NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

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DEPT. OF HEALTH AND HUMAN SERVICES

Incident Reporting & GER Guide

Updated January 2021

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Introduction

The instructions in this guide are for **all providers of Medicaid Home and Community-Based (HCBS) developmental disabilities (DD) waiver services** (both agency and independent) unless otherwise stated. This guide outlines who is responsible for reporting incidents and timelines for required reporting, defines reportable incidents, and describes how incident information should be entered in Therap.

This guide only covers incidents that must be reported to the Division of Developmental Disabilities (DDD) in Therap via a General Event Report (GER) with **high** notification level.

- A provider may choose to document/track incidents that are not reportable to DDD in Therap using GERs with medium and low notification level for internal use, but this is not required.

This guide outlines DDD expectations for submission of GERs, but does not give instructions for access and use of the GER module in Therap. Therap user guides and training courses are available on the Therap Help and Support site.

In this guide, "provider" means an independent provider or an employee or contractor of an agency provider unless otherwise specified.

Responsibility for Reporting Incidents

The independent or agency provider delivering a service to the participant at the time the reportable incident occurs is responsible for completing all reporting requirements.

- When a provider discovers that a reportable incident occurred while a different provider was supporting a participant, the provider who learned of the incident must notify the provider who was delivering services at the time of the incident, so that the responsible provider may complete reporting requirements.
- For example, Tom returns to his group home, which is operated by Provider A, and reports to group home staff that he has a bruise because a peer hit him while at day services operated by Provider B. Provider A is not responsible for completing a report, because the incident did not occur while they were delivering services, but must notify Provider B of the information given by Tom, so that Provider B can complete required reporting.

When an incident occurs at a time when no services are being delivered to the participant, it is **not reportable** and a GER is not needed.

- When a provider learns a serious incident has occurred during a time when no services were being delivered, the provider should notify the participant's service coordinator, so any needed follow-up by the ISP team can be arranged, but a GER should not be completed.
- When a provider learns a participant has died during a time when the provider was not delivering services, a GER is not required, but a Notification of Death form must be completed by the provider as outlined in Provider Bulletin 18-02.
- When a provider learns that abuse, neglect, or exploitation of a participant may have occurred during a time when the provider was not delivering services, a GER is not required, but the provider must still report the suspected abuse/neglect/exploitation to the DHHS Abuse and Neglect Hotline or law enforcement (see contact information on page 3).

Reporting and Notification Requirements

It is required that **all** reportable incidents listed in this guide be reported to DDD and that other people be notified that an incident occurred. The chart below lists the required reports and notifications, required timelines, and how the reports and notifications must be made.

When reports to DDD are not made as outlined in the chart, the provider is not in compliance with reporting requirements outlined in state regulation.

Required Notification/ Report	How Notification/Report is Completed	Required Timeframe for Notification/Report
Verbal report to DDD made to the participant's Service Coordinator (SC)	Phone call/voicemail ***If unable to reach SC by phone **and** unable to leave voicemail, notification can be made by secure email or SCOMM in Therap.* ***Do **not** use text messages, as it is not secure communication.*	As soon as possible upon observing/discovering the incident, after the incident has concluded and any immediate safety risks are resolved.
Verbal notification to the participant's guardian(s) ***Not applicable when participant has no guardian.* ***When there are multiple guardians, at least 1 guardian must be notified and provider must attempt to notify all guardians.*	Phone call/voicemail ***When the provider cannot reach the guardian, a voicemail is sufficient to meet notification requirements.* ***When the provider cannot reach/leave a voicemail for the guardian, all attempts are recorded in the GER.*	*Preferred:* As soon as possible upon observing/discovering the incident *Required:* Within 24 hours of the verbal report to the SC
Verbal notification to the participant ***Not applicable when the participant was present or is aware of the incident.*	In person **Document any contact/non-contact within the GER.	*Preferred:* As soon as possible upon observing/discovering the incident *Required:* Within 24 hours of the verbal report to the SC
Written report to DDD	GER **submitted** in Therap with **HIGH** notification level	Within 24 hours of the verbal report to the SC
	Submitted GER **approved** in Therap	Within 72 hours of GER submission

When making the verbal report to the participant's Service Coordinator, the provider must give **all** the following information:

- Name of person making the verbal report and provider agency they works for (when applicable)
- Participant name
- The type of incident being reported
- Brief summary of the incident
- Brief summary of any action taken immediately to ensure the safety of the participant or others

When an incident involves suspected or alleged **abuse, neglect, or exploitation**, the provider must **immediately report** the incident to **law enforcement** or the **DHHS Children and Family Services Abuse and Neglect Hotline** at:

1-800-652-1999

The hotline is toll-free and is available 24 hours a day, 7 days a week.

