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GENERAL EVENT REPORT MANUAL



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I. Responsibility for Reporting Incidents

General Event Reports (GERs) are required by Nebraska DHHS Division of Developmental Disabilities to be completed for high and medium notification level events that occur at the time a service is being delivered by providers. Incidents occurring during a time when no services are being delivered to the participant are not reportable and no GER is needed. Low notification level events are not reportable to DHHS but are still utilized by ABLED, Inc. for internal tracking of recurring behaviors that have not been previously identified in a participant's ISP.

II. Reporting Timeline

General Event Reporting timelines:

- 1) Staff will notify an **ABLED Administrator** as soon as possible upon observing/discovering the incident for *all* GERs.
 - 2) Staff will then notify the participant's **service coordinator** by phone call/voicemail as soon as possible but no more than 4 hours upon observing/discovering the incident for *high/medium* GERs. If unable to reach SC by phone call/voicemail, notification is to be made by secure email or SCOMM in Therap.
 - a) Staff will include the following information:
 - i) Your name and affiliation with ABLED, Inc.
 - ii) Participant name
 - iii) Type of incident being reported
 - iv) Brief summary of the incident
 - v) Brief summary of any action taken to ensure the safety of the participant or others
 - 3) Staff will notify the participant's **guardian** by phone call/voicemail as soon as possible upon observing/discovering the incident for *high/medium* GERs. If unable to contact participant's guardian by phone call/voicemail, attempts are to be recorded in the GER. This notification is required within 24 hours of the verbal report to the SC.
 - 4) Staff will notify the **participant** involved in the incident verbally in-person if the participant was not present or aware of the incident. This notification will occur as soon as possible upon observing/discovering the incident and is required within 24 hours of verbal notification to the SC.
- Notify the DHHS Children and Family Services (CFS) Abuse/Neglect Hotline for any allegation/suspicion of abuse/neglect/exploitation that meets state statute.
 - Notify law enforcement immediately when a participant's health or safety is at immediate risk due to abuse, neglect, or exploitation.

ABLED, Inc. QA/QI Committee will review and analyze information from General Event Reports to identify trends and problematic practices which may be occurring and take appropriate corrective actions to address problematic practices identified.



III. Instructions for Completion of Written General Event Report

The written General Event Report form will be completed within 24 hours of the verbal notification made to the participant's SC.

1. Access Therap Systems

- A. From Therap, click on "New" next to GER's on the Individual dashboard.
- B. Select the appropriate Program for GER.
- C. Select the participant's name in the dropdown list. This will bring you to the GER form for updating. Much of the information will be pre-populated.

2. Enter Basic Information

- A. Under the Basic Information section, change the event date if necessary.
- B. Select reporter's relationship to individual.
- C. Add Event type by clicking the type of event – Injury, Medication Error, Emergency Safety Intervention, Restraint Other, Death, or Other.
- D. Select notification level based on Sections V, VI, VII of this policy manual.
- E. Select location and fill in the address of the event.
- F. Describe what happened before the event with the goal of clearly identifying a trigger.
- G. Indicate whether abuse, neglect, or exploitation were suspected.
- H. Therap will prompt you for any required or missing information.

3. Enter Event Information

- A. Choose correct event type and time of the incident.
- B. Fill in the summary section with essential facts of the event. Refrain from subjective opinions.
- C. If there occurred more than one type of reportable incident, select "Add Another Event"

4. Enter Actions Taken

- A. Fill in Corrective Actions section by explaining how you resolved the incident, followed the safety plan and kept the participant safe.
- B. Fill in Plan of Future Corrective Actions section by explaining your strategy on how to avoid similar events in the future.
- C. Add ABLED Administrator, service coordinator, and guardian under Notifications section
- D. Attach pictures or documents whenever possible.

4. Preview

- A. Review the GER and submit.



IV. Executive Team Review and Approval

The Executive Team will review, return as necessary, and approve all General Event Reports within 72 hours of GER submission.

