

PEOPLE INC.

Incident Management Policy & Procedure

Last Revision Date: June 2022

Regulatory Reference: 624, 633.9, 625, ICF 42 CFR 483 and OPWDD ADM re: Implementation of the protection of People with Special Needs Act and Reforms to Incident Management (Effective June 30th 2013).

Objective: The purpose for reporting, investigating, reviewing and monitoring certain events is to enhance the quality of services provided to persons, to protect people from harm and to ensure that people are free from abuse and neglect. Prompt reporting ensures immediate steps are taken to protect people. The policy outlines the process for reporting, investigating, reviewing and monitoring incidents and events.

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624 Incidents
Under the Agency Auspices

<i>Category</i>		<i>Classification</i>	
624 Incidents Form 147	Reportable Incidents of Abuse & Neglect	1	Physical Abuse
		2	Sexual Abuse
		3	Psychological Abuse
		4	Deliberate inappropriate use of restraints
		5	Use of aversive conditioning
		6	Obstruction of reports of reportable incidents
		7	Unlawful use or administration of a controlled substance
		8	Neglect
	Reportable Significant Incidents	1	Conduct between people receiving services
		2	Mistreatment
		3	Seclusion
		4	Unauthorized use of time-out
		5	Medication error with adverse effect
		6	Inappropriate use of restraints
		7	Missing person
		8	Unauthorized absence
		9	Self-abusive behavior with injury
		10	Choking, with known risk
		11	Choking, with no known risk
		12	Injury with hospitalization
		13	Theft or Financial Exploitation > \$100
		14	Other Significant Incident
	Serious Notable Occurrences	1	Death
		2	Sensitive Situation
	Minor Notable Occurrences	1	Injury, more than first aid
		2	Theft or Financial Exploitation \$15-\$100

624 Incident Definitions

REPORTABLE INCIDENTS OF ABUSE AND NEGLECT

1. **Physical Abuse** – Conduct by a custodian intentionally or recklessly causing, by physical contact, physical injury or serious or protracted impairment of the physical, mental, or emotional condition of the individual receiving services, or causing the likelihood of such injury or impairment. Such conduct may include, but shall not be limited to: slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting, or the use of corporal punishment. Physical abuse shall not include reasonable emergency interventions necessary to protect the safety of any party.
2. **Sexual Abuse** – Any conduct by a custodian that subjects a person receiving services to any offense defined in article 130 or section 255.25, 255.26, or 255.27 of the penal law, or any conduct or communication by such custodian that allows, permits, uses, or encourages a person receiving services to engage in any act described in articles 230 or 263 of the penal law; and/or any sexual contact between an individual receiving services and a custodian of the program or facility which provides services to that individual whether or not the sexual contact would constitute a crime. However, if the individual receiving services is married to the custodian the sexual contact shall not be considered sexual abuse. Further, for purposes of this subparagraph only, a person with a developmental disability who is or was receiving services and is also an employee or volunteer of an agency shall not be considered a custodian if he or she has sexual contact with another individual receiving services who is a consenting adult who has consented to such contact.
3. **Psychological Abuse** – Any verbal or nonverbal conduct that may cause significant emotional distress to an individual receiving service. Examples include, but are not limited to, taunts, derogatory comments or ridicule, intimidation, threats, or the display of a weapon or other object that could reasonably be perceived by an individual receiving services as a means for infliction of pain or injury, in a manner that constitutes a threat of physical pain or injury. In order for a case of psychological abuse to be substantiated after it has been reported, the conduct must be shown to intentionally or recklessly cause, or be likely to cause, a substantial diminution of the emotional, social or behavioral development or condition of the individual receiving services. Evidence of such an effect must be supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker or licensed mental health counselor.
4. **Deliberate Inappropriate Use of Restraints** – The use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is deliberately inconsistent with an individual's plan of services (e.g. individualized service plan (ISP) or a habilitation plan), or behavior support plan, generally accepted treatment practices, and/or applicable federal or state laws, regulations or policies, except when the restraint is used as a reasonable emergency intervention to prevent imminent risk of harm to a person receiving services or to any other party. For purposes of this paragraph, a restraint shall include the use of any manual, pharmacological, or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body.
5. **Use of Aversive Conditioning** – The application of a physical stimulus that is intended to induce pain or discomfort in order to modify or change the behavior of a person receiving services. Aversive conditioning may include, but is not limited to, the use of physical stimuli such as noxious odors, noxious tastes, blindfolds, and the withholding of meals and the provision of substitute foods in an unpalatable form. The use of aversive conditioning is prohibited by OPWDD.
6. **Obstruction of Reports of Reportable Incidents** – Conduct by a custodian that impedes the discovery, reporting, or investigation of the treatment of a service recipient by falsifying records related to the safety, treatment, or supervision of an individual receiving services; actively persuading a custodian or other

mandated reporter from making a report of a reportable incident to the statewide vulnerable persons' central register (VPCR) or OPWDD with the intent to suppress the reporting of the investigation of such incident; intentionally making a false statement, or intentionally withholding material information during an investigation into such a report; intentional failure of a supervisor or manager to act upon such a report in accordance with OPWDD regulations, policies or procedures; or, for a custodian, failing to report a reportable incident upon discovery.

7. **Unlawful Use or Administration of a Controlled Substance** – Any administration by a custodian to a service recipient of a controlled substance as defined by article 33 of the Public Health Law, without a prescription, or other medication not approved for any use by the federal food and drug administration, except for the administration of medical cannabis when such administration is in accordance with article three of the cannabis law, and any regulations promulgated thereunder, as well as the policies or procedures of the facility or provider agency governing such custodians. It also shall include a custodian unlawfully using or distributing a controlled substance as defined by article 33 of the Public Health Law, at the workplace or while on duty
8. **Neglect** – Any action, inaction, or lack of attention that breaches a custodian's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental, or emotional condition of a service recipient. Neglect shall include, but is not limited to:
 - failure to provide proper supervision, including a lack of proper supervision that results in conduct between persons receiving services that would constitute abuse if committed by a custodian;
 - failure to provide adequate food, clothing, shelter, or medical, dental, optometric or surgical care, consistent with Parts 633, 635, and 686, of this Title, and provided that the agency has reasonable access to the provision of such services and that necessary consents to any such medical, dental, optometric, or surgical treatment have been sought and obtained from the appropriate parties; or
 - failure to provide access to educational instruction, by a custodian with a duty to ensure that an individual receives access to such instruction in accordance with the provisions of part one of article 65 of the education law and/or the individual's individualized education program.

REPORTABLE SIGNIFICANT INCIDENTS

1. **Conduct Between Persons Receiving Services** – Conduct between persons receiving services that would constitute abuse as described in paragraphs (1) through (7) of this subdivision if committed by a custodian, except sexual activity involving adults who are capable of consenting and consent to the activity
2. **Mistreatment** – Conduct on the part of a custodian, that is inconsistent with the individual's plan of services, generally accepted treatment practices, and/or applicable federal or state laws, regulations or policies, and which impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services
3. **Seclusion** – The placement of an individual receiving services in a room or area from which he or she cannot, or perceives that he or she cannot, leave at will. OPWDD prohibits the use of seclusion;
4. **Unauthorized Use of Time-Out** – The use of a procedure in which a person receiving services is removed from regular programming and isolated in a room or area for the convenience of a custodian, or as a substitute for programming.
5. **Medication Error with Adverse Effect** – The administration of a prescribed or over-the-counter medication, which is inconsistent with a prescription or order issued for a service recipient by a licensed, qualified health care practitioner, and which has an adverse effect on an individual receiving services. For purposes of this clause, "adverse effect" shall mean the unanticipated and undesirable side effect from the administration of a particular medication which unfavorably affects the wellbeing of a person receiving services
6. **Inappropriate Use of Restraints** – The use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is inconsistent with an individual's plan of services (including a behavior support plan), generally accepted treatment practices, and/or applicable federal or state laws, regulations or policies. For the purposes of this subdivision, a "restraint" shall include the use of any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body.
7. **Missing Person** – The unexpected absence of an individual receiving services that based on the person's history and current condition exposes him or her to risk of injury.
8. **Unauthorized absence** – The unexpected or unauthorized absence of a person after formal search procedures have been initiated by Agency.
9. **Self-Abusive Behavior, with Injury** – A self-inflicted injury to an individual receiving services that requires medical care beyond first aid. *See Guidance on Self-Abusive Behavior with Injury & MNO Injury for further details.*
10. **Choking, with Known Risk** – Partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive addressing that risk
11. **Choking, with No Known Risk** – For the purposes of this paragraph, partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, other than a "reportable" choking, with known risk, incident (see subparagraph 624.3(b)(9)(iv) of this Part), involving an individual with a known risk for choking and a written directive addressing that risk. Any choking with no known risk event is considered a serious notable occurrence.
12. **Injury with Hospitalization** – Any injury that requires hospitalization.

13. **Theft or Financial Exploitation** – Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving values of *more* than \$100.00 or involve a credit, debit, or public benefit card, regardless of any specific amount involved, or a pattern of theft is evident.
14. **Other Significant Incident** – An incident that occurs under the auspices of an agency, but that does not involve conduct on the part of the custodian, and does not meet the definition of any other incident described in this subdivision, but that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety, or welfare of the person receiving services.

SERIOUS NOTABLE OCCURENCES

1. **Death** – The death of any person receiving services, regardless of the cause of death, is a serious notable occurrence. This includes all deaths of individuals who live in residential facilities operated or certified by OPWDD and other deaths that under the auspices of an agency.
2. **Sensitive Situation** – Those situations involving a person receiving services that do not meet the criteria of the definitions in paragraphs (1) – (5) of this subdivision or the definitions of reportable incidents as defined in section 624.3 of this Part, that may be of a delicate nature to the agency, and are reported to ensure awareness of the circumstances. Sensitive situations shall be defined in agency policies and procedures, and shall include, but not be limited to, possible criminal acts committed by an individual receiving services. Sensitive situations are serious notable occurrences.

