

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT ON DISABILITY SERVICES**



<b>Attachment: Incident Management Instrument</b>
Policy/Procedure associated with: Incident Management and Enforcement Policy and Procedure

All underlined words/definitions can be found in the Definitions Appendix.

1. **DEATH**: The loss of life.

REPORT TO	TIME FRAMES	PROVIDER RESPONSIBILITIES	DDA RESPONSIBILITIES
DDA (Service Coordinator and IMEU), OCME, OIG, MPD, DOH/HLRA (if ICF/ID or District Licensed Group Home Facilities and Services), day/vocational provider, parent/guardian, attorney/advocate.  311 and DDA Duty Officer, if incident occurs after business hours.	Initial incident report must be faxed to DOH/HLRA and OIG within 24 hours or the next business day.  Incident must be entered into MCIS within 24 hours or the next business day.  Investigative report must be submitted to DDA within 25 calendar days of incident to the Mortality Review Coordinator.	Assure that Incident Management Coordinator complies with reporting and investigating requirements.  Enter incident into MCIS.  Forward original records to DDA/Mortality Review Coordinator within 72 hours.  Verbally report incident to OCME and Service Coordinator.  Complete investigative report within 25 calendar days of incident and forward to DDA/Mortality Review Coordinator.	Review and accept incident at IRC.  For suspicious/unusual death, occurring anywhere other than hospital/nursing home, DDA/Mortality Review Coordinator to respond to site within 24 hours or the next business day to initiate a preliminary investigation.  – Assignment of incident by IRC to Liberty within 24 hours or the next business day  Fax MCIS incident report to Quality Trust, OIG, Evans Parties, Liberty, within 24 hours or the next business day of being accepted by IRC.

2. **ABUSE**

The wrongful treatment of an individual which endangers his or her physical or emotional well-being, through the action or inaction of anyone, including, but not limited to an employee, intern, volunteer, consultant, contractor, visitor, family member, guardian or stranger, whether or not the affected individual is, or appears to be injured or harmed.

Minor actions which are unintentional and occur once are not abuse. Actions that may appear insignificant but occur regularly are considered abuse.

Actions of individuals receiving services toward other individuals receiving services, staff, or members of the general public are not considered abuse. However, neglect may be present, as the actions may be the result of the provider not providing proper supports, or provider staff neglecting to protect individuals from harm from other individuals.

## TYPE OF ABUSE

**Exploitation:** The illegal or improper act of an employee, contractor, consultant, volunteer, or intern using the resources of an individual for their own monetary or personal benefit or gain.

**Mistreatment:** The use of practices which are contraindicated by an individual's plan of services, for punishment or for the convenience of staff, as a substitute for treatment or care.

**Physical Abuse:** Physical contact may include, but is not limited to, intentionally or willfully grabbing, dragging, shoving, yanking, slapping, hitting, kicking, choking, pinching, biting, strangling, punching, or otherwise wrongfully handling an individual. Physical abuse may also include contact that is not necessary for the safety of the individual and causes discomfort to the individual, the handling of an individual with more force than reasonably necessary, suspicious or unexplained bruising or other minor injuries in areas of the body (i.e., genitals, unreachable locations) that suggest possible abuse or injury by others.

**Psychological/Verbal Abuse:** The use of verbal or nonverbal expression or other actions in the presence of an individual that subjects the individual to ridicule, humiliation, contempt, scorn, harassment, threats of punishment, dehumanization, or wrongful manipulation, or is otherwise denigrating or socially stigmatizing. Actions may include, but are not limited to, name calling, cursing at an individual, intimidating, condescending, or threatening gestures or behaviors toward an individual, the use of a loud, stern, or demeaning tone of voice in the presence of, or toward an individual.

**Seclusion:** The placement of an individual in a secure room or area which s/he can not leave at will.

**Sexual Abuse:** Any sexual activity or attempted sexual activity between an individual and a provider's employee, consultant, volunteer, intern, contractor or family member regardless of the individual's consent. Any touching or fondling of an individual directly or through clothing for the arousing or gratifying of sexual desires, causing an individual to touch another person for the purpose of arousing or gratifying sexual desires. Actions which may include, but are not limited to: taking sexually explicit photographs; causing an individual to perform sexually explicit acts, showing an individual pornographic materials for the purpose of arousing or gratifying the sexual desire of either party; and encouraging an individual to use sexually explicit language.

