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## **THURSTON - MASON COUNTY DEVELOPMENTAL DISABILITIES GUIDELINE:**

### **Incident Reporting**

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#### **PURPOSE**

This guideline provides employees of Thurston-Mason County Developmental Disabilities Contractors with the information needed for timely reporting of serious and emergent incidents harming and/or threatening the health and safety of Developmental Disabilities Administration (DDA) clients. It also describes responsibilities for review, resolution, correction, and prevention.

#### **SCOPE**

This policy applies to all employees of Thurston-Mason County Developmental Disabilities Contractors and all of volunteers, interns, and work study students who have assignments or responsibilities related to Thurston County Developmental Disabilities contracts.

#### **POLICY**

- A. Each contracted agency must follow the procedures described in this policy for managing serious and emergent incidents.
- B. Each contracted agency must report these incidents to make sure that the County, DDA, and residential (as applicable) have the information necessary to review, analyze, provide support, and take corrective measures where appropriate.
- C. All reports must include the client's name, ADSA ID, date of the incident, and type of incident being reported

#### **PROCEDURES**

- A. All incidents involving suspected abandonment, abuse, neglect, exploitation, or financial exploitation of children or vulnerable adults must be reported to the proper authorities pursuant to [RCW 26.44](#), Abuse of children and [RCW 74.34](#), Protection of vulnerable adults. Serious and emergent incidents as described in the **INCIDENT REPORTING TIMELINES** section of this document must be reported as defined. See [DDA Policy 6.08](#), Protection from Abuse: Mandatory Reporting, for additional requirements and statutory definitions.

##### **B. Reporting to the Proper Authorities**

Contracted agencies and their employees must ensure that Adult Protective Services (APS), Child Protective Services (CPS), the Residential Care Services Division's Complaint Resolution Unit (CRU), law enforcement, emergency services, or the Designated Mental Health Professional (DMHP) have been notified as appropriate.

##### **C. Reporting Responsibilities**

The Contractor must ensure that serious and emergent incidents as described under **INCIDENT REPORTING TIMELINES** are reported to the County, residential (as applicable) and the client's DDA Case Manager.

#### D. Incident Reporting, Follow-up, and Closure

The intent of incident reporting, follow-up, and Closure is to:

- a. Ensure initial actions have been taken and plans developed, as appropriate, to address health and safety concerns raised by the incident.
- b. Document the initial actions taken and the planned actions to be taken to assure the health and safety of the client.
- c. Documentation of the actions described in the Incident Report and taken to resolve health and safety concerns and to assure that the incident has been resolved.

#### INCIDENT REPORTING TIMELINES

This section defines and classifies Serious and Emergent Incidents into two (2) categories. The definitions and reporting timelines are as follows:

Phone call to County and Regional Office within <b>One Hour</b> followed by written Incident Report within <b>One Business Day (A)</b>	Written Incident Report within <b>One Business Day (B)</b>
<ol style="list-style-type: none"><li>1. <b>Suspicious or unusual death of a client</b></li><li>2. <b>Natural disaster</b> or other conditions threatening the operations of the program or facility</li><li>3. <b>Missing Client</b></li><li>4. <b>Injuries resulting from abuse or neglect</b> or unknown origin resulting in hospital admission</li><li>5. <b>Known media interest or litigation</b> must be reported to Regional Administrator within 1 hour. If issue also meets other incident reporting criteria, follow with written IR within 1 working day.</li><li>6. <b>Alleged or suspected sexual abuse of a client</b></li><li>7. <b>Client arrested</b> with charges or pending charges for a violent crime</li><li>8. <b>Life-threatening medically emergent condition</b> life-threatening conditions that cannot be classified as injuries and that require treatment by emergency personnel or inpatient admission</li></ol>	<ol style="list-style-type: none"><li>1. <b>Death</b> of a client (<u>not</u> suspicious or unusual)</li><li>2. Alleged or suspected <b>abuse, improper use of restraint, neglect, self-neglect, personal or financial exploitation, and/or abandonment of a client</b></li><li>3. Alleged or suspected <b>criminal activity perpetrated against a client</b></li><li>4. Alleged or suspected <b>criminal activity by a client</b></li><li>5. <b>Inpatient admission to a state or community psychiatric hospital</b></li><li>6. Injuries to a client resulting from the use of restrictive procedures or physical intervention techniques</li><li>7. <b>Injuries of known cause</b> (other than abuse) that required medical treatment beyond first aid</li><li>8. Hospital or nursing facility <b>admission</b></li><li>9. <b>Client-to-client abuse</b></li><li>10. <b>Restrictive procedures implemented under emergency guidelines</b></li><li>11. <b>Serious treatment violations</b></li><li>12. <b>Suicide gestures or attempts</b></li><li>13. Suspicious injury (of unknown origin)</li><li>14. <b>Awareness that a client or the client's legal representative is contemplating permanent sterilization procedures</b></li></ol>