All providers of DD services are *mandatory* reporters of abuse, neglect, and exploitation.

Defining Reportable Incidents

DDD defines **reportable incidents** as any incident, injury, or illness in the following categories:

- Acute, episodic illness or change in medical condition requiring medical attention by a physician.
- Allegation or suspicion of abuse, neglect, or exploitation of a child or a vulnerable adult.
- Behavioral episodes resulting in use of emergency safety intervention (ESI) or PRN psychotropic medication use, injury or potential for injury of the participant or others, or damage to property of total value of $150 or greater.
- Death of a participant.
- Hospitalization of a participant.
- Incidents of choking.
- Infestations, such as bed bugs, lice, or scabies.
- Injury of unknown origin raising suspicion of abuse or neglect.
- Injury or displacement as a result of fire, flood, or other similar emergency or natural disaster.
- Injury requiring medical attention by a physician.
- Injury resulting from a fall.
- Injury resulting from use of restraint.
- Law enforcement contact or possible criminal activity by a participant or by a staff person suspected of criminal activity toward a participant.
- Medication errors resulting in injury, serious illness, or hospitalization.
- Participant leaving provider supervision or a participant being identified as a missing person.
- Seizure that lasts over five minutes or over the timeframe set by the participant's physician, or which requires treatment at an urgent care center, emergency room, or hospital.
- Use of an emergency room or urgent care facility for treatment.
- Use of emergency safety intervention.
- Use of PRN psychotropic medication.
- Use of prohibited practices for any reason.

Unsure of whether an incident is reportable?
It is appropriate to err on the side of caution, and **submit a GER for agency provider management to review and make a determination.**

In this section, each incident category is further defined, and types of illness/injury/incident which must be reported within these categories are specified.

For some incident categories related to illness and injury, there are specific illnesses, injuries, or changes in condition that DDD requires to be reported, regardless of whether medical treatment is received or other circumstances. **These criteria are only given as direction for incident reporting.** *DDD does not make any recommendation for when a participant should or should not be supported to seek medical attention for an injury, illness, or change in condition.*

Beginning in March 2020, DDD published additional reporting requirements for incidents related to the COVID-19/novel coronavirus pandemic.

These additional requirements can be found in Appendix C of this guide. The additional requirements will remain in effect until DDD determines that supplemental reporting related to the pandemic is no longer needed.

Acute Illness or Change in Condition Requiring Medical Attention

A reportable incident in this category is any *severe, episodic* (not chronic) illness **or** change in medical condition of sufficient severity to require assessment or treatment from a physician, regardless of whether medical attention was received.

The provider must determine whether the severity of an illness or change in condition meets this criteria based on whether an objectively reasonable person, not receiving DD services, would seek assessment or treatment from a medical professional.

Some 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:

- Fever – when fever is 103°F or above or fever of 101°F or higher lasts three or more days.
- Vomiting – when unable to keep any food/fluid/medication down for 24 hours or when able to keep some food/fluid/medication down but vomiting persists over the course of three days.
- Loss of consciousness – for any length of time and for any reason.
- Constipation – when participant has had no BM in four days (unless a different timeline is specified by a physician already treating the participant for constipation; then use the timeline given by the physician).
    - This does not apply when participant uses the toilet independently and provider is unaware of the participant's bowel movements.