MINOR NOTABLE OCCURENCES

1. **Injury** – Any suspected or confirmed harm, hurt, or damage to an individual receiving services, caused by an act of that individual or another, whether or not by accident, and whether or not the cause can be identified, which results in an individual *requiring* medical or dental treatment (e.g. positive x-ray finding, received medication etc.) by a physician, dentist, physician's assistant, or nurse practitioner, and such treatment is more than first aid. (Illness in itself shall not be reported as an injury or any other type of incident or occurrence). *See Guidance on Self-Abusive Behavior with Injury & MNO Injury for further details.*
2. **Theft or Financial Exploitation** – Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving values of more than \$15.00 and less than or equal to \$100.00, that does not involve a credit, debit, or public benefit card, and that is an isolated event

624 Incident Notification Grid

Part 624 Incidents		Chain of Command	QI	Justice Center (Certified Programs Only)	OPWDD	Jonathan's Law	163	Police	Care Coordinator	MHLS	Business Office	Speech-Language Pathologist	
Reportable Incidents of Abuse and Neglect	1	Physical Abuse	YES	YES	YES	YES by QI	YES	YES	YES	YES	YES by QI	NO	NO
	2	Sexual Abuse	YES	YES	YES	YES by QI	YES	YES	YES	YES	YES by QI	NO	NO
	3	Psychological Abuse	YES	YES	YES	YES by QI	YES	YES	NO	YES	YES by QI	NO	NO
	4	Deliberate Inappropriate Use of Restraint	YES	YES	YES	YES by QI	YES	YES	NO	YES	YES by QI	NO	NO
	5	Use of Aversive Conditioning	YES	YES	YES	YES by QI	YES	YES	NO	YES	YES by QI	NO	NO
	6	Obstruction of reports of reportable incidents	YES	YES	YES	YES by QI	YES	YES	NO	YES	YES by QI	NO	NO
	7	Unlawful use / Administration of a Controlled Substance	YES	YES	YES	YES by QI	YES	YES	YES	YES	YES by QI	NO	NO
	8	Neglect	YES	YES	YES	YES by QI	YES	YES	NO	YES	YES by QI	NO	NO
Reportable Significant Incidents	1	Conduct between persons	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	NO
	2	Mistreatment	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	NO
	3	Unauthorized Seclusion	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	NO
	4	Unauthorized Use of Time Out	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	NO
	5	Med Error with Adverse Effect	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	NO
	6	Inappropriate Use of Restraints	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	NO
	7	Missing Person	YES	YES	YES	YES by QI	YES	NO	YES	YES	NO	NO	NO
	8	Choking, with known risk	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	YES
	9	SIB with Injury	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	NO
	10	Injury with hospitalization	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	NO
	11	Unauthorized Absence	YES	YES	YES	YES by QI	YES	NO	YES	YES	NO	NO	NO
	12	Choking, no known risk	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	YES
	13	Theft/Financial Exploitation >\$100	YES	YES	YES	YES by QI	YES	NO	YES	YES	NO	YES	NO
	14	Other significant incident	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	NO
Serious Notable Occurrences	1	Death	YES	YES	YES	YES by QI	YES	NO	NO	YES	NO	NO	NO
	2	Sensitive Situation	YES	YES	NO	YES by QI	YES	NO	NO	YES	NO	NO	NO
Minor Notable Occurrences	1	Injury, more than first aid	YES	YES	NO	YES by QI	YES	NO	NO	YES	NO	NO	NO
	2	Theft/Financial Exploitation \$15-100	YES	YES	NO	YES by QI	YES	NO	YES	YES	NO	YES	NO

Important Phone Numbers for 624 Incident Notifications	
Justice Center	1-855-373-2122 1-855-373-2124 (for reporting deaths ONLY)
OPWDD	1-518-402-4350 1-888-479-6763 (after business hours ONLY)
QI	716-255-4182

Notification Timeframes for 624 Incidents	
Justice Center	Immediately
Chain of Command	Immediately
QI	Immediately
OPWDD	Immediately, but no later than 24 hours from occurrence/discovery
Jonathan's Law	No later than 24 hours from occurrence/discovery. <i>See Guidance on Jonathan's Law Notification, Requests for Meetings & Investigation Information for further details.</i>
OPWDD	Immediately, but no later than 24 hours from occurrence/discovery
OPWDD 163 (for victim)	No later than 24 hours from occurrence/discovery. <i>See Guidance on Chapter 394 Protocols/OPWDD 163 notification for further details.</i>
OPWDD 163 (for witness)	No later than 48 hours from occurrence/discovery
Police	Immediately
Care Coordinator	No later than 24 hours from occurrence/discovery
MHLS	Within 3 business days

Incident Notification SharePoint Links

For **ALL** the following incidents a SharePoint link should be shared with **IRC I** – IRCI@people-inc.org

Reportable Incidents of Abuse & Neglect:

- Physical
- Sexual
- Psychological
- Deliberate inappropriate use of restraints
- Use of aversive conditioning
- Obstruction
- Unlawful use or administration of a controlled substance
- Neglect

Serious Notable Occurrences:

- Death

For **ALL** the following incidents a SharePoint link should be shared with **IRC II** – IRCI@people-inc.org

Reportable Significant Incidents:

- Mistreatment
- Conduct
- Seclusion
- Unauthorized use of time out
- Medication error with adverse effect
- Inappropriate use of restraints
- Missing person
- Unauthorized absence
- Self-abusive behavior with injury
- Choking, with known risk
- Choking, with no known risk
- Injury with hospitalization
- Theft or financial exploitation >\$100
- Other significant incident

Serious Notable Occurrences:

- Sensitive Situation

Minor Notable Occurrences:

- Injury, more than first aid
- Theft or Financial Exploitation \$15-\$100

625 Events:

- Physical
- Sexual
- Emotional
- Active, Passive or Self Neglect
- Financial Exploitation
- Death
- Other

For **ALL** the following incidents a SharePoint link should be shared with **M&M** – mortalityandmorbidity@people-inc.org

Serious Notable Occurrences:

- Death

ICF Incident Definitions and Guidance

In addition to adhering to all State and local laws, regulations and codes, Intermediate Care Facilities (ICF) adhere to all applicable provisions of **Federal** laws, regulations and codes as outlined in 42 CFR 483.420.

Definitions of Physical abuse, Verbal abuse and Sexual abuse for ICFs as outlined in the Interpretive Guidelines:

Physical abuse refers to any action intended to cause physical harm or pain, trauma or bodily harm (e.g., hitting, slapping, punching, kicking, pinching, etc.). It includes the use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment.

Verbal abuse refers to any use of insulting, demeaning, disrespectful, oral, written or gestured language directed towards and in the presence of the client. Psychological abuse includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation, sexual coercion and intimidation (e.g. living in fear in one’s own home). Since many clients residing in ICF/IIDs are unable to communicate feelings of fear, humiliation, etc. associated with abusive episodes, the assumption is made that any actions that would usually be viewed as psychologically or verbally abusive by a member of the general public, would also be viewed as abusive by the client residing in the ICF/IID, regardless of that client's perceived ability to comprehend the nature of the incident.

Sexual abuse includes any incident where a client is coerced or manipulated to participate in any form of sexual activity for which the client did not give affirmative permission (or gave affirmative permission without the attendant understanding required to give permission) or sexual assault against a client who is unable to defend him/herself.

Injuries of Unknown Source as outlined in the Interpretive Guidelines:

Injuries of unknown source that give rise to a suspicion that they may be the result of abuse or neglect, should be reported immediately.

An injury should be reported as an “injury of unknown source” when:

- The source of the injury was not witnessed by any person and the source of the injury could not be explained by the client; and
- The injury raises suspicions of possible abuse or neglect because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

Reporting Incidents at an ICF:

As is always the case, all staff are mandated reporters and are trained to immediately stop abuse when witnessed and report abuse. Reporting should include notifying the Justice Center, OPWDD, and the Administrator*.

**Administrator = any staff in Chain of Command (SRS, Director, AVP, VP)*

Reports are to be made **immediately**, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.

Guidance on Jonathan's Law Notification, Requests for Meetings & Redacted Reports

****Please Note: A "qualified party" for notifications under Jonathan's Law is: individual receiving services, guardian, parent, spouse, adult child and adult sibling.**

Inform the qualified party that they may request information on the status and/or resolution of 624 Incidents, unless the person is a capable adult and objects to such information being provided

Offer a meeting with the CEO/Designee to further discuss the 624 incident.

- When a meeting is requested, program will notify QI via the Jonathan's Law notification form.
- Minutes must be completed for the meeting.
 - If QI is present at the meeting, QI will be responsible for completing the minutes. If QI is not present at the meeting, program will be responsible for completing the minutes **AND** forwarding the minutes to QI via email to the QI Director. The minutes will either be saved by QI electronically in the electronic file folder for the investigation or a hardcopy will be placed in the investigation file.

Offer to provide information on the status and/or finding of the 624 incident.

Requests for the 147 from qualified parties only:

- Requests for the 147 can be made verbally. If a 147 is verbally requested, program will notify QI via the Jonathan's Law notification form.
- QI will redact the 147. The redacted 147, along with a letter explaining that the 624 incident is still under investigation, will be sent to the qualified party making the request.

Requests for the 149 from qualified parties only:

- If a 149 is requested, the request must be made in writing and preferably emailed to nstaszak@people-inc.org and mvaccaro@people-inc.org or mailed to the attention of the QI Director, 280 Spindrift Drive, Williamsville, NY 14221.
- Redacted 149 will be provided within 21 days of closure by the Justice Center and/or IRC I / IRC II. QI will redact the 149 and send to the qualified party making the request.

Jonathan's Law Notification Script:

Jonathan's Law Notification is required for all 624 Incidents when we are filing an incident on behalf of a person and a "qualified party" under Jonathan's Law is being notified (person receiving services, guardian, parent, spouse, adult child and/or adult sibling).

- This notification must be attempted or completed within 24 hours of discovery of the incident.
- Documentation of the contact/time/date is entered on the 147 notifications.

When staff is notifying a qualified party of an incident, the staff must inform the person that an incident is being filed on behalf of their loved one/family member etc. The staff can give a brief description of the incident, but cannot provide identifying information of any staff involved or any people receiving services involved (other than their loved one/family member). For Abuse/Neglect and Mistreatment incidents, please ensure that the person knows that the incident is an allegation that is going to be investigated. The person must be informed of the protective measures that have been implemented in response to the incident. The person must be offered a meeting to discuss the incident. The person must be offered a redacted copy of the 147 (redacted means that identifying information of staff and people receiving services that are not the person's loved one/family member are blacked out of the report). The person must be informed that they can receive a redacted copy of the investigation report once it is completed, and this request must be provided in writing to the QI department.

Example of an incident notification to a qualified party:

"Hi Name of Qualified Party, this is Your Name calling from Name of Program. I am calling you to notify you that we are filing an incident of Category and Classification of Incident for Name of Person Served. Right now, Name of Person Served is Current Status of Person Served. There was an allegation made that Provide basics of allegation without identifying staff or other people involved. We are going to file an incident and there will be an investigation. We have implemented/will be implementing protections; State what the protections are without identifying staff or other people involved and have notified Inform the qualified person if there has been police notification, care coordinator notification, etc."

The qualified person's response to the Jonathan's Law conversation (whether a meeting or redacted report is requested) must be documented on the Jonathan's Law form when the 147 is submitted. If you are unable to reach the qualified party at initial notification, you must offer the meeting/redacted report when you are able to reach the qualified person and update the Jonathan's Law form at that time.

Guidance on Chapter 394 Protocols / OPWDD 163 Notification

These notifications MUST BE documented on the 163 form

For Victim(s):

Notify the Personal Representative of the victim within 24 hours that an interview may take place, which the Personal Representative can be permitted to attend.

- Please note: due to the confidential nature of interviews the personal representative is not permitted to sit in the interview but can be present at the beginning/end of the interview for purposes of support and to provide any relevant information to the investigator.

For Witness(es):

Notify the Personal Representative of the witness within 48 hours that an interview may take place, which the Personal Representative can be permitted to attend.

Explain that their individual is a potential witness and may have information regarding an incident involving another individual who is an alleged victim and the alleged incident does not involve an allegation against their individual.