**Theft of an Individual's Personal Property or Funds:** Any intentional taking of an individual's property, funds, or identity without permission or legal authority. Actions which may include, but are not limited to: unauthorized withdrawal or use of funds, use of an individual's funds for activities not related to the individual, borrowing of an individual's funds or property without permission or taking of personal property.

### 3. **NEGLECT**

The failure to provide proper care, supervision or attention to an individual that results in significant harm or jeopardy of harm to the individual's health, safety, or well-being; failure to provide necessities such as food, clothing, essential medical treatment, adequate supervision, shelter or a safe environment. The failure to exercise one's duty to intercede on behalf of an individual also constitutes neglect. Examples include: weight loss due to denied nutritional food, lack of timely follow up regarding professional (i.e., physician, nutritionist, therapist, etc.) recommendations, lack of supervision.

Minor actions which are unintentional, do not cause harm or did not have the potential to cause harm, and occur once are not neglect. Actions that may appear insignificant but occur regularly are considered neglect.

Any incident involving physical contact between two or more individuals that results in any level of injury where staffing ratios were inadequate, there was a lack of supervision, the BSP in place, but not appropriately implemented or physical contact occurs regularly.

Any sexual activity between individuals that is not of mutual consent, where staffing ratios were inadequate or there was a lack of supervision.

REPORT TO	TIME FRAMES	PROVIDER RESPONSIBILITIES	DDA RESPONSIBILITIES
DDA (Service Coordinator and IMEU), OCME, OIG, MPD, DOH/HRLA (if ICF/ID or District Licensed Group Home Facilities and Services), day/vocational provider, parent/guardian, attorney/advocate.  311 and DDA Duty Officer, if incident occurs after hours.	Initial incident report must be faxed to DOH/HRLA OIG within 24 hours.  Incident must be entered into MCIS within 24 hours.  Investigative report must be submitted to DDA within 25 calendar days of incident. (submit to whom)	Assure that Incident Management Coordinator complies with reporting and investigating requirements.  Immediately remove accused staff from contact with DDA individuals.  Enter incident into MCIS.  Forward supporting documents to DDA within 5 calendar days of incident.  Complete investigative report within 25 calendar days of incident and forward to DDA.	Review and accept incident at IRC.  –Assignment of incident by IRC to DDA Investigator within 24 hours or the next business day.  Within 24 hours of being assigned to DDA/IMEU investigator, request supporting documents, and coordinate a field visit.  Fax MCIS incident report to Quality Trust, OIG, Evans Parties, Liberty, within 24 hours or the next business day of being accepted by IRC.  Notify provider weekly of “return to work status” of accused staff.  Complete investigative report within 45 calendar days of incident.  Forward completed investigative report to Provider, DDA Service Coordination, Quality Trust, OAG, OIG, DOH/HRLA (for ICF/ID and District licensed group home facilities and services).

#### 4. SERIOUS PHYSICAL INJURY

Any physical harm to an individual caused by an act of that person, others, or an accident, whether or not the cause can be identified.

Injuries in the extreme, requiring additional follow up beyond the initial emergency room visit. Examples include, but may not be limited to, fractures, dislocations, third degree burns (destruction of tissue), electric shock, loss or tearing of body part all eye emergencies, ingestion of toxic substance, sharp or dangerous objects, any injury with loss of consciousness.

REPORT TO	TIME FRAMES	PROVIDER RESPONSIBILITIES	DDA RESPONSIBILITIES
DDA (service coordinator and IMEU), OCME, OIG, MPD, HRLA (if ICF/ID or District Licensed Group Home Facilities and	Initial incident report must be faxed to DOH/HRLA OIG within 24 hours or the next business day.	Assure that Incident Management Coordinator complies with reporting and investigating requirements.  Enter incident into MCIS.	Review and accept incident at IRC.  –Assignment of incident by IRC to DDA Investigator within 24