Reporting is **not** required for:

- An illness or change in condition which is commonly treated with over-the-counter (OTC) medication or which is minor in nature. For example, when a participant has a common cold, this would likely not require reporting, unless their condition worsened or lasted for a prolonged period of time.
    - Reporting is not required when the participant is seen by a physician to get a prescription for OTC medication, such as OTC cold or allergy medication, as an objectively reasonable person, not receiving DD services, would not typically see a physician for this type of illness.
    - However, when the participant is seen by a physician for what appears to be a minor illness but is prescribed a medication which cannot be obtained over-the-counter, such as antibiotics, this *is* reportable.
- Routine/planned check-ups or follow-up related to existing illness or chronic medical conditions.
    - This is different from unplanned medical appointments due to worsening of symptoms or change in condition related to a chronic medical condition, which are reportable.

Definitions of illness and change in condition can be found in Appendix B.

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

A reportable incident in this category is 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**.

When a participant communicates they may have experienced or witnessed abuse/neglect/exploitation, it may be necessary to review the participant's statement to determine whether it is an allegation that requires reporting. When this occurs:

- A verbal notification that a reportable incident has occurred must be made to the SC immediately.
- The provider should take immediate action to determine whether the participant's statement constitutes a reportable allegation. This may include:
    - Interview of the participant for more information
    - Review of available documentation

- Interview of others present, such as staff and peers

- When it is determined the participant's statement is not a reportable allegation, a second call to the SC should be made to notify them that a reportable incident did not actually occur, and no GER will be submitted.
- When the provider determines the participant's statement is a reportable allegation, the rest of the incident reporting process must be followed, including notification of law enforcement or the Abuse/Neglect Hotline and submission of the GER within 24 hours of the verbal report.

Any behavior by a participant toward another participant, which meets the definition of abuse, neglect, or exploitation, must be reported as such.

- When it is suspected that a participant has committed abuse, neglect, or exploitation against another participant, the abuse, neglect, or exploitation is reportable for the **victim** in this category.
- The actions of a participant who may have committed abuse, neglect, or exploitation are **not** reportable in this category. This is reportable in other categories, such as possible criminal activity or law enforcement contact.
- For example, Tom and Sue are participants receiving services at a provider day site. Tom threatens and intimidates Sue so she will give him $10. This is exploitation. Staff discover the situation and contact the abuse and neglect hotline. Sue would have a GER for allegation or suspicion of abuse, neglect, or exploitation, and Tom would have a GER for possible criminal activity or law enforcement contact.

The definitions of abuse, neglect, and exploitation should be carefully reviewed to ensure the incident being reported meets statutory definitions of abuse, neglect, or exploitation. Incidents, which clearly do not meet these definitions, must not be reported in this category. For example:

- The statutory definition of abuse of a vulnerable adult is not met if a participant is not injured. For example, an incident in which one adult participant displays verbal aggression towards another adult participant is not reportable in this category, as no one was injured.

Definitions of abuse, neglect, exploitation, suspicion, and allegation can be found in Appendix B.

Behavioral Episode

A reportable incident in this category is a participant having an episode of disruptive, disorganized, agitated, or aggressive behavior that is maladaptive in nature and of such severity that the episode results in:

- Use of any emergency safety intervention;
- Administration of PRN psychotropic medication;
- Damage to property with a total value of $150 or greater; or
- Injury or *likelihood* of injury to the participant or others:

    - **Any** injury, regardless of severity, or behavior *likely* to result in injury.
    - For example, a participant punches a wall during a behavioral episode, resulting in a scrape on their knuckles requiring basic first aid. This is reportable as the behavioral episode resulted in injury, even though the injury is minor.
    - An example of behavior *likely* to cause injury is when a participant hits staff in the face with a closed fist. This behavior is likely to result in injury, even when the staff does not have a bruised face as a result. On the other hand, slapping a person on the arm is an injury that is very unlikely to result in injury.

This category *only* includes reporting of the **behavioral episode** severe enough that one of the criteria listed above is met. When an incident also meets criteria to be reported for other categories (such as use of ESI or law enforcement contact), each separate event must be documented individually in the GER. Instructions for doing so can be found in the General Instructions and Frequently Asked Questions section of this guide.

- For example, a participant has a behavioral episode where the participant damaged $300 in property, ESI was used, and the participant had a cut, which required stitches from a physician at an urgent care center. It would not be adequate to just document the behavioral episode or the use of ESI in the GER. The behavioral episode, ESI, urgent care visit, and injury requiring treatment from a physician must *all* be documented as separate events within the same GER.