- Confidential information **CANNOT** be provided to the Personal Representative (i.e. name of victim, details of the allegation, name of staff, etc.)
- Please note: due to the confidential nature of interviews the personal representative is not permitted to sit in the interview but can be present at the beginning/end of the interview for purposes of support and to provide any relevant information to the investigator.

Guidance on False Reporting Protocols

Pattern of False Reporting:

- At least three (3) unsubstantiated or false reports of abuse, neglect or mistreatment made within six (6) consecutive months.
- There must be a pattern in type and features of the reports.
- The reported conduct, if it were true, must meet the definition of abuse, neglect, or mistreatment.

Identifying individuals for a Protocol for False Reporting

- Individuals with a documented pattern of making false reports of abuse, neglect, or mistreatment can be identified by any staff member including a member of the program. Once identified, the Quality Improvement Director should be contacted to confirm the individual has demonstrated a pattern of making false reports of abuse, neglect or mistreatment.
 - If the Quality Improvement Director cannot verify that a “pattern of false reporting” then all reports of abuse, neglect or mistreatment must be in accordance with Part 624.
- Efforts must be made to support the individual to address the behavior of making false reports prior to the development of a Protocol for False Reporting.
 - A clinical staff should be notified to discuss this pattern of false reporting with the individual in a therapeutic manner, if the individual is capable, in order to gather more information about, and attempt to resolve, the behavior. The agency must maintain documentation of this counseling and less restrictive or supportive interventions offered to address the behavior.
 - If the individual is responsive to counseling or another less restrictive intervention and the behavior can be addressed without implementing a Protocol for False Reporting, then the agency will respond to all reports of abuse, neglect or mistreatment in accordance with Part 624.
 - If the individual is not responsive to counseling the clinical staff will inform the Quality Improvement Director who will arrange for a meeting of the program planning/support team. The individual’s response to the counseling should be documented in the Functional Behavioral Assessment.

Program planning/support team review

- The Quality Improvement Director will coordinate a meeting with the program planning/support team that includes the individual, family and/or guardian and a clinician to discuss possible factors that contribute to the individual making false reports. Documentation of the meeting and identified factors that contribute to the behavior shall be maintained. Factors that shall be discussed and considered include:
 - Cognitive Impairment
 - Psychiatric or Neuropsychiatric Disorder
 - Unmet internal needs
 - Personal factors
 - Health factors
 - Historical event
- If the team determines that a Protocol for False Reporting is appropriate to respond to such reports, the planning team must develop a BSP in accordance with agency procedures and policy, and comply with Section 633.16.

Development, Approval and Review of a Behavior Support Plan (BSP) that includes a Protocol for False Reporting

- The BSP that includes the Protocol for False Reporting must be developed by a Behavior Intervention Specialist (BIS), licensed psychologist, or licensed clinical social worker.
- A Functional Behavior Assessment (FBA) that includes the required elements set forth in subdivision 633.16(d) must be completed prior to the development of a BSP that includes a Protocol for False Reporting.

- The BSP, including the Protocol for False Reporting, may only be implemented after receipt of informed consent and must be reviewed and approved by the Incident Review Committee I (IRC I) and Human Rights Committee (HRC).
 - Prior to approving, IRC I must confirm, and maintain documentation to support, that there have been three (3) false reports made within six (6) consecutive months
 - The Protocol for False Reporting must be discontinued if the individual does not make one (1) report determined to be false in six (6) consecutive months.
- A BSP containing a Protocol for False Reporting, and related data collected, must be reviewed by the program planning/support team, and IRC I, every three (3) months beginning from the date the Protocol for False Reporting was implemented.

Using a Behavior Support Plan that contains a Protocol for False Reporting

- If an individual makes a report that is consistent with the behavioral pattern specified in the BSP, which contains a Protocol for False Reporting, the plan must require notification of a trained investigator (Quality Improvement). Quality Improvement must be notified within one hour after the report was made.
- The investigation is considered an expedited review and must commence immediately once the report is made by the individual.

Completion of the Investigation

- The investigation and written report in the form and format specified by OPWDD must be completed within 24 hours following the report made by the individual.
- The assigned investigator will forward the written report from the expedited review to the designated administrator, chief executive officer or designee and IRC I chair.
- The designated administrator and chief executive officer, or designee, must review the written report from the expedited review as soon as possible but not longer than 24 hours after receipt of the report. The designated administrator shall retain all documentation.

Guidance on Self-Abusive Behavior with Injury and MNO Injury

Example	SIB with Injury	MNO Injury
During a behavior event, out of frustration, an person receiving services punches the wall resulting in their fingers being fractured (more than first aid)		X
A person receiving services has a bug bite that they scratch and becomes a scab. They then pick the scab and it becomes infected, resulting in an antibiotic being prescribed (more than first aid).		X
A person receiving services engages in skin picking. The cause is believed to be for <u>attention</u> . The skin picking leads to an infection and they are prescribed an antibiotic (more than first aid).		X
A person receiving services engages in skin picking. The cause is believed to be for <u>self-harm</u> . The skin picking leads to an infection and the person is prescribed an antibiotic (more than first aid).	X	
A person receiving services says they want to harm themselves, breaks a picture frame and uses the pieces to cut themselves resulting in stitches.	X	
A person receiving services repeats the phrase “bad” while hitting themselves in the head resulting in a concussion (more than first aid).	X	

Guidance when an inedible object is ingested

IMPORTANT:

Please note, per OPWDD, “more than first aid” includes a positive finding through x-ray.

Please note, a person receiving service’s **intent** on wanting to harm themselves factors into whether an incident is SIB with injury or MNO injury. Consider whether the BSP identifies ingestion as SIB.

Example	SIB with injury	MNO injury	No incident
Person receiving services ingests an inedible object, <u>with intent</u> to harm themselves, results in <u>more than first aide</u> .	X		
Person receiving services ingests an inedible object, <u>with no intent</u> to harm themselves, results in <u>more than first aide</u> .		X	
Person receiving services reports ingesting (or staff witness/discover ingestion) an inedible object, <u>with intent</u> to harm themselves, no results (or positive finding) because person refuses medical follow up.	X		
Person receiving services reports ingesting (or staff witness/discover ingestion) an inedible object, <u>with intent</u> to harm themselves, no results (or positive finding) because after following up with the Doctor no tests requested from Doctor.	X		
Person receiving services reports ingesting (or staff witness/discover ingestion) an inedible object, <u>with no intent</u> to harm themselves, no results (or positive finding) because person refuses medical follow up.			X
Person receiving services reports ingesting (or staff witness/discover ingestion) an inedible object, <u>with no intent</u> to harm themselves, no results (or positive finding) because after following up with the Doctor no tests requested.			X

Immediate Protections for 624 Incidents

Stop the abuse.

If an **injury**, contact 911 immediately for all life threatening emergencies. Follow basic first aid, as trained. Notify the RN or On-call RN and follow all instructions.

Contact the Justice Center – Vulnerable Persons Central Register (VPCR). Contact the Chain of Command. Contact QI.

- **All staff are mandated reporters. All mandated reporters who witness a reportable incident will call the JC - VPCR immediately upon discovery.**
- Effective June 1, 2017 mandated reporters may be relieved of this requirement in the following circumstance:
 - Where multiple reports to the VPCR would be made regarding the same incident, a mandated reporter is not required to report the allegation to the VPCR when both of the following elements are met:
 - a. When the mandated reporter has actual knowledge that the incident was already reported to the VPCR; and
 - b. The mandated reporter has actual knowledge that he or she was named in the report as a person with knowledge of the incident. To have “actual knowledge,” the mandated reporter must have a direct and clear awareness that the report was made, such as witnessing, reading or overhearing the report being made to the VPCR. To protect the mandated reporter from a possible allegation for not reporting an incident, the Justice Center recommends that a mandated reporter document the basis for his or her decision not to report.

Review actions taken to protect the person’s safety and take additional actions necessary based on the seriousness of the situation, when indicated:

- Removal, reassignment, relocation or suspension of the staff involved
- Increasing the degree of supervision of the staff involved (to be described specifically per incident)
- Provision of counseling to the victim
- Provision of training to the staff involved
- Removal/relocation of the victim, consistent with his/her developmental needs (or any court order applicable to the person) when determined there is a risk if he/she remains in location of incident
- Provision of comfort/counsel to the victim and other persons in the program

If **theft**, in addition to notifications outlined on the 624 notification grid, notify the **business office**.

If **choking**, in addition to notifications outlined on the 624 notification grid, notify the **speech / language pathologist**.

If **physical evidence** related to an incident, the evidence should be preserved and secured. If physical evidence is an **illegal substance**, the police should be notified to determine next course of action.

If **sexual assault/rape** is alleged, the person receiving services is taken to the hospital for evaluation prior to hygiene care or change of clothing.

**Form OPWDD 148 – Report on Actions Taken in Response to an Incident – will be mailed by QI to the person contacted on the service recipient’s behalf for the incident outlining the initial action taken to safeguard the health and safety of the person receiving services.

Timeframes for 624 Investigations

*Timeframes identified below are for investigations **completed by People Inc. QI ONLY.***

<p>ICF</p>	<p>Per Federal Regulations, 5 business days.</p> <ul style="list-style-type: none"> ▪ If the investigation requires additional time, a preliminary report will be completed to meet the regulatory timeframe, with the final report following. ▪ Day 1 counted being the day QI is notified of the incident. If called in after 4pm on a business day, day 1 shall be considered the morning of the next business day.
<p>Administrative Leave</p>	<p>Per Agency Policy, in the event staff was placed on paid or unpaid administrative leave the investigation will be completed within two (2) weeks, unless presented with extraordinary circumstances.</p> <ul style="list-style-type: none"> ▪ It is the responsibility of the program to ensure that all staff makes every effort to cooperate in a timely manner – granting interviews, writing statements, etc. so the investigator is able to obtain all information needed to complete the report within the timeframe. It is the investigator’s responsibility to notify the program if staff are not cooperating with requests for information and/or interviews. ▪ Investigator will include as the first recommendation that program and Human Resources together review the administrative leave status. ▪ Program will provide a response to the recommendation.
<p>All other 624 Incidents</p>	<p>Per 624 regulations, 30 calendar days, unless presented with extraordinary circumstances (i.e. police involvement).</p>

Recommendation Responses for Significant Incidents, Serious Notable Occurrences & Minor Notable Occurrences at Certified Programs and Noncertified Programs

- Upon completion of investigation, investigation report (149) with recommendations will be shared via SharePoint link to program AVP and Director.
- Upon receipt of 149, program will respond to recommendations directly on 149 that was shared via SharePoint link. Recommendation responses must contain the name (first & last) and title of the person responsible for completing the follow up. Recommendation responses **MUST** include the date the follow up was completed (or anticipated date of completion).
- Program **MUST** be able to demonstrate completion of recommendation follow up by having proof. (Example of proof: Updated IPOP and staff signature sheet of IPOP review, Staff Meeting Minutes with staff signatures, etc.).