<p>Services), day/vocational provider, parent/guardian, attorney/advocate.</p> <p>311 and DDA Duty Officer, if incident occurs after hours.</p>	<p>Incident must be entered into MCIS within 24 hours or the next business day.</p> <p>Investigative report must be submitted to DDA within 25 calendar days of incident.</p>	<p>Forward supporting documents to DDA within 5 calendar days of incident.</p> <p>Complete investigative report within 25 calendar days of incident and forward to DDA.</p>	<p>hours of being accepted by IRC.</p> <p>Within 24 hours of being assigned to investigator, request supporting documents, and coordinate a field visit.</p> <p>Fax MCIS incident report to Quality Trust, OIG, Evans Parties, within 24 hours of being accepted by IRC.</p> <p>Notify provider weekly of "return to work status" of accused staff.</p> <p>Complete investigative report within 45 calendar days of incident.</p> <p>Forward completed investigative report to Provider, DDA Service Coordination, QT, OAG, OIG, DOH/HRLA (for ICF/ID and District licensed group home facilities and services).</p>
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**5. INAPPROPRIATE USE OF RESTRAINTS**

The use of a mechanical device or physical intervention that is approved as part of an individual’s behavior support plan; however, the device/intervention is not implemented according to the plan, and results in injury of any level to the individual and/or the staff person implementing the restraint is not a trained staff to implement restraints.

REPORT TO	TIME FRAMES	PROVIDER RESPONSIBILITIES	DDA RESPONSIBILITIES
<p>DDA (Service Coordinator and IMEU), OCME, OIG, MPD, HRLA (if ICF/ID or District Licensed Group Home Facilities and Services), day/vocational provider, parent/guardian, attorney/advocate.</p> <p>311 and DDA Duty Officer, if incident occurs after hours.</p>	<p>Initial incident report must be faxed to DOH/HRLA OIG within 24 hours or the next business day.</p> <p>Incident must be entered into MCIS within 24 hours or the next calendar day.</p> <p>Investigative report must be submitted to DDA within 25 calendar days of incident.</p>	<p>Assure that Incident Management Coordinator complies with reporting and investigating requirements.</p> <p>Enter incident into MCIS.</p> <p>May be requested to forward supporting documents to DDA within 5 calendar days of incident.</p> <p>Complete investigative report within 25 calendar days of incident and forward to DDA.</p>	<p>Review and accept incident at IRC.</p> <p>–Assignment of incident by IRC to DDA Investigator within 24 hours of being accepted by IRC.</p> <p>Within 24 hours of being assigned to investigator, the investigator may request supporting documents, and coordinate a field visit.</p> <p>Fax MCIS incident report to QT, OIG, Evans Parties, within 24 hours of being accepted by IRC.</p> <p>Notify provider weekly of "return to work status" of accused staff.</p> <p>Complete investigative report within 25 calendar days of incident.</p> <p>Forward completed investigative report to Provider, DDA Service Coordination, QT, OAG, OIG, DOH/HRLA (for ICF/ID and District licensed group home facilities and services).</p>

**6. SUICIDE ATTEMPT:** An individual's attempt to kill himself or herself.

REPORT TO	TIME FRAMES	PROVIDER RESPONSIBILITIES	DDA RESPONSIBILITIES
<p>DDA (service coordinator and IMEU), OCME, OIG, MPD, HRLA (if ICF/ID or District Licensed Group Home Facilities and Services), day/vocational provider, parent/guardian, attorney/advocate.</p> <p>311 and DDA Duty Officer, if death occurs after hours.</p>	<p>Initial incident report must be faxed to DOH/HRLA OIG within 24 hours or the next calendar day.</p> <p>Incident must be entered into MCIS within 24 hours or the next business day.</p> <p>Investigative report must be submitted to DDA within 25 calendar days.</p>	<p>Assure that incident management coordinator complies with reporting and investigating requirements.</p> <p>Enter incident into MCIS</p> <p>May be requested to forward supporting documents to DDA within 5 calendar days.</p> <p>Complete investigative report within 25 calendar days and forward to DDA.</p>	<p>Review and accept incident at IRC.</p> <p>IRC - Assign incident to DDA Investigator within 24 hours of being accepted by IRC.</p> <p>Within 24 hours of being assigned to investigator, The investigator may request supporting documents, and coordinate a filed visit</p> <p>Fax MCIS incident report to QT, OIG, Evans, within 24 hours of being accepted by IRC.</p> <p>Notify provider weekly of return to work status of accused.</p> <p>Complete investigative report within 45 calendar days.</p> <p>Forward completed investigative report to Provider, DDA Service Coordination, QT, OAG, OIG, DOH/HRLA (for ICF/MR and District licensed group home facilities and services).</p>