The Executive Team will:

- 1) Determine if appropriate action was taken.
- 2) Recommend any further follow-up and/or preventative action taken/needed.
- 3) Interview the person supported and inform them that information will be shared with others.
- 4) If applicable, make appropriate notifications (guardian, physician, etc.).
- 5) If applicable, investigate any alleged or suspected abuse/neglect/exploitation.
- 6) Attempt to determine the circumstances that led to an injury of unknown cause (at a minimum, talk to staff who worked during the past 24 hours); document all staff interviewed and a plausible cause.
- 7) If there is a belief that the allegation is spurious, ABLED will have 4 hours from observation/discovery of the event to have the event reviewed by an investigator. If the allegation is blatantly spurious, the rationale for the decision will be documented in the Future Plan of Corrective Actions section of the GER.
- 8) Report any incidents involving emergency safety interventions to the participant's ISP team and the ABLED Rights Review Committee to ensure that the emergency safety intervention was appropriate.

V. High Notification Level Events

Actual or Potential Airway Obstruction

A reportable incident in this category is any event in which any emergency intervention is provided to a participant in response to choking or experiencing an airway obstruction. Interventions may include, but are not limited to, performing the Heimlich maneuver, back blows, or requiring medical attention.

Allegation or Suspicion of Abuse, Neglect, or Exploitation of a Participant

Any allegation or suspicion of abuse, neglect, or exploitation committed by a provider, peer of the participant, family member or anyone else in which a participant is the victim. This report will also be used when the participant is the alleged perpetrator against another participant and when the participant neglects him or herself.

* All exploitation, regardless of monetary value, is reportable as a high GER.

Definitions of abuse, neglect, and exploitation should be carefully reviewed.

Financial Exploitation: The wrongful or unauthorized taking, withholding, appropriation, conversion, control, or use of money, funds, securities, assets, or any other property of a person.

Physical abuse: Any allegation or suspicion of any knowing or intentional act of physical violence committed by a provider, peer of the participant, family member, or anyone else towards a participant of



HCBS waiver services. An injury or otherwise adverse outcome does not need to be present for an incident report to be required.

Physical neglect: The failure to provide proper care, supervision, or attention to a participant or the participant's health, safety, or well-being; failure to provide necessities such as food, clothing, essential medical treatment, adequate supervision as described in the person-centered plan, shelter, or a safe environment. Failure to exercise one's duty to intercede on behalf of the participant also constitutes neglect.

Psychological abuse: Any allegation or suspicion of abuse, neglect, or exploitation committed by a provider, peer of the participant, family member, or anyone else in which a participant is the victim. Actions include but are not limited to humiliation, harassment, threats of punishment, or derogatory communications (vocal, written, gestures).

Punishment: Withholding something the participant has a right to have or do, such as their personal property or access to the community, based on their behavior, completion of a task, or success in a habilitation program.

Sexual abuse: Sexual assault as described in §28-319 or §28-320 or incest as described in section §28-703. Sexual exploitation includes, but is not limited to, a violation of section §28- 311.08 and causing, allowing, permitting, inflicting, or encouraging a participant to engage in voyeurism, exhibitionism, prostitution, or in the lewd, obscene, or pornographic photographing, filming, or depiction of the participant.

Verbal Abuse: the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to individuals served. (404 NAC 2)

Death of a Participant

Any participant death, regardless of cause. The death of a participant is only reportable when the death, or events immediately preceding/leading to the death, occurred during the delivery of services.

Incidents Involving Emergency Personnel Requiring Emergent Response

* Reportable as a high GER only if criminal charges are brought against the participant.

A reportable incident in this category is any event that results in contact by Law Enforcement, Ambulance Services, Fire Department, or other emergency response departments.

Medication Errors

* Reportable as a high GER only if medication error results in immediate medical care from hospital/physician.

A reportable incident in this category is any preventable mistake in the administration of medical/treatment or procedure. Types of errors include administration of medication/treatment/procedure in a manner inconsistent with instruction from the prescribing physician (for example, wrong dose, time, person, route, or medication), failing to administer needed



medication/treatment/procedure, or administration of prescribed PRN (as needed) or over-the-counter (OTC) medication causing interaction with prescribed medications.