Recommendation Responses for Abuse & Neglect at Noncertified Programs

- Upon completion of investigation, investigation report (149) with recommendations will be shared via SharePoint link to program AVP and Director.
- Upon receipt of 149, program will respond to recommendations directly on 149 that was shared via SharePoint link. Recommendation responses must contain the name (first & last) and title of the person responsible for completing the follow up. Recommendation responses **MUST** include the date the follow up was completed (or anticipated date of completion).
- Program **MUST** be able to demonstrate completion of recommendation follow up by having proof. (Example of proof: Updated IPOP and staff signature sheet of IPOP review, Staff Meeting Minutes with staff signatures, etc.).

Corrective Action Responses for Abuse & Neglect at Certified Programs / CAP Process

- Upon completion of investigation, investigation report (149) with recommendations will be shared via SharePoint link to program AVP and Director.
- Upon receipt of 149, program will respond to recommendations directly on 149 that was shared via SharePoint link. Recommendation responses must contain the name (first & last) and title of the person responsible for completing the follow up. Recommendation responses **MUST** include the date the follow up was completed (or anticipated date of completion).
- Program **MUST** be able to demonstrate completion of recommendation follow up by having proof. (Example of proof: Updated IPOP and staff signature sheet of IPOP review, Staff Meeting Minutes with staff signatures, etc.).

Recommendation Responses for Areas of Systemic Concern from Justice Center Investigations

- Upon receipt of Justice Center (JC) investigation it will be assigned to QI Director to review. Upon review any Areas of Systemic Concern noted by the JC will be formatted similar to recommendations/Corrective Action on a Word document made by QI and shared via SharePoint link with AVP and Director.
- Program AVP and/or Director will respond to recommendations directly on the Word document that was shared via SharePoint link.
- Program **MUST** be able to demonstrate completion of recommendation follow up by having proof. (Example of proof: Updated IPOP and staff signature sheet of IPOP review, Staff Meeting Minutes with staff signatures, etc.).

Incident Review			
	IRC I	IRC II	Mortality & Morbidity
Committee Members	<ul style="list-style-type: none"> • IRC I Members are appointed by the agency CEO 	<ul style="list-style-type: none"> • IRC II Members are appointed by the agency CEO 	<ul style="list-style-type: none"> • M&M Members are appointed by the agency CEO
Attendees	<ul style="list-style-type: none"> • AVP attends when an incident under their jurisdiction is reviewed at IRC I. Prior to attending, the AVP will receive an agenda outlining the investigations they should prepare to provide information for. 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A
Functions	<ul style="list-style-type: none"> • Reviews and monitors all Reportable Incidents of Abuse and Neglect and Serious Notable Occurrences – Deaths. • Ascertain that incidents/occurrences were reported, managed, investigated and documented consistent with the provisions in the 624 regulations and with agency policies and procedures. • Make written recommendations to the appropriate staff and/or CEO to correct, improve or eliminate inconsistencies. • Ascertain that necessary and appropriate corrective, preventative, remedial and/or disciplinary action has been taken to protect persons receiving services from further harm and to safeguard against the recurrence of similar reportable incidents. • Ascertain if further investigation or if additional corrective, preventative, remedial 	<ul style="list-style-type: none"> • Reviews and monitors all Significant Incidents, Serious Notable Occurrences, Minor Notable Occurrences & 625 events. • Ascertain that incidents/occurrences were reported, managed, investigated and documented consistent with the provisions in the 624 / 625 regulations and with agency policies and procedures. • Make written recommendations to the appropriate staff and/or CEO to correct, improve or eliminate inconsistencies. • Ascertain that necessary and appropriate corrective, preventative, remedial and/or disciplinary action has been taken to protect persons receiving services from further harm and to safeguard against the recurrence of similar reportable incidents. • Ascertain if further investigation or if additional corrective, preventative, remedial 	<ul style="list-style-type: none"> • Reviews and monitors all Serious Notable Occurrences – Deaths • Ascertain that deaths were reported, managed, investigated and documented consistent with the provisions in the 624 regulations and with agency policies and procedures. • Make written recommendations to the appropriate staff and/or CEO to correct, improve or eliminate inconsistencies. • Ascertain that necessary and appropriate corrective, preventative, remedial and/or disciplinary action has been taken to protect persons receiving services from further harm and to safeguard against the recurrence of similar reportable incidents. • Ascertain if further investigation or if additional corrective, preventative, remedial and/or disciplinary

	<p>and/or disciplinary action is necessary, and if so, make appropriate recommendations to the CEO relative to the reportable incident or notable occurrence.</p> <ul style="list-style-type: none"> Identify trends in reportable and notable occurrences (i.e. by type, person, site, employee involvement, time, date, circumstances, etc.) and to recommend appropriate corrective, preventative, remedial and/or disciplinary action to the CEO to safeguard against such recurring situations or reportable incident and notable occurrences. <i>See Incident Trend Committee for further details on process.</i> Ascertain and ensure the adequacy of the agency’s reporting and review practices, including the monitoring of the implementation of approved recommendations for corrective, preventative and remedial action. 	<p>and/or disciplinary action is necessary, and if so, make appropriate recommendations to the CEO relative to the reportable incident or notable occurrence.</p> <ul style="list-style-type: none"> Identify trends in reportable and notable occurrences (i.e. by type, person, site, employee involvement, time, date, circumstances, etc.) and to recommend appropriate corrective, preventative, remedial and/or disciplinary action to the CEO to safeguard against such recurring situations or reportable incident and notable occurrences. <i>See Incident Trend Committee for further details on process.</i> Ascertain and ensure the adequacy of the agency’s reporting and review practices, including the monitoring of the implementation of approved recommendations for corrective, preventative and remedial action. 	<p>action is necessary, and if so, make appropriate recommendations to the CEO relative to the reportable incident or notable occurrence.</p> <ul style="list-style-type: none"> Identify trends in reportable and notable occurrences (i.e. by type, person, site, employee involvement, time, date, circumstances, etc.) and to recommend appropriate corrective, preventative, remedial and/or disciplinary action to the CEO to safeguard against such recurring situations or reportable incident and notable occurrences. <i>See Incident Trend Committee for further details on process.</i> Ascertain and ensure the adequacy of the agency’s reporting and review practices, including the monitoring of the implementation of approved recommendations for corrective, preventative and remedial action.
Meeting Schedule	<ul style="list-style-type: none"> 1st and 3rd Tuesday of every month 	<ul style="list-style-type: none"> 3rd Thursday of every month 	<ul style="list-style-type: none"> 2nd Tuesday every month
Incident Closure	<ul style="list-style-type: none"> Incidents will remain open and under review until member’s questions have been satisfactorily answered and recommendations have been completed or scheduled for completion to the committee’s satisfaction. 	<ul style="list-style-type: none"> Incidents / notable occurrences will remain open and under review until all recommendations are complete or scheduled for completion to the committee’s satisfaction. Incidents/events will remain open and under 	<ul style="list-style-type: none"> Deaths will remain open and under review until all recommendations are complete or scheduled for completion to the committee’s satisfaction. Incidents will remain open and under review until all

	<ul style="list-style-type: none"> • For Reportable Incidents of Abuse and Neglect, incidents will remain open until receipt and review of the Justice Center Letter of Determination. • In the event of an unresolved issue on a particular recommended course of action, the IRC I chairperson will refer the issue to the agency Workforce Committee. 	<p>review until all questions/concerns are addressed.</p> <ul style="list-style-type: none"> • In the event of an unresolved issue on a particular recommended course of action, the IRC II chairperson will refer the issue to IRC I. 	<p>questions/concerns are addressed.</p> <ul style="list-style-type: none"> • In the event of an unresolved issue on a particular recommended course of action, the M&M chairperson will refer the issue to IRC I.
Immediate Protections	<ul style="list-style-type: none"> • In the event an immediate protection needs to be changed prior to the investigation completion, the Director of the program will send the change via email to IRC I. 	<ul style="list-style-type: none"> • In the event an immediate protection needs to be changed prior to the investigation completion, the Director of the program will send the change via email to IRC II. 	<ul style="list-style-type: none"> • In the event an immediate protection needs to be changed prior to the investigation completion, the Director of the program will send the change via email to M&M.
IRC/M&M Recommendation	<ul style="list-style-type: none"> • If IRC I makes a recommendation, the AVP will be notified while in attendance at the meeting. • AVP will attend the next scheduled IRC I meeting to provide a response and proof to the IRC I recommendation. 	<ul style="list-style-type: none"> • If IRC II makes a recommendation, the program AVP and Director will be notified via SharePoint link with Word document by QI the same week of the IRC II meeting (3rd Thursday of every month). • Program should provide the program response by directly responding on the Word Document shared via SharePoint link. 	<ul style="list-style-type: none"> • If M&M makes a recommendation, the program AVP and Director will be notified via SharePoint link with Word document the same week of the M&M meeting (2nd Tuesday every month). • Program should provide the program response by directly responding on the Word Document shared via SharePoint link.

Incident Trending

QI Directors complete 624 Incident Trend Reports for the 1st quarter, 2nd quarter, 3rd quarter and annually. These trends are based on data collected in an excel spreadsheet by the QI department.

The trend reports will be provided to IRC I & IRC II for their review. The report will be comprehensive but the committees will focus specifically on the data/types of incidents they review monthly. The data will be used to identify trends, concerns and need areas.

Any trends, concerns or need areas will be identified and will be brought to the attention of IRC I. IRC I will then be responsible for determining the next steps for the identified trends, concerns or need areas.

IRC I will provide this information to an Incident Trend Committee. The actionable items will then be reported back to IRC I.

Incident Trend Committee

Committee Members	<ul style="list-style-type: none"> • Incident Trend Committee is an offshoot of IRC I and IRC II. • Incident Trend Committee is comprised of members of both IRC I and IRC II, as well as, members who are not affiliated with IRC I / IRC II but who have expertise in data and trending.
Functions	<ul style="list-style-type: none"> • Determine, in coordination with IRC I, what incident information is critical for the agency to gather and to maintain. • Develop actionable items based on the trends, concerns and/or need areas identified by IRC I and based on review of QI trend reports • Report actionable items to address trends, concerns and/or need areas to IRC I in the form of meeting minutes. • Make recommendations to IRC I in regards to actionable items that affect policy and procedure for agency programs, departments and/or agency administration. The IRC I would in turn make the recommendation to designated staff as determined appropriate by IRC I. • Determine when site/program incident data needs to be reviewed and make recommendations to IRC I for follow-up (e.g. Solution Focused Discussion Meetings with the program, Team Meetings for a specific Service Recipient)
Meeting Schedule	<ul style="list-style-type: none"> • Every month, with additional meetings to be determined by committee members dependent on actionable items identified.

Investigation Debriefing Process

The debriefing process is about having conversations with staff, people receiving services, family, and any other necessary party in order to share information after an investigation in order to provide transparency regarding the process, provide guidance, and an opportunity to learn. It is always important, however, to ensure confidentiality is maintained.