**7. SERIOUS MEDICATION ERROR**

Any medication error requiring 24 hour observation, or treatment by a physician, physician's assistant, or nurse practitioner in a hospital, emergency room, or treatment center.

Patterns or trends of other medication errors that may not require observation or treatment by a physician, physician's assistant, or nurse practitioner in a hospital, emergency room, or treatment center but constitute sustained, prolonged or repeated error that may have placed the individual at risk may be considered Neglect.

REPORT TO	TIME FRAMES	PROVIDER RESPONSIBILITIES	DDA RESPONSIBILITIES
<p>DDA (Service Coordinator and IMEU), OCME, OIG, MPD, HRLA (if ICF/ID or District Licensed Group Home Facilities and Services), day/vocational provider, parent/guardian, attorney/advocate.</p> <p>311 and DDA Duty Officer, if incident occurs after hours.</p>	<p>Initial incident report must be faxed to DOH/HRLA OIG within 24 hours or the next business day.</p> <p>Incident must be entered into MCIS within 24 hours or the next business day.</p> <p>Investigative report must be submitted to DDA within 25 calendar days of incident.</p>	<p>Assure that incident management coordinator complies with reporting and investigating requirements.</p> <p>Enter incident into MCIS.</p> <p>May be requested to forward supporting documents to DDA within 5 calendar days.</p> <p>Complete investigative report within 25 calendar days and forward to DDA.</p>	<p>Review and accept incident at IRC.</p> <p>-Assignment of incident IRC to DDA Investigator within 24 hours of being accepted by IRC.</p> <p>Within 24 hours of being assigned to investigator, the investigator may request supporting documents, and coordinate a field visit.</p> <p>Fax MCIS incident report to Quality Trust, OIG, Evans Parties.</p>

			<p>within 24 hours of being accepted by IRC.</p> <p>Notify provider weekly of "return to work" status of accused staff.</p> <p>Complete investigative report within 45 calendar days.</p> <p>Forward completed investigative report to Provider, DDA Service Coordination, QT, OAG, OIG, DOH/HRLA (for ICF/ID and District licensed group home facilities and services).</p>
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**8. MISSING PERSON**

The unexpected or unauthorized absence of an individual for an amount of time that exceeds the time specified in the ISP or for any duration of absence by an individual whose absence constitutes an immediate danger to that individual or others. Examples may include, but are not limited to, becoming lost in a crowded or unfamiliar environment, individual not able to cross the street independently, individual with Alzheimer's disease or an individual with dangerous medical conditions.

The unexpected or unauthorized absence of an individual whose absence is the result of inadequate staffing ratios, or lack of supervision may be considered neglect.

REPORT TO	TIME FRAMES	PROVIDER RESPONSIBILITIES	DDA RESPONSIBILITIES
<p>DDA (Service Coordinator and IMEU), OCME, OIG, MPD, HRLA (if ICF/ID or District Licensed Group Home Facilities and Services), day/vocational provider, parent/guardian, attorney/advocate.</p> <p>311 and DDA Duty Officer, if incident occurs after hours.</p>	<p>Initial incident report must be faxed to DOH/HRLA OIG within 24 hours or the next business day.</p> <p>Incident must be entered into MCIS within 24 hours or the next business day.</p> <p>Investigative report must be submitted to DDA within 25 calendar days.</p>	<p>Assure that incident management coordinator complies with reporting and investigating requirements.</p> <p>Enter incident into MCIS.</p> <p>May be requested to forward supporting documents to DDA within 5 calendar days.</p> <p>Complete investigative report within 25 calendar days and forward to DDA.</p>	<p>Review and accept incident at IRC.</p> <p>IRC - Assign incident to DDA Investigator within 24 hours of being accepted by IRC.</p> <p>Within 24 hours of being assigned to investigator, the investigator may request supporting documents, and coordinate a filed visit.</p> <p>Fax MCIS incident report to Quality Trust, OIG, Evans Parties, within 24 hours of being accepted by IRC.</p> <p>Notify provider weekly of return to work status of accused.</p> <p>Complete investigative report within 45 calendar days.</p> <p>Forward completed investigative report to Provider, DDA Service Coordination, QT, OAG, OIG, DOH/HRLA (for ICF/ID and District licensed group home facilities and services).</p>