Swallowing Inedibles

* Reportable as a high GER only if swallowing inedible results in the hospitalization of the participant.

A reportable incident in this category is any incident in which a participant swallows an item that is not fit or suitable for eating. For example, an item such as coins, batteries, plastic, etc.

Use Restraint or Prohibited Practices

A reportable incident in this category is any use of the following prohibited practices:

- **Mechanical restraint;**
 - Any device, material, object, or equipment attached to a participant's body restricting freedom of movement or normal access to the body. Mechanical restraint is not:
 - The use of acceptable child safety products;
 - Use of car safety systems; or
 - Safeguarding equipment, when ordered by a physician or health care provider and approved by the participant's team.
- **Physical restraint;** except when used as emergency safety intervention;
 - Any use of physical contact that restricts, or is meant to restrict, the movement or normal functioning of a participant.
- **Chemical restraint;**
 - A drug or medication used for discipline or convenience and not required to treat medical conditions.
- **Aversive stimuli;**
 - Procedures that are punishing, physically painful, emotionally frightening, or deprivational; or having the potential to be a health or safety risk to participants when they are used to modify behavior
- **Corporal punishment;**
 - Infliction of bodily pain as a penalty for disapproved behavior
- **Discipline;**
 - Use of punishment to correct undesired behavior.
- **Seclusion;**
 - Involuntary confinement of a participant alone in a room or an area from which the participant is physically prevented from having contact with others or leaving.
- **Denial of basic needs;**
 - Withholding access to appropriate food and clothing, comfortable and clean shelter, and treatment for physical needs.
- **Implementation of an intervention by a participant.**
 - When a behavioral or safety intervention is implemented or used by a participant on another participant at the direction of the provider.



Vehicle Accident

* Reportable as a high GER only if vehicular accident was due to staff criminal activity or if vehicular accident results in media attention.

A reportable incident in this category is any unintended collision of one motor vehicle with another, a stationary object, or person impacting a participant, either as a result of riding in the vehicle or being hit by a vehicle that results in an adverse outcome to the participant.

VI. Medium Notification Level Events

Communicable Disease

A reportable incident in this category is a participant who is diagnosed by a medical practitioner with an illness such as COVID-19, Influenza, Tuberculosis (TB), etc. A communicable disease is an illness carried by microorganisms and transferred through people, animals, surfaces, foods, or air.

Although a cold or upper respiratory infection could be considered a communicable disease, this would not be a reportable incident in this category.

Emergency Situations

A reportable incident in this category is any injury caused by a fire, flood, tornado, severe weather, or other emergency or natural disaster, regardless of severity; and any displacement of a participant from a site where HCBS services are usually provided when displacement is caused by a fire, flood, severe weather, or other emergency or natural disaster for 24 hours or longer.

Falls with Injury Requiring more than First Aid

A reportable incident in this category is when a participant comes to rest unintentionally on the ground or lower level, for any reason and sustains an injury requiring more than first aid.

Fatal 5

The term “Fatal 5” refers to the top conditions linked to preventable death of people in congregate care settings or community-based residential settings. A reportable incident in this category is any change in medical condition of sufficient severity to require assessment or treatment from a physician, regardless of whether medical attention was received.

The following illnesses/changes in condition must always be reported, as they are considered to be of sufficient severity to likely require assessment or treatment from a physician:

- Aspiration
- Dehydration
- GERD (Gastroesophageal Reflux Disease)



- When the participant has a new diagnosis of or experiences an adverse event due to a diagnosis of GERD.
- Severe Constipation/Bowel Obstruction
- Sepsis
- Seizure
 - When the participant has a seizure for the first time in recorded personal history; or
 - The seizure lasts longer than 5 minutes or the timeframe set by the participant's physician
 - When the provider does not observe the beginning of a seizure and cannot accurately determine how long the seizure lasts, or the participant is unable to report the length of the seizure

*Failure to track constipation and/or administer PRN bowel medications as indicated per the bowel protocol will be reported as neglect.