Who to have a conversation with following an investigation and what to discuss :

Employee directly involved	Members of the team	Person receiving services	Family / Guardian
<ul style="list-style-type: none"> • Finding of the investigation – including how the finding will impact this person specifically • What changes, if any, will result • Corrective Action, Recommendations and Responses • What was learned from the investigation 	<ul style="list-style-type: none"> • If applicable, finding of the investigation – including how the finding will impact this team/site specifically • What changes, if any, will result for the team/site • If applicable, corrective action, recommendations and responses • What was learned from the investigation 	<ul style="list-style-type: none"> • Finding of the investigation – including how the finding will impact this person specifically • What changes, if any, will result • Corrective Action, Recommendations and Responses 	<ul style="list-style-type: none"> • Finding of the investigation – including how the finding will impact this person specifically • What changes, if any, will result • Corrective Action, Recommendations and Responses

625 Events <i>Not Under Agency Auspices</i>		
PART 625 Form 150	1	Physical
	2	Sexual
	3	Emotional
	4	Active, Passive or Self Neglect
	5	Financial Exploitation
	6	Death
	7	Other

625 Event Definitions

1. **Physical Abuse** – The non-accidental use of force that results in bodily injury, pain or impairment, including but not limited to, being slapped, burned, cut, bruised or improperly physically restrained
2. **Sexual Abuse** – Non-consensual sexual contact of any kind, including but not limited to, forcing sexual contact or forcing sex with a third party.
3. **Emotional Abuse** – The willful infliction of mental or emotional anguish by threat, humiliation, intimidation, or other abusive conduct, including but not limited to, frightening or isolating an adult
4. **Active Neglect** – The willful failure by the caregiver to fulfill the care-taking functions and responsibilities assumed by the caregiver, including but not limited to, abandonment, willful deprivation of food, water, heat, clean clothing and bedding, eyeglasses or dentures, or health related services.
5. **Passive Neglect** – The non-willful failure of a caregiver to fulfill care-taking functions and responsibilities assumed by the caregiver, including but not limited to, abandonment or denial of food or health related services because of inadequate caregiver knowledge, infirmity, or disputing the value of prescribed services.
6. **Self-Neglect** – An adult’s inability, due to physical and/or mental impairments, to perform tasks essential to caring for oneself, including but not limited to, providing essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety; or managing financial affairs.
7. **Financial Exploitation** – The use of an adult’s funds, property, or resources by another individual, including but not limited to, fraud, false pretenses, embezzlement, conspiracy, forgery, falsifying records, coerced property transfers, or denial of access to assets.
8. **Death** – The end of life, expected or unexpected, regardless of cause.

625 Event Notification Grid										
625 Event Notifications			Chain of Command	QI	Justice Center	OPWDD	Jonathan's Law	OPWDD 163	Police	Care Coordinator
Not Under Agency Auspices	1	Physical Abuse	YES	YES	NO	YES by QI	NO	NO	YES	YES
	2	Sexual Abuse	YES	YES	NO	YES by QI	NO	NO	YES	YES
	3	Emotional Abuse	YES	YES	NO	YES by QI	NO	NO	NO	YES
	4	Active/Passive/ Self-Neglect	YES	YES	NO	YES by QI	NO	NO	NO	YES
	5	Financial Exploitation	YES	YES	NO	YES by QI	NO	NO	YES	YES
	6	Death	YES	YES	YES	YES by QI	NO	NO	NO	YES
	7	Other	YES	YES	NO	YES by QI	NO	NO	NO	YES
** If the person receiving services is under the age of 18 the NYS Child Abuse and Maltreatment Reporting Center also needs to be notified @ 1-800-342-3720. **										

Important Phone Numbers for 625 Event Notifications	
QI	716-255-4182
Justice Center	1-855-373-2124 (for reporting deaths ONLY)
OPWDD Western DDRO	1-518-402-4350 1-888-479-6763 (after business hours ONLY)
OPWDD Finger Lakes DDRO	1-518-473-7032 1-888-479-6763 (after business hours ONLY)

625 Event Responsible Party Grid for Filing 150	
If more than one agency is providing services to the individual, there must be a responsible agency that is designated to intervene in events or situations that meet the definition of a 625 event. The agency responsible for intervening must be the provider of the services to the individual in the order stated below:	
1	Residential facility, including a family care home
2	Certified day program (if the individual is receiving services from more than one certified day program, the responsible agency shall be the agency that provides the greater duration of service on a regular basis)
3	Care Coordinator or PCSS
4	HCBS Waiver services, including respite services provided at a free standing respite facility or services under the Care at Home Waiver
5	FSS, ISS and/or Article 16 clinic services
6	Any other service certified, operated, or funded by OPWDD
If the discovering agency is not the responsible agency, the discovering agency must notify the responsible agency of the event or situation	

Internal Agency Incidents

Types of Internal Agency Incidents	1	Falls
	2	Near Falls
	3	Med Errors

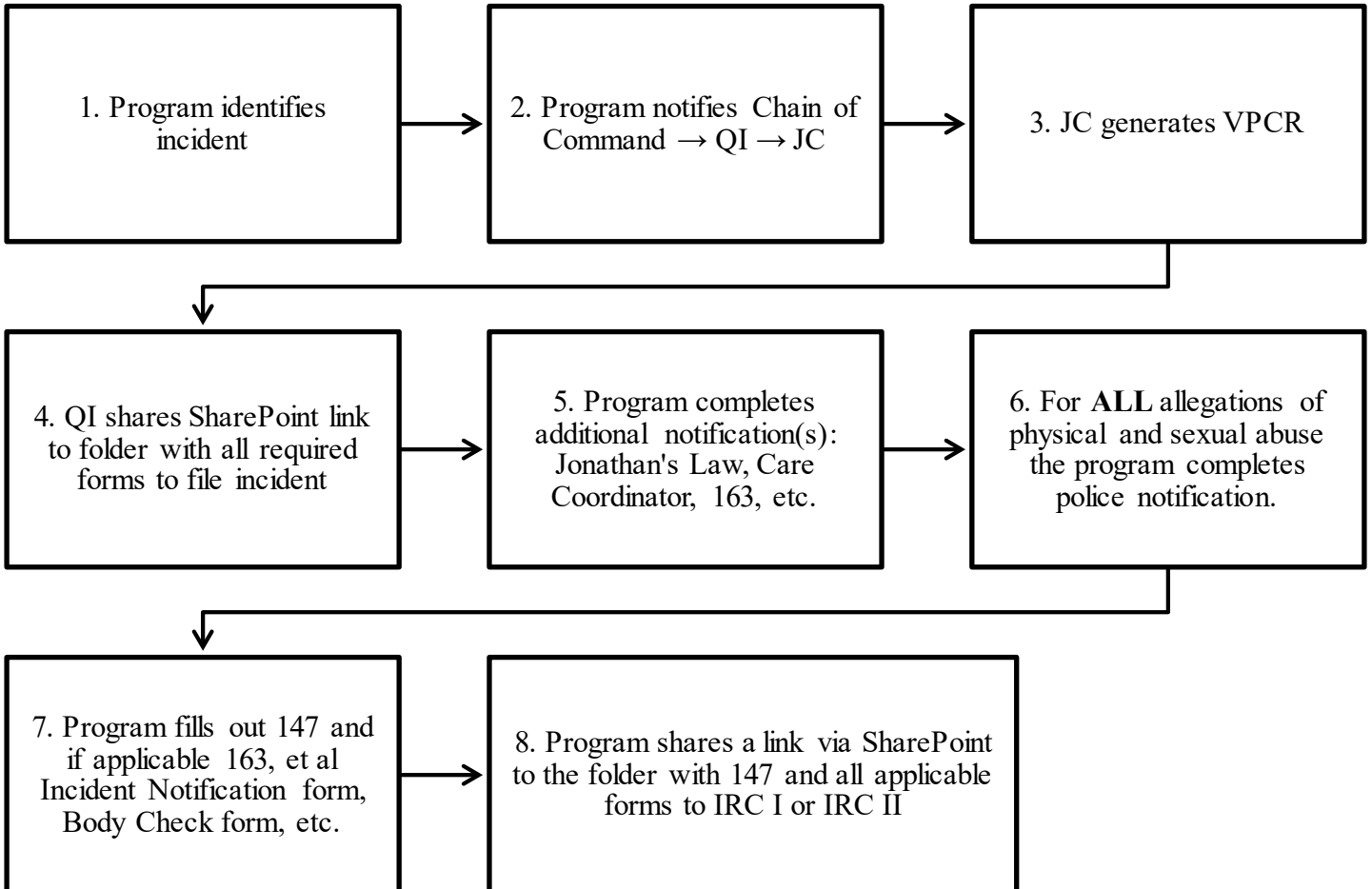
Internal Agency Incidents are situations that do not rise to allegations that need reporting to the Justice Center or OPWDD.

- For **falls** a T-log will be completed. T-logs pertaining to falls will then be compiled for review by the Incident Trend Committee and the Fall Committee. Monthly, QI will also compile t-logs for falls to present to the Incident Trend Committee.
 - For all **med errors** a Medication Error Form will be completed. These forms will be compiled and reviewed.
-
- **Falls** – Unintentionally coming to rest on the ground, floor, or other lower level with or without injury.
 - **Near Falls** – Any time an individual unintentionally slips, trips or loses balance where the individual starts to fall but is able to stop or prevent the fall by themselves or the support form staff.
 - **Med Errors** – Wrong medication, dose, time, route, individual, etc.

Filing a 624 Incident for Abuse & Neglect and Significant Incidents at Certified Programs

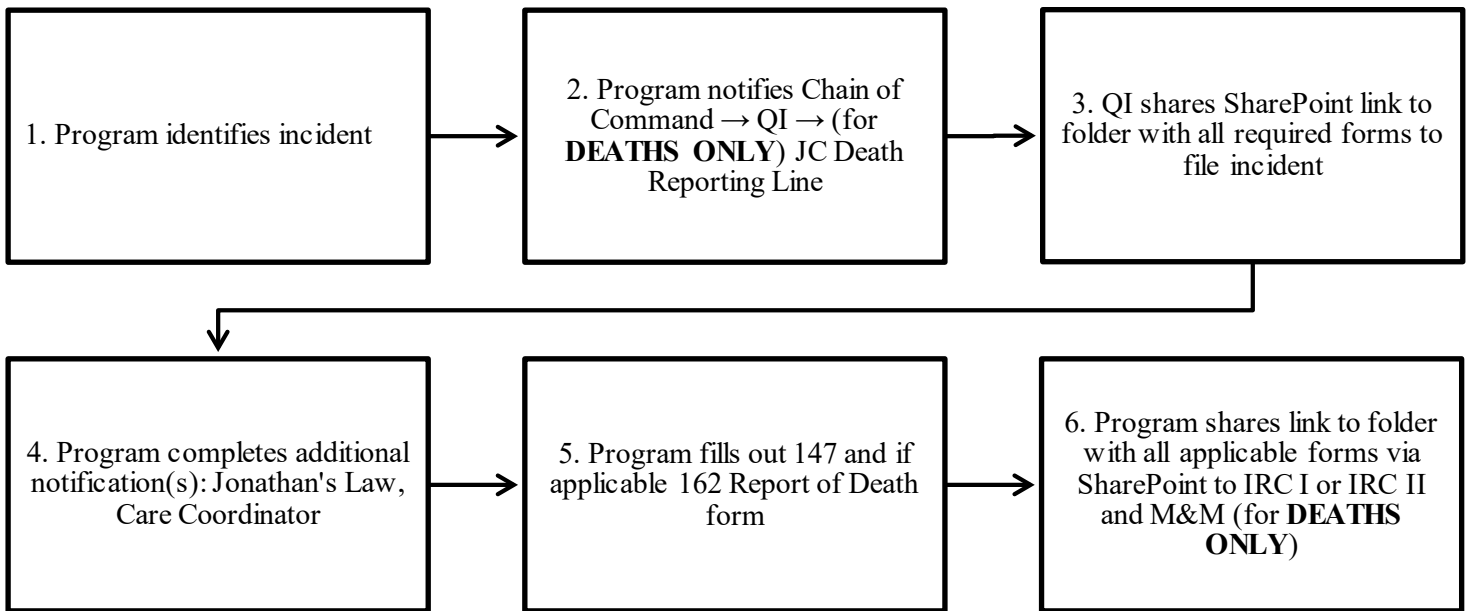
Abuse & Neglect = Physical, Sexual, Psychological, Deliberate inappropriate use of restraint, Use of aversive conditioning, Obstruction, Unlawful use or administration of controlled substance, Neglect

