

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



Reportable Incident Definitions

This document defines Serious Reportable Incidents and Reportable Incidents, as referenced in the DDS Incident Management and Enforcement Unit policy and procedures.

Reportable Incidents (RI)

An RI is an event or situation involving a risk or threat to a person's health or safety that includes, but is not limited to:

1. Emergency relocation: The need to relocate an individual to an alternate location, other than his/her primary residence, for 24 hours or more.
2. Emergency room or urgent care visit: A visit to an emergency room or urgent care facility that does not result in a hospital admission and was not the result of a serious physical injury.
3. Emergency use of restrictive controls: Restrictive controls that are used in an emergency situation to briefly control behaviors that pose a risk of harm to the individual or others, or to prevent the serious destruction of property, in a situation when those behaviors were not anticipated and where there is no approved Behavior Support Plan ("BSP") that incorporates the planned use of restraint or other restrictive techniques.
4. Fire: Any fire requiring emergency fire response to a person's place of residence or day/vocational program setting whether or not an injury was sustained by the person. Also includes any incident reported to/or requiring the services of the fire department.

5. Inappropriate use of approved restraints (no injury): The use of a physical intervention that is approved as part of a person's BSP or ordered by a physician and that does not result in injury; however, the device/intervention is not implemented according to the plan.
6. Incidents involving the police: All police visits to a site regardless of whether a report was taken.
7. Medication error: Any medication error that does not require professional medical attention as a result of the error, other than a routine nursing assessment by provider staff; examples include, but are not limited to, missed dose; 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 or failure to follow agency procedures or physician or pharmacy directions for medication administration.
8. Physical injury: Harm to a person's body that requires a nursing assessment, first aid or follow up with a health care professional. Each provider should maintain a record of any injury to a person. However, each provider must report to the Department on Disability Services/Disabilities Administration ("DDA"): any injury that is a result of a fall or restraint; any laceration/cut etc. that requires derma bond glue or 3 or less stitches, sutures or staples; any abrasions or bruises no matter the size when there is a pattern, or occurs over 1-4 days, or when it is of unknown origin; any blisters, sunburns, strains, sprains; contusions larger than 2.5 inches in diameter; animal (not insect unless poisonous) or human bites; first and second degree burns; and skin breakdown.
9. Property destruction: Any damage to property regardless of dollar amount.
10. Suicide threat: A person's verbal, nonverbal, or written threat to kill him/herself, unless such threats are addressed in the person's BSP.

11. Vehicle accident: Any vehicular accident involving a person that does not result in a serious physical injury. Examples include, but are not limited to, tapping or being tapped by another vehicle from behind, or the side, fender benders, or accidents occurring while vehicle is in a parked position. An incident should be reported for all people who receive supports from DDA who are passengers or drivers in the vehicle.
12. Other: Any incident not otherwise defined in this policy that impacts the health or safety of a person. Depending on the seriousness of the incident, this could be an RI or SRI.

Serious Reportable Incidents (SRIs)

An SRI is an RI that due to its significance, severity, or repeated instance within a period of time, requires immediate response and notification to DDS/DDA.

1. Abuse: The wrongful treatment of a person who receives supports from DDA that 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 person is, or appears to be injured or harmed. Actions of people receiving services toward other people receiving services, staff, or members of the general public are not typically reported as abuse. However, neglect may be present, as the actions may be the result of the provider failing to identify and implement appropriate supports and services, or neglecting to protect people from harm from other people.
2. Death of a person whom DDA supports.
3. Exploitation: The illegal or improper act or process of an employee, contractor, consultant, volunteer, or intern, using the resources of an individual for their own monetary or personal benefit or gain. This may also include, but is not limited to, coercion or manipulation of an individual to spend his or her own personal funds for

something the individual may not have use for; and the soliciting of gifts, funds, labor, or favors.

4. Inappropriate use of approved restraints that results in injury: The use of a mechanical device or physical intervention that is approved as part of a person's BSP or ordered by a physician; however, the device/intervention is not implemented according to the plan that results in injury of any level to the person.
5. Missing person: The unexpected absence of a person for an amount of time that exceeds the time specified in the ISP or for any duration of absence when the person's whereabouts are unknown. The unexpected or unauthorized absence of a person whose absence is the result of inadequate staffing ratios or lack of supervision may be considered neglect.
6. Neglect: The failure to provide proper care, supervision or attention to a person or to the person'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 the person also constitutes neglect.
7. Repeated use of emergency restraints: The use of a mechanical device or physical intervention used in an emergency situation to briefly control behaviors that pose a risk of harm to the individual or others, or to prevent the serious destruction of property, in a situation when those behaviors were not anticipated and where there is no approved Behavior Support Plan ("BSP") that incorporates the planned use of restraint or other restrictive techniques, when used more than two times in a 30 day period or four times in a six month period.
8. Serious medication error: Any medication error that causes or may cause harm and requires observation, or treatment by a physician, physician's assistant, or nurse practitioner in a hospital, emergency room, or treatment center. Or, three instances of

medication errors within 60 days. Patterns or trends of medication errors that may not require medical intervention, but constitute sustained, prolonged or repeated error that may have placed the person at risk may be considered neglect.

9. Serious physical injury: Any bodily injury that requires treatment other than a nursing assessment or first aid and is not covered in the examples of physical injury; examples include, but are not limited to, fractures; dislocations; third degree burns; electric shock; loss or tearing of body part; all eye emergencies; ingestion of toxic substance, sharp or dangerous objects; head injuries from accidents, falls, or blows to the head, even if there was no apparent injury; any injury with loss of consciousness; and lacerations requiring four or more stitches or staples or sutures to close.
10. Suicide attempt: A person's serious effort to kill him or herself, involving definite risk.
11. Use of unapproved restraints: The use of a mechanical device, physical intervention or chemical restraint that is not a part of an approved BSP or ordered by a physician and is not an emergency whether or not it results in injury.
12. Unplanned or emergency inpatient hospitalization: An emergency room visit resulting in hospitalization or any other unplanned hospitalization.
13. Other: Any incident not otherwise defined in this policy that impacts the health or safety of a person. Depending on the seriousness of the incident, this could be an RI or SRI.