THURSTON - MASON COUNTY DEVELOPMENTAL DISABILITIES GUIDELINE:
Incident Reporting

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 the Developmental Disabilities contract.

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 and DDA have the information necessary to review, analyze, provide support, and take corrective measures where appropriate.

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, Abuse 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 5.13, 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 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:

A. Category A Incidents

Place a phone call to the DDA Case Manager and the County within one hour and submit an Incident Report to each within one working day of becoming aware of any of the following:

a. Suspicious death of a client (i.e., suspicious or unusual; likely to result in investigation by law enforcement, APS, or CPS).

b. Natural disaster or conditions threatening the operations of the program or facility.

c. Alleged sexual abuse of a client by an employee, volunteer, licensee, or contractor:

“Sexual abuse means any form of nonconsensual sexual contact, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person and a vulnerable adult receiving service from a program whether or not it is consensual” (RCW 74.34).

d. Client injuries resulting from abuse/neglect or of unknown origin requiring hospital admission

e. Alleged sexual abuse of a child by a DDA client.

f. Client arrested with charges or pending charges for a violent crime as defined in RCW 9.94A 030(50).

B. Category B Incidents

Submit an Incident Report to the DDA Case Manager and the County within one (1) working day of becoming aware of any of the following:

a. Alleged or suspected abandonment, abuse, neglect, exploitation, or financial exploitation of a client by an employee, volunteer, licensee or contractor pursuant to Chapter 74.34 RCW.

b. A client injury of unknown source when the injury raises suspicions of possible abuse or neglect because of:

i. The extent of the injury;

ii. The location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma);

iii. The number of injuries observed at one particular point in time; or

iv. Repeated incidents of unknown injuries over time.

c. Known criminal activity perpetrated by an employee, volunteer, licensee or contractor that may impact the person’s ability to perform the duties required of his or her position.

d. Criminal activity by a client that results in a case number being assigned by law enforcement.
e. Alleged sexual abuse of a client (if not reported under Section A.3 above).
f. Injuries resulting from alleged or suspected client-to-client abuse that requires medical treatment beyond first aid. This means medical care that must be administered by a medical professional (e.g., fractures, sutures, staples).
g. Injuries of a known cause other than abuse/neglect that result in hospital admission.
h. Missing Person: A client is considered “missing” under the following conditions:
   When law enforcement is contacted about a client and/or law enforcement independently finds and returns the client, regardless of the length of time the client was missing.
   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.
i. Death of a client (not reported under Category A).
j. Admission to a State or local psychiatric hospitalizations.
k. Alleged or suspected abuse, abandonment, neglect, exploitation or financial exploitation by other non-client/non-staff screened in by APS or CPS for investigation.
l. Criminal activity against clients by others resulting in a case number being assigned by law enforcement.
m. Restrictive procedures implemented under emergency guidelines described in DDA Policy 5.15, Use of Restrictive Procedures, DDA Policy 5.17, Physical Intervention Techniques, DDA Policy 5.20, Restrictive Procedures and Physical Interventions with Children and Youth. Restrictive interventions described in an approved Positive Behavior Support Plan (PBSP) are not considered emergency applications.
n. Medication error which causes, or is likely to cause, injury/harm as assessed by a medical or nursing professional.
o. Emergency medical hospitalizations.
p. Community Protection Program treatment violations not otherwise defined.
q. Suicidal threat/attempt/gesture/para-suicidal behavior (i.e., the intentional and voluntary attempt or threat to take one’s own life by someone with the capacity to do so).