**9. HOSPITALIZATION:** An emergency room visit resulting in a hospital admission.

REPORT TO	TIME FRAMES	PROVIDER RESPONSIBILITIES	DDA RESPONSIBILITIES
<p>DDA (Service Coordinator and IMEU), OCME, OIG, MPD, HRLA (if ICF/ID or District Licensed Group Home Facilities and Services), day/vocational provider, parent/guardian, attorney/advocate.</p> <p>311 and DDA Duty Officer, if incident occurs after hours.</p>	<p>Initial incident report "must be faxed to DOH/HRLA OIG within 24 hours or the next calendar day.</p> <p>Incident must be entered into MCIS within 24 hours or the next calendar day.</p> <p>Investigative report must be submitted to DDA within 25 calendar days.</p>	<p>Assure that incident management coordinator complies with reporting and investigating requirements.</p> <p>Enter incident into MCIS.</p> <p>May be requested to forward supporting documents to DDA within 5 calendar days.</p> <p>Complete investigative report within 25 calendar days and forward to DDA.</p>	<p>Review and accept incident at IRC.</p> <p>–Assignment of incident by IRC to DDA Investigator within 24 hours of being accepted by IRC.</p> <p>Within 24 hours of being assigned to investigator, the investigator may request supporting documents, and coordinate a filed visit.</p> <p>Fax MCIS incident report to Quality Trust, OIG, Evans Parties, within 24 hours of being accepted by IRC.</p> <p>Notify provider weekly of return to work status of accused.</p> <p>Complete investigative report within 45 calendar days.</p> <p>Forward completed investigative report to Provider, DDA Service Coordination, QT, OAG, OIG, DOH/HRLA (for ICF/ID and District licensed group home facilities and services).</p>

**PROVIDER MUST REPORT ALL REPORTABLE INCIDENTS LISTED BELOW IN MCIS WITHIN 24 HOURS OR THE NEXT BUSINESS DAY AND MAINTAIN ALL SUPPORTING DOCUMENTS ON SITE.**

**MEDICATION ERROR:** Any medication error that does not require professional medical attention. ~~Examples include, but are not limited to missed dosage, medication administered by unauthorized and/or~~ improperly trained staff, medication administered at the wrong time (early or late), error in recording the administration of medication, failure to follow agency procedures, physician or pharmacy directions for medication administration.

**PHYSICAL INJURY:** Injuries that require minor routine treatment, this treatment may be provided by a non-licensed staff. Minor injuries do not require follow up treatment, exam, or testing by a medical professional.

Incidents involving physical contact between two or more individuals that result in mild/moderate injury, where the staffing ratios were adequate, BSP was implemented, and the contact was not a regular occurrence.

**EMERGENCY RESTRAINT:** The use of physical intervention not approved by a behavior support plan. The intervention may be used, to prevent immediate harm to individual or others.

**SUICIDE THREAT:** An individual's verbal, nonverbal, or written threat to kill himself or herself, unless such threats are addressed in the individual's behavior support plan.

**VEHICLE ACCIDENT:** Any vehicular accident involving an individual that does not result in a serious physical injury. Any vehicular accident resulting in serious physical injury must be reported as a Serious Physical Injury.

**FIRE:** Any fire requiring emergency fire response to an individual's place of residence or day/vocational program setting whether or not an injury was sustained by the individual.

Any incident reported to/or requiring the services of the fire department. For ambulance service provided by the fire department which is not related to fire, refer to serious reportable incidents involving Hospitalization or Serious Physical Injury.