Incidents Involving Emergency Personnel Requiring Emergent Response

A reportable incident in this category is any event that results in contact by Law Enforcement, Ambulance Services, Fire Department, or other emergency response departments.

Infestations

A reportable incident in this category is any incident in which a participant has the presence of insects or animals in a place, typically to cause damage or disease.

The presence of an infestation may include bites or rashes caused by the infestation. It could also include other signs of infestation, such as live or dead parasites or parasite eggs, animal droppings, or evidence of dwelling (nests).

This category does not include all insect or arachnid bites. Bites and stings occurring during exposure to insects or arachnids in an outdoor environment, or due to contact with insects or arachnids which do not cause infestation (such as bees or mosquitos), are not reportable in this category.

Injuries of Unknown Origin Raising Suspicion

Any injury for which the origin is unknown, and the injury raises suspicion of abuse or neglect. Even minor injuries requiring no medical treatment must be reported when the origin of the injury is unknown, and the injury raises any suspicion. If injury can be reasonably determined, it would not be reported in this category.

Injury Requiring Medical or Nursing Interventions Beyond First Aid

A reportable incident in this category is any injury of sufficient severity to require assessment or treatment from a physician, regardless of whether medical attention was sought or where medical attention was received.

The following injuries must always be reported, as they are considered to be of sufficient severity to likely require assessment or treatment from a physician:



- Concussion;
- Dislocation;
- Fracture;
- Poisoning;
- Pressure sores/ulcers – newly discovered or untreated; and
- Burns – 3rd degree.

Medication Errors

A reportable incident in this category is any preventable mistake in the administration of medical/treatment or procedure. Types of errors include administration of medication/treatment/procedure in a manner inconsistent with instruction from the prescribing physician (for example, wrong dose, time, person, route, or medication), failing to administer needed medication/treatment/procedure, or administration of prescribed PRN (as needed) or over-the-counter (OTC) medication causing interaction with prescribed medications.

Misconduct Not Involving Law Enforcement

A reportable incident in this category is any event that involves possible criminal activity by participants receiving Medicaid HCBS services where law enforcement is not involved. Examples include but are not limited to exposing oneself in public, possession of drug paraphernalia, etc.

Providers must assess whether the severity of the event meets this criterion, based on whether an objectively reasonable person, not receiving HCBS services, would potentially receive criminal charges. When in doubt, contact ABLED Administration.

Missing Person(s)

A reportable incident in this category is when a participant is not at a location or service, unexpectedly or without prior authorizations, and is gone more than 30 minutes or what is outlined in their safety plan decided by the team.

PRN Psychotropic Medication Usage

A reportable incident in this category is any administration of prescribed psychotropic medication on a PRN (as needed) basis used as a last resort method when all other behavioral interventions have been ineffective.

Property Damage

A reportable incident in this category is any physical destruction or damage to items, furniture, or the physical structure of a building or damage to property of a total estimated value of \$150 inflicted by a participant regardless of the participant's ability to understand the value of the damage.



This is only a reportable incident when property damage is not tracked or addressed through other means such as a behavior support plan.

Suicide Attempts

A reportable incident in this category is any event in which the participant harms themselves with the intent and means to end their life. Incidents of self-harm without the intent or means of suicide will not be captured in this event type.

Swallowing Inedibles

A reportable incident in this category is any incident in which a participant swallows an item that is not fit or suitable for eating. For example, an item such as coins, batteries, plastic, etc.

Unplanned Hospitalization, Emergency Room, or Urgent Care Facility

A reportable incident in this category is when a participant is admitted to a hospital or seen at an emergency room or urgent care facility for any medical or psychiatric reason.

When a participant is admitted to a hospital, and then transferred and admitted to another hospital, the second hospital admission does not need to be reported in an additional incident report. The transfer should be documented in the follow-up section of the original incident report.

Reporting is not required when the participant is seen by a physician to get a prescription for over-the-counter (OTC) medication, such as OTC cold or allergy medication.