Definitions of emergency safety intervention, PRN psychotropic medication, injury, and property damage can be found in Appendix B.

Death of a Participant

A reportable incident in this category is the death of a participant, regardless of cause.

Hospitalization of a Participant

A reportable incident in this category is when a participant is **admitted** to a hospital for any reason, including planned admissions, treatment, testing, surgery, or observation.

When a participant is seen at a hospital on an outpatient basis, but is not admitted, it is not reportable in this category (but may be reportable in another category).

When a participant is admitted to a hospital, and then is 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 incident report for the original hospitalization.

Incidents of Choking

A reportable incident in this category is any incident in which a participant is choking.

Choking is an airway obstruction in which the airway is blocked by a foreign item or substance, typically due to inhalation or ingestion of food/fluids or an inedible item. An airway obstruction is a blockage of an airway that prevents normal breathing.

- When a person is able to cough, their airway is not fully obstructed. Therefore, an incident where a participant gets food/fluids/inedible objects in their airway but is able to cough is *not* a reportable incident.

Airway obstruction *not* caused by choking on food/fluid or an inedible item is also *not* reportable in this category (such as airway obstruction caused by having an asthma attack or allergic reaction, which may be reportable as an change in condition requiring medical treatment).

This category does *not* include incidents where a participant is strangled or “choked” by another person placing their hands around the participant’s neck (which may be reportable as abuse, law violation, or behavioral episode resulting in injury).

Infestations

A reportable incident in this category is any incident in which a participant has **evidence on their person** that **their body, residence, or workspace is infested** with insects (such as lice, fleas, or bed bugs) or arachnids (such as mites or scabies).

Evidence 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.

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.

Injury of Unknown Origin Raising Suspicion of Abuse or Neglect

A reportable incident in this category is an injury:

- When the origin of the injury is unknown; ***and***
- Which raises suspicion of abuse or neglect due to the size, type, location, placement, pattern, or circumstances of the injury.

Even minor injuries (such as bruises, scrapes, or minor cuts) requiring no medical treatment must be reported when the origin of the injury is unknown *and* the injury raises any suspicion of abuse or neglect.

Injuries that raise suspicion of abuse or neglect may include, but are not limited to:

- Injuries which were not observed and cannot be explained by the participant;
- Injuries where the explanation (from the participant or other people) is inconsistent with the size, type, location, pattern, or severity of the injury;
- Injuries to a participant that are not consistent with their means of mobility;
- Bruises in areas less likely to be accidentally bruised, such as the face (except for forehead), neck, back, abdomen, arms, buttocks, ears, and hands;
- Multiple bruises of uniform shape or appearing in clusters;
- Injuries carrying a clear imprint of a hand or implement;
- Human bite marks in areas that could not have been caused by self-injurious behavior or to a participant with no history of biting them self as self-injurious behavior;
- Cuts or abrasions on areas typically protected by clothing (such as back, chest, abdomen, genitals);
- Injury to genitals or anus with no related medical cause; and
- Patterns of similar injuries over time for which a cause cannot be determined.

A definition of injury can be found in Appendix B.

Injury or Displacement Due to Fire, Flood, or Similar Emergency

A reportable incident in this category is:

- Any injury **caused by** a fire, flood, severe weather, or other emergency or natural disaster, regardless of severity.
    - This does *not* include injuries occurring *during* an emergency or natural disaster, only injuries *caused by* the emergency or natural disaster.
    - For example, when a participant is hit by flying debris or struck by lightning, their injury is *caused by* the severe weather, so would be in this category.
    - However, when a participant is running to the tornado shelter during severe weather, falls, and is injured, this is *not* reported in this category.
- Any displacement of a participant from a site where DD services are usually provided when displacement is caused by a fire, flood, severe weather, or other emergency or natural disaster for one full day, one overnight period, or longer.
    - This does *not* include situations in which a participant cannot go to a site due to weather conditions or other unsafe circumstances, but the site itself is not unsafe/damaged in any way.

Definitions of injury and displacement can be found in Appendix B.

Injury Requiring Medical Attention

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 actually sought or where medical attention was received.

Providers must assess whether the severity of an injury meets this criteria, based whether an objectively reasonable person, not receiving DD services, would seek assessment or treatment from a physician. When in doubt, it is appropriate to err on the side of caution and report the incident.