Significant Incidents = Conduct, Seclusion, Unauthorized use of timeout, Med error with adverse effect, Inappropriate use of restraint, Mistreatment, Missing person, Unauthorized absence, Choking known risk, Choking no known risk, SIB with injury, Injury with hospitalization, Theft/financial exploitation, Other significant incident



Filing a 624 Incident for Serious Notable Occurrences at Certified & Noncertified Programs

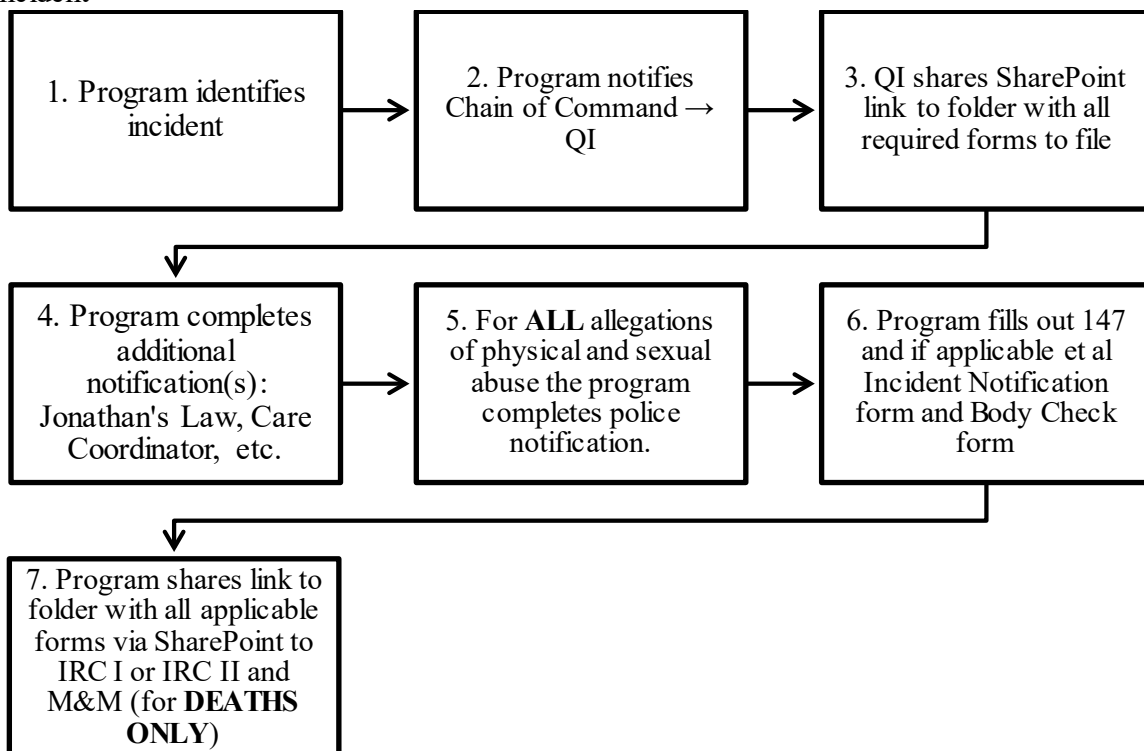
Serious Notable Occurrences = Death, Sensitive situation



Filing a 624 Incident for Abuse & Neglect and Significant Incidents at Noncertified Programs

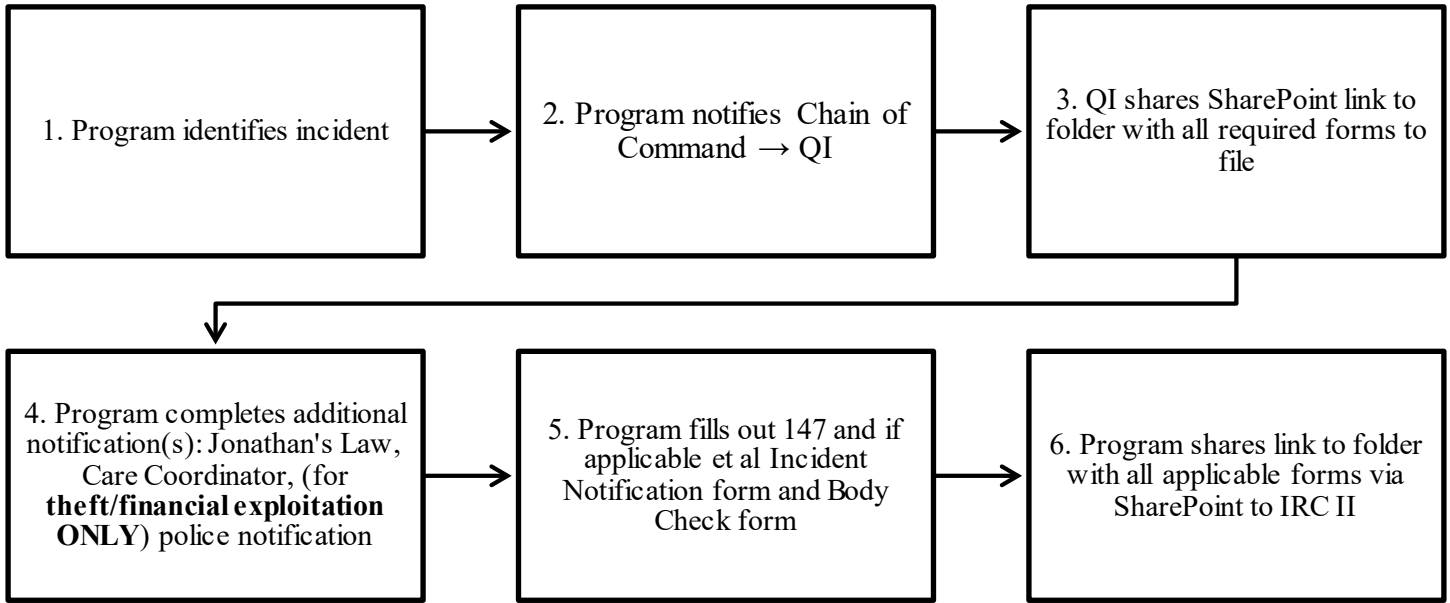
Abuse & Neglect = Physical, Sexual, Psychological, Deliberate inappropriate use of restraint, Use of aversive conditioning, Obstruction, Unlawful use or administration of controlled substance, Neglect

Significant Incidents = Conduct, Seclusion, Unauthorized use of timeout, Med error with adverse effect, Inappropriate use of restraint, Mistreatment, Missing person, Unauthorized absence, Choking known risk, Choking no known risk, SIB with injury, Injury with hospitalization, Theft/financial exploitation, Other significant incident



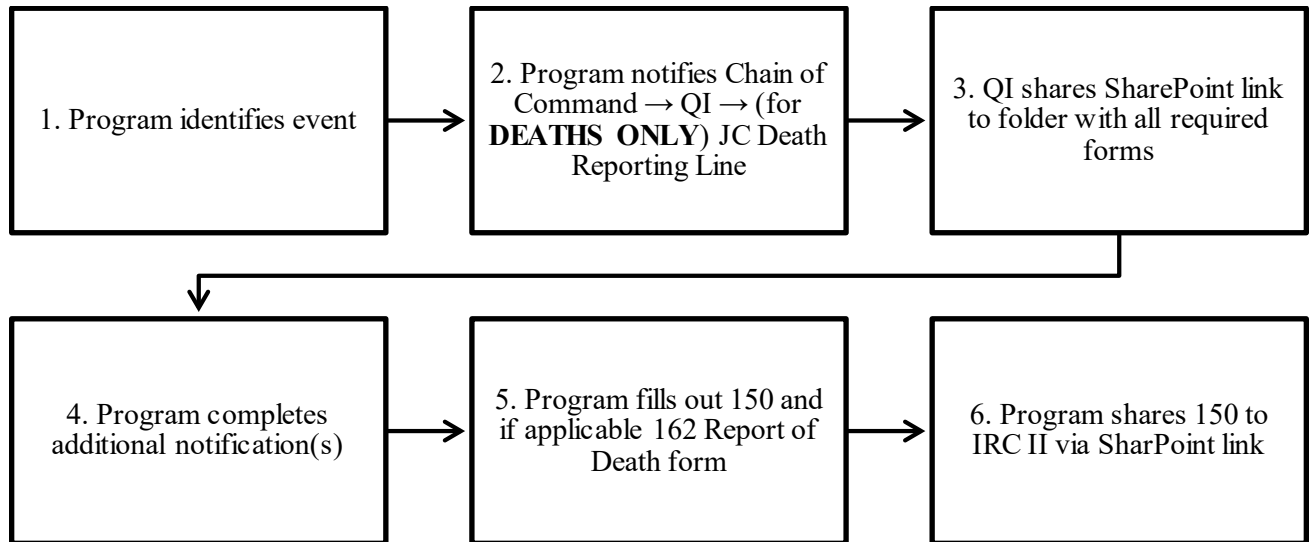
Filing a 624 Incident for Minor Notable Occurrences at Certified and Noncertified Programs

Minor Notable Occurrences = Theft/financial exploitation, Injury more than first aid

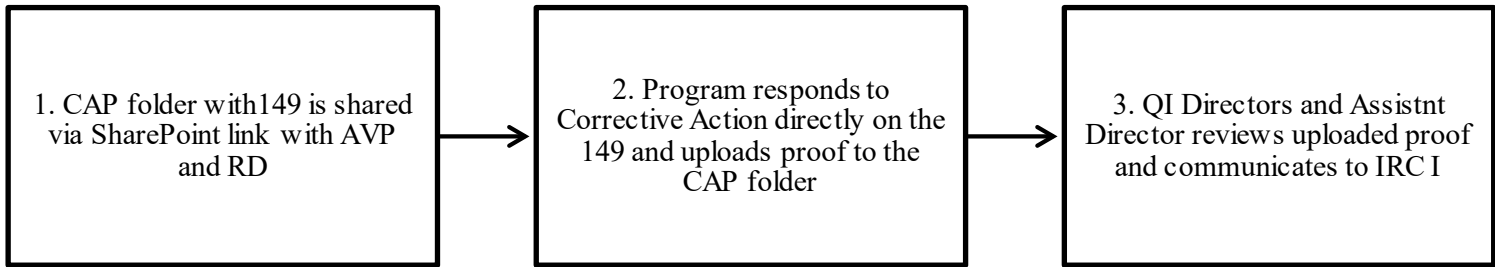


Filing a 625 Event

Event = Physical abuse, Sexual abuse, Emotional abuse, Active neglect, Passive neglect, Self-neglect, Financial exploitation, Death



How to Complete & Submit Corrective Action Responses and Supportive Documentation



Examples of Supportive Documentation for CAP

Corrective Action #1: It is recommended the RD and/or SRS ensures Tom Brown attends Self Awareness Training.