**POLICE:** Police visits to a site, regardless of whether a report was taken.

Incidents where the police are responding to theft are to be reported under serious reportable Abuse

Incidents where the police are responding to out of control behavior and results in emergency room visit, report under Hospital or Emergency Room Visit.

**EMERGENCY ROOM VISIT:** An emergency room visit that does not result in a hospital admission and did not treat a serious physical injury.

**EMERGENCY RELOCATION:** The need to relocate an individual to an alternate location, other than his/her primary residence for 24 hours or more.

**PROPERTY DESTRUCTION:** The damage to an individual's personal property exceeding \$5.00.

**OTHER:** Any incident not otherwise defined in this policy that impacts the health or safety of an individual.



**DDS/DDA**

**Checklist for Reviewing of  
Provider's Investigation Reports for Comprehensiveness and Quality**

Provider: \_\_\_\_\_

Individual: \_\_\_\_\_ IMEU Case# \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Investigation Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Days Used to Complete Investigation from Date of Incident: \_\_\_\_\_ days

The below rating will be used to determine provider's ability to complete investigations without the oversight of DDA. Providers obtaining a rating of 3 or better for 10 consecutive investigations will be able to complete SRI investigations without the oversight of DDA.

Rating Scale: 1----- 3----- 5  
 Below Expectations (B/E)      Meet Expectations (M/E)      Exceeds Expectations (E/E)

SITE VISIT		RATINGS			
		B/E	M/E	E/E	N/A
1.	Initial site visit is conducted within 24 hours, for incidents specific to a)abuse; allegations; b) neglect allegations; c) serious physical injuries. The site visit documentation is:	1	3	5	N/A
PROVIDE COMMENTS FOR ALL - N/A RESPONSES IN THIS AREA					
INITIAL INTERVIEW		RATINGS			
		B/E	M/E	E/E	N/A
2.	Interview with alleged victim. The interview and documentation is:	1	3	5	N/A
3.	Interview with alleged target person. The interview and documentation is:	1	3	5	N/A
4.	Interview with incident reporter. The interview and documentation is:	1	3	5	N/A
5.	Interview with RN or other health professional who treated the individual. The interview and documentation is:	1	3	5	N/A
6.	Interview with potential witnesses, to include other DDA Individuals. The interview and documentation is:	1	3	5	N/A
7.	Critical questions directly related to the incident were targeted.	1	3	5	N/A
PROVIDE COMMENTS FOR ALL - N/A RESPONSES IN THIS AREA					



**DDS/DDA**

**Checklist for Reviewing of  
Provider's Investigation Reports for Comprehensiveness and Quality**

INITIAL REVIEW		RATINGS			
		B/E	M/E	E/E	N/A
8.	The Investigator's review of ISP/BSP/Behavioral Data Sheets was comprehensive.	1	3	5	N/A
9.	The Investigator thoroughly reviewed the target's criminal background information, personnel and training records.	1	3	5	N/A
10.	The Investigator reviewed pertinent daily progress notes, communication/activity logs, nursing notes and documented thoroughly.	1	3	5	N/A
11.	The Investigator thoroughly reviewed and documented previous incidents reports for the DDA Individual within the past 12 months.	1	3	5	N/A
12.	The Investigator thoroughly reviewed and documented previous allegations against target.	1	3	5	N/A
13.	The Investigator thoroughly reviewed and documented pertinent emergency room/hospital discharge summaries.	1	3	5	N/A
14.	The Investigator thoroughly reviewed and documented health status records for victim (e.g., bowel tracking, seizure, fluid intake/out, nutritional assessments, PT/OT Assessments, HCMP, etc).	1	3	5	N/A
PROVIDE COMMENTS FOR ALL - N/A RESPONSES IN THIS AREA					
FINDINGS AND RECOMMENDATIONS		RATINGS			
		B/E	M/E	E/E	N/A
15.	Evidence was presented to support the findings.	1	3	5	N/A
16.	Conflicting evidence was identified.	1	3	5	N/A
17.	The recommendations made were thorough.	1	3	5	N/A
18.	Recommendations were based on evidence and findings.	1	3	5	N/A
19.	Recommendations, if implemented, are likely to prevent future similar incidents.	1	3	5	N/A
20.	Time frames for implementation of recommendations are reasonable.	1	3	5	N/A