested with charges or pending charges for a violent crime. 5. Death of a client supported by an RHC, SOLA, or CCSS 6. Hospitalization following an injury of unknown origin or suspected abuse or neglect 7. Known media interest or litigation must be reported to a Regional Administrator or Superintendent and Central Office within one hour. If the issue also meets other incident reporting criteria, follow up with an electronic incident report within one working day. Positive media interest does not require an electronic incident report. 8. Natural disaster or other conditions threatening client safety or program operations 9. Suicide 10. Suicide attempt 11. Suspicious or unusual death of a client | <ol style="list-style-type: none"> 1. Alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, or abandonment of a client by a DSHS employee, volunteer, licensee, or contractor 2. Client injured following the use of a restrictive procedure or physical intervention 3. Client injury requiring professional medical attention 4. Known criminal activity perpetrated by a DSHS employee, volunteer, licensee, or contractor 5. Criminal activity by a client resulting in a case number being assigned by law enforcement 6. Alleged sexual abuse of a client not reported under one-hour protocol 7. Client-to-client abuse under RCW 74.34.035 8. Missing person 9. Death of a client that is not reported under one-hour protocol 10. Death of a live-in care provider 11. Inpatient admission to a state or local psychiatric hospital or evaluation and treatment center 12. Alleged or suspected abuse, abandonment, neglect, , personal or financial exploitation, by another person (who is not a client or staff) that is screened in by APS, CPS or RCS for investigation 13. Criminal activity against a client resulting in a case number being assigned by law enforcement 14. Use of a restrictive procedure on an emergency basis that is not part of the client’s approved PCSP 15. A medication or nurse delegation error that causes or is likely to cause injury or harm according to a pharmacist, nurse, or other medical professional |

ATTACHMENT A
INCIDENT REPORTING TIMELINES

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| | <p>16. A pattern of medication errors involving the same client or the same staff</p> <p>17. Emergency medical hospital admission</p> <p>18. Awareness that a client or the client’s legal representative is contemplating a permanent sterilization procedure</p> <p>19. Community protection client signs out of the program</p> <p>20. The client’s provider or family declines to support the client after a hospital or psychiatric discharge</p> |
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* See Procedures Sections “One-Hour Protocol” and “One-Day Protocol” for more detailed descriptions.

ATTACHMENT B

Guidelines For Completing Electronic Incident Reports

- **Input only incidents** required by DDA Policy 12.01, Attachment A.
- **Just the facts:** Do not speculate or give opinions.
- **Be clear and concise:** Provide information that is required.
- **Do not delay:** A follow-up is always possible if/when more information becomes available.

What was happening prior to the incident (i.e., the antecedents)?

What environmental factors or events occurred prior to the incident that may have had an impact on what occurred next (setting events)?

Examples:

- A frustrating/upsetting event
- Underlying medical/dental condition/serious medical event
- Housemate issues
- Access to alleged perpetrator or victim

Description of Incident

- What was seen or reported that requires an incident report per policy?
- Who was involved in the incident?
- Who witnessed the incident?
- What were the immediate actions taken for health and safety?
- Were approved plans, such as PBSP/IISP/CSCP, followed as written?
- Include the known or initial diagnosis, or if unknown, include the significant symptoms that lead to the actions taken. (e.g., Aspiration pneumonia, or admitted after emesis with respiratory distress for suspected pneumonia, expected death from lung cancer, or cause of death unknown.)

Planned Health and Welfare Actions

- Document the actions taken or planned, to promote the health and safety of the client.
- Include notification of any outside agencies (e.g., law enforcement, APS, CPS, RCS, CRU). Law enforcement **must always** be called if sexual and/or physical abuse is suspected.
- For incidents that involve alleged or suspected abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation and/or abandonment, **do not close** the incident report until completion of the 30-day follow-up.

Follow-up and Closure (30-day Follow-up)

- Document whether planned health and welfare actions were implemented and successful.
- Are other actions needed? If so, document what they are and complete within 90 days.

ATTACHMENT B

Guidelines For Completing Electronic Incident Reports

- Follow-up contact with client and/or their legal representative **must** occur to ensure they are aware of/satisfied with follow-up actions taken.