CA-1 Response: The SRS will ensure Tom Brown attends Self Awareness.

- Documentation that **MUST include the training completion date** from Relias or the Training Department

Corrective Action #2: It is recommended that the RD and/or SRS ensure staff is retrained on incident reporting.

CA-2 Response: The SRS will train staff via t-log on incident reporting. In addition to the training via t-log, this will be discussed by the SRS at the February staff meeting.

- T-log and read/acknowledgement status page
- Staff meeting minutes with signature sheet attached

Corrective Action #3: It is recommended that the SRS review all BSPs and IPOP's with staff.

CA-3 Response: The SRS will all BSPs and IPOP's with staff at the February staff meeting.

- February staff meeting minutes, signature sheet and **ALL** plans that were reviewed

Corrective Action #4: It is recommended that staff is retrained by the RD and/or SRS on the reason for Jimmy's motion sensor on his bedroom door and what to do in the event the sensor is not sounding.

CA-4 Response: All staff has been retrained on Jimmy's PT protocol at the February staff meeting by the SRS. Staff was also retrained by the SRS on letting management know that the alarm is not sounding via a t-log on 2/2/17. The vendor came out and tested the motion sensor on 1/29/17 and said there was no issue with the sensor at this time.

- PT protocol
- Staff meeting minutes with signature sheet
- T-log from 2/2/17 with acknowledgement status attached
- Work order from the vendor

Other Common Examples:

- Increased observation by the SRS, RD, BIS, etc. These need to be **documented** including **dates** that the observations took place.
- Medical appointments that were scheduled based on recommendations and responses. Please scan & send the **PNO/ Heath Care report** to support that the appointment was scheduled. In the event the appointment was scheduled but it was not completed, a second form a supportive documentation will need to be **provided** for the rescheduled appointment.

- IPOP change, need to **provide** the updated IPOP and supportive documentation that all staff were made aware of the changes and that they were **reviewed**. (T-Log)

Reminder: When the CAP is submitted with proof to OPWDD, they only see the Responses. Therefore, the Response cannot say “See Above” or “RD will phone them on 1/30/18”.

How to Complete Form OPWDD 147

GENERAL INSTRUCTIONS

ALL programs, certified and noncertified, operated by OPWDD complete Form OWDD 147.

Enter the complete names of agencies and facilities, as appropriate.

Full names of persons receiving services and staff are to be used.

Complete each line or box; if the requested information is not applicable, enter “N/A.”

It is possible that not all requested information will be available at the time the form is completed. Complete the form as thoroughly as possible.

LINE-BY-LINE INSTRUCTIONS

Item 1 – AGENCY COMPLETING THIS FORM: Enter the name of the agency that is initiating the report (this is the agency under whose auspices the event occurred.).

Item 2 – FACILITY: Enter the name of the facility where the event occurred or is alleged to have occurred. For family care homes, the sponsoring agency is to enter the name(s) of the certified provider(s). Enter N/A if the location is a noncertified site.

Item 3 – PROGRAM TYPE: Specify the type of facility identified in Item 2 by the following classifications (the initials may be used): Supervised Individualized Residential Alternative (IRA - Supervised), Supportive Individualized Residential Alternative (IRA - Supportive), Intermediate Care Facility (other than a DC) (ICF), Developmental Center (DC), Small Residential Unit (SRU), Family Care (FC), Supervised Community Residence (CR - Supervised), Supportive Community Residence (CR - Supportive), Free Standing Respite (FSR), Residential School (RS), Day Habilitation Site (DH), Day Treatment (DTX), Day Training (DT), Clinic (C), If none of the above, specify if the site is a non-certified location, be as specific as possible.

Item 4 – ADDRESS: Enter the complete address of the facility or non-certified location identified in Item 2.

Item 5 – PHONE: Enter the telephone number, including the area code, of the facility or non-certified location identified in Item 2.

Item 6 – MASTER INCIDENT NUMBER: Each incident being reported in IRMA will be assigned a Master Incident Number (MIN). If there is more than one person receiving services involved in the reported incident, the same MIN is to be specified on each report.

Item 7 – AGENCY INCIDENT NUMBER: Each incident being reported may be assigned an agency incident number in addition to the MIN, if applicable. It would be beneficial if the numbering system enabled the agency to distinguish between those incidents that occur in a facility and those that occur at a noncertified location. If there is more than one person receiving services involved in the reported event requiring the filing of more than one report (when there are different classifications), the same incident number is to be specified on each report.

Item 8 – WAS AN OPWDD 147 PREVIOUSLY SUBMITTED: Indicate if an OPWDD 147 was previously submitted regarding the incident.

Item 9 – NAME OF PERSON RECEIVING SERVICES (LAST, FIRST): Enter the full name of the person receiving services to which the incident occurred by entering the last name and then the first name (carefully check spelling). Do not use nicknames or initials. If more than one person receiving services is involved in the same event, it is permissible to note, “see attached,” and to attach a list of names with appropriate information.

Item 10 – DATE OF BIRTH: Enter the date of birth of the person receiving services whose name appears in Item 9.

Item 11 – GENDER: Check “M” for male or “F” for female for the person receiving services whose name appears in Item 9.

Item 12 – TABS ID: Enter the TABS ID number used for the person receiving services by the agency.

Item 13 – RECEIVES MEDICATION: Indicate whether the person receiving services (name in Item 9) is taking any medications. This includes medications taken orally (by mouth), topically (applied to the skin) or any other route. If you do not know whether medication is received check the box, “unknown by the person completing the form.”

Item 14 – DATE AND TIME INCIDENT WAS OBSERVED/DISCOVERED: Indicate whether the date and time entered in this section was that of observation, or discovery by making an “x” in the appropriate box. If the report is made at the time the event took place (or immediately subsequent to it), mark the “observed” box. If the report is made at another time (hours, days, weeks later) because it was discovered or reported at a later date, rather than when witnessed and reported immediately, mark the “discovered” box, even if the exact time the event took place is reported then. Complete the rest of the Item by filling in the month, day (date), year, hour, and minutes using the boxes provided. One number only should be entered in each division. Make an “x” in the applicable box to indicate whether the time is between midnight and 11:59 (A.M.) or between noon and 11:59 (P.M.). The next item records the date and time the event occurred. If the report is made out immediately, based on observation, the dates and times in Items 14 and 15 would be the same.

Item 15 – DATE AND TIME INCIDENT OCCURRED, IF KNOWN: If the event was witnessed, this would be the same date and time as the previous entry. If the event was “discovered” (learned about later or reported at a later date, rather than when witnessed and reported immediately), and the person receiving services or staff can provide information as to the date and time the event was supposed to have happened, it would be entered here.

Item 16 – NUMBER OF PERSONS RECEIVING SERVICES PRESENT AT TIME OF INCIDENT: The purpose of Items 16 and 17 is to provide information to investigators about potential witnesses. Enter only the number of persons receiving services who were in reasonable proximity to the event, *including the person(s) identified in Item 9*. Include all persons receiving services who could potentially have witnessed the event or who were close enough to have heard something, depending on the circumstances.

Item 17 – NUMBER OF EMPLOYEES PRESENT AT TIME OF INCIDENT: The purpose of Items 16 and 17 is to provide information to investigators about potential witnesses. Enter only the number of employees who were in reasonable proximity to the event. Include all employees who could potentially have witnessed the event or who were close enough to have heard something, depending on the circumstances. For the purposes of this item, include consultants, contractors and volunteers in the number reported.

Item 18 – PRELIMINARY CLASSIFICATION: In addition to other required notifications **reportable incidents must** be reported to the Justice Center if the program is certified or operated by OPWDD. Check one box which most closely describes the situation. Do not add a category not listed. Make the decision based on the definitions in Part 624. If the situation could be classified in more than one category the most serious category should be checked. The Justice Center and/or OPWDD is the ultimate decision maker of classification, therefore, this preliminary classification may be changed at any time.

Item 19 – SPECIFIC LOCATION WHERE INCIDENT OCCURRED: Check only one box. If the location where the event occurred is not listed, check “Other” and specify the location.

Item 20 - DESCRIPTION OF THE INCIDENT: (*Note: To the extent possible, this should be completed by the person who observed and/or discovered the incident or it should be a verbatim description provided by a person who observed and/or discovered the incident/allegation*) A clear, concise description of those facts known at the time the report is being completed must be provided here without speculation or opinion. The description should cover the “who,” “what,” “where,” “when,” and “how” of the incident. The full names of all persons receiving services, staff, and others who are involved in the incident must be listed. **DO NOT USE INITIALS**. When providing the “who” information, be sure to include the names and title (or other appropriate descriptor) of those involved. Also list the full names of persons known to have witnessed the event. If additional space is needed, continue the description on a separate sheet of paper.

Item 21 – IMMEDIATE CORRECTIVE/PROTECTIVE ACTIONS: List all the corrective/protective actions taken to ensure the health or safety of those receiving services is maintained. This should include, but is not limited to any initial medical/dental treatment (including first aid) or counseling provided. Other examples are: increased supervision, correction of hazardous conditions, training provided, etc. Include a brief description of these actions (attach another sheet of paper, if necessary).

Item 22 – NOTIFICATION TO JUSTICE CENTER AND/OR LAW ENFORCEMENT: 14 NYCRR Part 624.6(d) requires that an appropriate law enforcement official must be contacted immediately in the event that an emergency response by law enforcement is needed. Also, agencies shall report to an appropriate law enforcement official anytime a crime may have been committed against an individual by a custodian. The report must be made as soon as practicable, but in no event later than 24 hours after occurrence or discovery. On the Form OPWDD 147, indicate if a referral was made to law enforcement and/or if the incident was reported to the Justice Center by checking the appropriate box. Enter the date and time that law enforcement and/or the Justice Center was notified, the name of the law enforcement official who was contacted and/or the Justice Center identifier, given to you by the call center staff who takes your call, the name of the party (staff) who made the notification to law enforcement, and the name of the law enforcement agency that was contacted (e.g. New York State Police – Troop E, Dutchess County Sheriff’s Office, Herkimer County DA, Buffalo Police Department, etc.).