Use of Emergency Safety Intervention

A reportable incident in this category is any physical contact that restricts, or is meant to restrict, the movement or normal functioning of a participant as an immediate response to an emergency safety situation.

Emergency safety situations are unanticipated behavior by a participant that places the participant or others at serious threat of violence or injury when no intervention occurs.

The use of emergency safety intervention is always reportable, regardless of whether it is an approved intervention in the participant's plan.

Vehicle Accident

A reportable incident in this category is any unintended collision of one motor vehicle with another, a stationary object, or person impacting a participant, either as a result of riding in the vehicle or being hit by a vehicle that results in an adverse outcome to the participant.

VII. Low Notification Level Events

Low notification level events are not reportable to DHHS but are still utilized by ABLED, Inc. for the internal tracking of the following purposes:

- For recurring behaviors that have not been previously identified in a participant's ISP.
- For non-reportable events that are not tracked in the Behavior Tracker.
- For non-reportable events that the team should be aware of.

VIII. Incident Follow Up

A follow up must be completed for every reportable incident according to DHHS requirements. The follow up must be submitted in writing to DHHS-DD within 14 days of the submission of the initial GER. When incident follow-up is complete, the participant's Service Coordinator must be notified by SComm.

The purpose of incident follow-up is to;

- Increase positive outcomes for participants supported.
- Assess whether supports and services were being provided as required immediately before, during and after the incident.
- Determine whether any further action should be taken to ensure the safety of the participant and others or reduce the frequency and severity of reportable incidents over time.

The provider may assign a designated staff to be responsible for incident follow-up. This person is called "the investigator". The investigator should review the incident and action taken to confirm the provider's actions immediately after the incident were adequate to protect the participant and others.

Initial Review

An initial review is completed for all reportable incidents, regardless of type or severity.

Full Investigation

A full investigation is required:

- For all reported incidents in the following categories:
 - Participant deaths;
 - Situations that adversely affect the physical or emotional well-being of an individual served;
 - Incidents of suspected or alleged abuse, neglect, or exploitation; and
 - Emergency safety situations that require the use of emergency safety interventions
 - Use of prohibited practices; or
- When the initial review indicates:
 - A full investigation is needed to ensure the safety of the participant or others due to the circumstances or severity of the incident;



- Staff involved did not follow applicable laws, regulations, requirements, agency policies, or the participant's ISP, and the incident may have been prevented had the staff followed all policies and requirements as written; or
- Staff did not follow applicable laws, regulations, requirements, agency policies, or the participant's ISP, and the initial review indicates it is not an isolated occurrence; or
- When directed to complete a full investigation by the participant's team or DHHS-DD immediately following the incident or upon reviewing the summary of the initial review.

Full Investigation Requirements include;

- Complete all initial review requirements;
- Interview all staff involved in the incident;
- Interview all staff who witnessed the incident or others who may have relevant information;
- Interview the participant(s) involved in the incident, unless the ISP team has determined that it may be potentially traumatic or result in a behavioral episode to interview them;
- Review all potentially relevant documentation, including but not limited to:

Follow Up Questions

- Is the information in the GER complete and accurate?
- Were all applicable laws, regulations, waiver requirements, and DHHS-DD policies followed?
- Were all agency policies and procedures followed?
- Was the participant's Individual Support Plan (ISP) followed?
- Are all the participant's needs and risks adequately addressed by the supports in the current ISP? When not adequately addressed, did this contribute to the incident?
- Are there any patterns or trends of similar incidents over the past six months?
- Was any action taken at the time the incident occurred to maintain the safety and well-being of the participant?

Recommendations

The investigator must make recommendations to address all identified concerns or contributing factors discovered during the course of the incident follow-up. When recommendations are completed, the provider must upload evidence of completion to the supporting documentation section of the GER Resolution.

Documentation

Written documentation may include;

- All information gathered, through review of documentation and interviews, which is not already documented in the GER;
- A summary of the review of the follow-up questions and any concerns identified;
- Any other issues identified during the course of incident follow-up; and



- Recommendations for addressing all concerns identified.