Item 23 – PERMANENT RESIDENTIAL ADDRESS AND PHONE NUMBER: If the report is not initiated at the residence of the person receiving services (identified in Item 9), the name, address and phone number of the place of residence of the person receiving services must be entered in this Item. For people in family care, the family care provider’s name must be included. If the place of residence is the same as the facility address specified in Item 4, enter “same.”

Item 24 – TYPE OF RESIDENCE: Check the appropriate box that applies to the residence of the person receiving services (Identified in Item 9):

- 1) SOIRA State Operated Individualized Residential Alternative
- 2) VOIRA Voluntary Operated Individualized Residential Alternative
- 3) SOICF State Operated Intermediate Care Facility
- 4) VOICF Voluntary Operated Intermediate Care Facility
- 5) FC Family Care
- 6) DC Developmental Center
- 7) CR Community Residence
- 8) Other

Item 25 – NAME OF PARTY COMPLETING ITEMS 1-24, TITLE, DATE: The party completing Items 1-24 of this form is to print his or her name and title, and to enter the date that Items 1-24 were completed.

Item 26 – NAME OF PARTY REVIEWING ITEMS 1-25, TITLE, DATE: The party completing the review of Items 1-25 of the form is to print his or her name and title, to sign in the space designated, and to enter the date of the review. The person signing this section is indicating that the information in Items 1-25 is as accurate and complete as can be immediately determined. Corrections or additions can be made at a future date in the file. However, distribution of this form is not to be delayed pending this entry.

Item 27 – NOTIFICATIONS: Various notifications are required following an incident. Refer to the specific requirement in Part 624 to determine if a particular notification must be made and determine the timeframe required for that notification. If a notification is made to any of the specific entities that are listed, enter the date, time, name of the party notified, name of the party (staff) making the notification, and the method of notification (e.g. phone, fax, etc.) on the OPWDD 147 form. Although not specifically listed, additional notifications may be required for incidents and abuse involving Willowbrook Class Members in certain circumstances. OPWDD recognizes that the required timeframes for some notifications exceed the timeframe for completion of the OPWDD 147. Do not delay completion of the OPWDD 147 until after all required notifications have been made. List only the notifications that were made prior to the completion and submission of the OPWDD 147.

Item 28 – ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL’S SAFETY: In addition to the immediate steps taken noted in Item 21, use this space to record any added or modified steps taken to provide protection/safety of

persons receiving services and any other additional information. Include a brief description of the additional actions taken (attach another sheet of paper, if necessary). For example, medical/dental treatment (including first aid), counseling provided, increased supervision, correction of hazardous conditions, training provided, etc.

Item 29 – NAME OF PARTY COMPLETING ITEM 28, TITLE, DATE: The party completing Item 28 of this form is to print his or her name, title, and to enter the date that Item 28 was completed.

How to Complete Form OPWDD 150

GENERAL INSTRUCTIONS

ALL programs, certified and noncertified, operated by OPWDD complete Form OWDD 150.

Enter the complete names of agencies and facilities, as appropriate.

Enter full names of persons receiving services and others involved.

Complete each line or box; if the requested information is not applicable, enter “N/A.”

It is possible that not all requested information will be available at the time the form is completed. Complete the form as thoroughly as possible.

If an event or situation involves more than one person receiving services, and the description of the event/situation is the same concerning all persons, a single OPWDD 150 should be completed for the event or situation.

LINE-BY-LINE INSTRUCTIONS

Item 1 – AGENCY COMPLETING THIS FORM: Enter the name of the agency that is initiating the report (this is the agency which is responsible for taking appropriate steps).

Item 2 – PROGRAM TYPE: Non-certified Day Habilitation, Care Coordinator, PCSS, SEMP, Prevocational services, HCBS waiver respite (except for free-standing respite), Hourly community habilitation, Family support services. If the facility identified in Item 2 is State operated, also enter “SO.” If the facility identified in Item 2 is voluntary operated, also enter “VO.” For family care homes sponsored by a DDSO, use “SO.” For family care homes sponsored by a voluntary agency, use “VO.”

Item 3 – PROGRAM ADDRESS: Enter the complete address of the non-certified location identified in Item 2.

Item 4 – ADDRESS WHERE EVENT/SITUATION OCCURRED: When entering into IRMA, this must be included in the DESCRIPTION OF EVENT/SITUATION

Item 5 –PHONE: Enter the telephone number, including the area code, of the facility or non-certified location identified in Item 2.

Item 6 – EVENT/SITUATION REFERENCE NUMBER: Each event/situation being reported will be assigned a reference number in IRMA.

Item 7 – PERSON COMPLETING REPORT: Enter the name of the person completing the OPWDD 150

Item 8 – NAME OF PERSON RECEIVING SERVICES (LAST, FIRST): Enter the full name of the person receiving to which the Event/Situation occurred by entering the last name and then the first name. Do not use nicknames.

Item 9 – DATE OF BIRTH: Enter the date of birth of the person receiving services whose name appears in Item 8.

Item 10 – GENDER: Check “M” for male or “F” for female for the person receiving services whose name appears in Item 8.

Item 11 – TABS ID: Enter the TABS ID number.

Item 12 – DATE AND TIME EVENT/SITUATION WAS OBSERVED/DISCOVERED: Indicate whether the date and time entered in this section was that of observation or discovery by making an “x” in the appropriate box. If the report is made at the time the event took place (or immediately subsequent to it), mark the “observed” box. If the report is made at another time (hours, days, weeks later) because it was discovered or reported at a later date, rather than when witnessed

and reported immediately, mark the “discovered” box, even if the exact time the event took place is reported then. Complete the rest of the Item by filling in the month, day (date), year, hour, and minutes using the boxes provided. One number only should be entered in each division. Make an “x” in the applicable box to indicate whether the time is between midnight and 11:59 (AM) or between noon and 11:59 (PM). The next item records the date and time the event occurred. If the report is made out immediately, based on observation, the dates and times in Items 12 and 13 would be the same.

Item 13 – DATE AND TIME EVENT/SITUATION OCCURRED, IF KNOWN: If the event was witnessed, this would be the same date and time as the previous entry. If the event was “discovered” (learned about later or reported at a later date, rather than when witnessed and reported immediately), and the person or staff can provide information as to the date and time the event was supposed to have happened, it would be entered here.

Item 14 – PRELIMINARY CLASSIFICATION: Check one box which most closely describes the Event/Situation. Do not add a category not listed. Make the decision based on the definitions in Part 625. If the situation could be classified in more than one category the most serious category should be checked.

Item 15 – REFERRALS: Use this space to record any referrals made in response to the Event/Situation for the benefit of the person.

Item 16 – ACTION TAKEN: Use this space to select actions taken to provide protection/safety of persons receiving services and any other additional information.

Item 17 – DESCRIPTION OF THE EVENT/SITUATION: A clear, concise description of those facts known at the time the report is being completed must be provided here without speculation or opinion. The description should cover the “who,” “what,” “where,” “when,” and “how” of the Event/Situation. The full names of all persons with developmental disabilities and others who are involved in the Event/Situation must be listed, if known. *DO NOT USE INITIALS*. When providing the “who” information, be sure to include the names (or other appropriate descriptor) of those involved. Also list the full names of persons known to have witnessed the event. If additional space is needed, continue the description on a separate sheet of paper.

Item 18 – SUMMARY OF RESOLUTION OF EVENT/SITUATION: (conclusions from IRMA)

Item 19 – NOTIFICATIONS: These fields should be used if notifications are made to address an event or situation. Notifications are required in some specific circumstances (e.g. mandated reporters are required to report suspected child abuse to the Statewide Central Register of Child Abuse and Maltreatment; incidents occurring under the auspices of a school or hospital are required by Part 625 to be reported to management of the school or hospital; deaths must be reported to the Justice Center Death Reporting Line). In other cases, notifications may be made as an element of the intervention (e.g. to family members, law enforcement, Adult Protective Services).

How to Complete Form OPWDD 163 for Chapter 394

GENERAL INSTRUCTIONS

Only programs certified or operated by OPWDD complete Form OWDD 163.

Chapter 394 requires notification within 24 hours for subject (victim) of the report and notification within 48 hours for witnesses.

If necessary, use more than one Form OWDD 163.

Important Terms to Know:

Subject = individual(s) identified as the victim(s)

Witness = individual(s) in the area the incident is alleged to have occurred

Personal Representative = individuals receiving services **under the age of 18**: a legal guardian, an actively involved spouse, a parent, an actively involved adult sibling, an actively involved adult family member, or a local commissioner of social services with custody of the person. Individuals receiving services **over the age of 18**: an actively involved spouse, an actively involved parent, an actively involved adult child, an actively involved adult family member, and the Consumer Advisory Board for Willowbrook Class members who are fully represented.

LINE-BY-LINE INSTRUCTIONS

Agency Name: Enter the name of the agency that is initiating the report (this is the agency under whose auspices the event occurred.).

Person Completing Form: Enter the name (First & Last) of the person completing the form.

Date of Incident: If known, if the event was witnessed, this would be the date entered. If the event was “discovered” (learned about later or reported at a later date, rather than when witnessed and reported immediately), and the person receiving services or staff can provide information as to the date and time the event was supposed to have happened, it would be entered here. If unknown, enter unknown.

Investigating Entity Justice Center OPWDD Agency: Completed by QI

Date: Completed by QI

Name of Investigator: Completed by QI

OPWDD Master Incident #: Completed by QI

Justice Center Case #: Completed by QI

Agency Incident #: Completed by QI

Name of Individual Receiving Services: Enter the name (First & Last, no nicknames) of individual the notification is being made for.

Individual is subject of report potential witness: Check the box indicating whether the individual is the “subject” or “witness.”

Name of Personal Representative: Enter the name (First & Last, no nicknames) of the person being contacted as the personal representative.

No Personal Representative Notified **no personal representative** **individual objects to their personal representative being notified** **personal representative does not wish to be notified** **other:** If no personal representative was notified, check the box that identifies why.

Employee Who Attempted Notification / Date / Method of Contact: Enter the name (First & Last, no nicknames) of the personal who attempted/made the notification, enter the date of when the notification was made/attempted and enter the method of contact (i.e. telephone, email, etc.) on how the notification was made/attempted.

Yes **No Personal Representative will participate during interview:** Check whether the personal representative would like to participate in the interview.

Method **in person** **via phone** **other:** Check the box of how the personal representative would like to participate in the interview.

How to Complete Form OPWDD 162 (Report of Death Form)

GENERAL INSTRUCTIONS

Due to the information required on the form it should be completed by the RN, or at minimum, reviewed by the RN before submitting to QI.

The form should be filled out with as much detail as possible based on what was known up until the person's passing.

How to Complete 'Et Al' Incident Notification Form

GENERAL INSTRUCTIONS

The 'et al' incident notification form is only required when the incident is being filed for more than 1 victim.

Each additional victim should be added to the 'et al' incident notification form with information on the notifications made on their behalf.

How to Complete the Jonathan's Law Notification Form

The Jonathan's law notification form is completed for each victim the incident is filed for. Enter the information for who you contacted (qualified party) and whether they did/did not request a meeting and/or report.