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;
- Burns – 3rd degree;
- Attempted suicide – participant causes actual harm to them self with the intention of causing death; and
- Near drowning.

A definition of injury can be found in Appendix B.

Injury Resulting From a Fall

A reportable incident in this category is any injury caused by a fall, regardless of severity. Even a minor injury (such as a bruise, scrape, or minor cut) requiring no medical treatment must be reported when it results from a fall.

Definitions of fall and injury can be found in Appendix B.

Injury Resulting From Use of Restraint

Reportable incidents in this category are defined as ***any*** injury caused by the use of physical or mechanical restraint, regardless of severity. Even minor injuries (such as bruises, scrapes, or minor cuts) requiring no medical treatment must be reported when they result from use of restraint.

- This includes injuries caused by either emergency safety intervention (ESI) and prohibited use of restraint.

Definitions of injury, physical restraint, and mechanical restraint can be found in Appendix B.

Law Enforcement Contact or Possible Criminal Activity

A reportable incident in this category is when:

- A participant has engaged in possible criminal activity or when law enforcement contacts a participant **due to the participant's actions or behavior**; or
- A provider or agency employee or contractor engages in possible criminal activity **toward a participant**, or law enforcement contacts a provider/staff member **due to their actions or behavior toward a participant**.

Definitions of possible criminal activity and law enforcement contact can be found in Appendix B.

Medication Errors Resulting in Serious Illness, Injury, or Hospitalization

A reportable incident in this category is a medication error by an independent provider, agency provider employee or contractor, or participant resulting in any illness, injury, or change in condition requiring:

- Assessment or treatment from a physician, urgent care facility, or emergency room;
- Assessment, treatment, or transportation from emergency medical services (EMS); or
- Admission to a hospital for assessment or treatment.

A medication error is a preventable mistake in the administration of medication with the potential to cause harm to a person. Types of errors include administration of medication in a manner inconsistent with instruction from the prescribing physician (for example, wrong dose, time, person, route, or medication), failing to administer needed medication, or administration of prescribed PRN (as needed) or over-the-counter (OTC) medication causing interaction with prescribed medications.

Definitions of injury, illness, and change in condition can be found in Appendix B.

Participant Leaving Supervision or Being Identified as a Missing Person

A reportable incident in this category is when:

- A participant leaves the provider's supervision or leaves the site where the provider is present, intentionally or unintentionally, during a time when the participant's ISP states:
    - They requires supervision; or
    - They requires staff presence/does not have alone time;
- A participant leaves an area/location where the participant is expected to be at a given time; or
- A participant is missing, meaning their whereabouts are unknown and cannot be determined.

Seizure Activity

A reportable incident in this category is when a participant experiences seizure activity:

- Lasting longer than five minutes, unless the participant's physician has set a different timeframe to determine when a seizure is cause for concern;
- Lasting longer than the timeframe set by the participant's physician, when applicable; or
- Causing the participant to require or seek medical attention at an urgent care center, emergency room, or hospital.

When the provider does not observe the beginning of a seizure and cannot accurately determine how long the seizure lasts, the seizure is reportable.

A definition of seizure activity can be found in Appendix B.

Use of Emergency Room or Urgent Care Facility

A reportable incident in this category is when a participant is:

- Assessed or treated in an emergency room for any reason, including any illness, injury, or behavior/mental health crisis; or
- Assessed or treated in an urgent care facility for any reason, including any illness, injury, or behavior/mental health crisis, because they could not wait to see their primary physician due to the severity of their condition.

Reporting is required regardless of whether a participant receives treatment or is admitted to a hospital as a result of going to an ER or urgent care facility.

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** use of emergency safety intervention.

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

Emergency safety intervention is use of physical restraint or separation as an immediate response to an emergency safety situation.

Definitions of physical restraint, emergency safety situation, and separation can be found in Appendix B.

Use of PRN Psychotropic Medication

A reportable incident in this category is any administration of prescribed psychotropic medication on a PRN (as needed) basis.

A definition of psychotropic medication can be found in Appendix B.

Use of Prohibited Practices

A reportable incident in this category is any use of a prohibited practice.

Prohibited practices are:

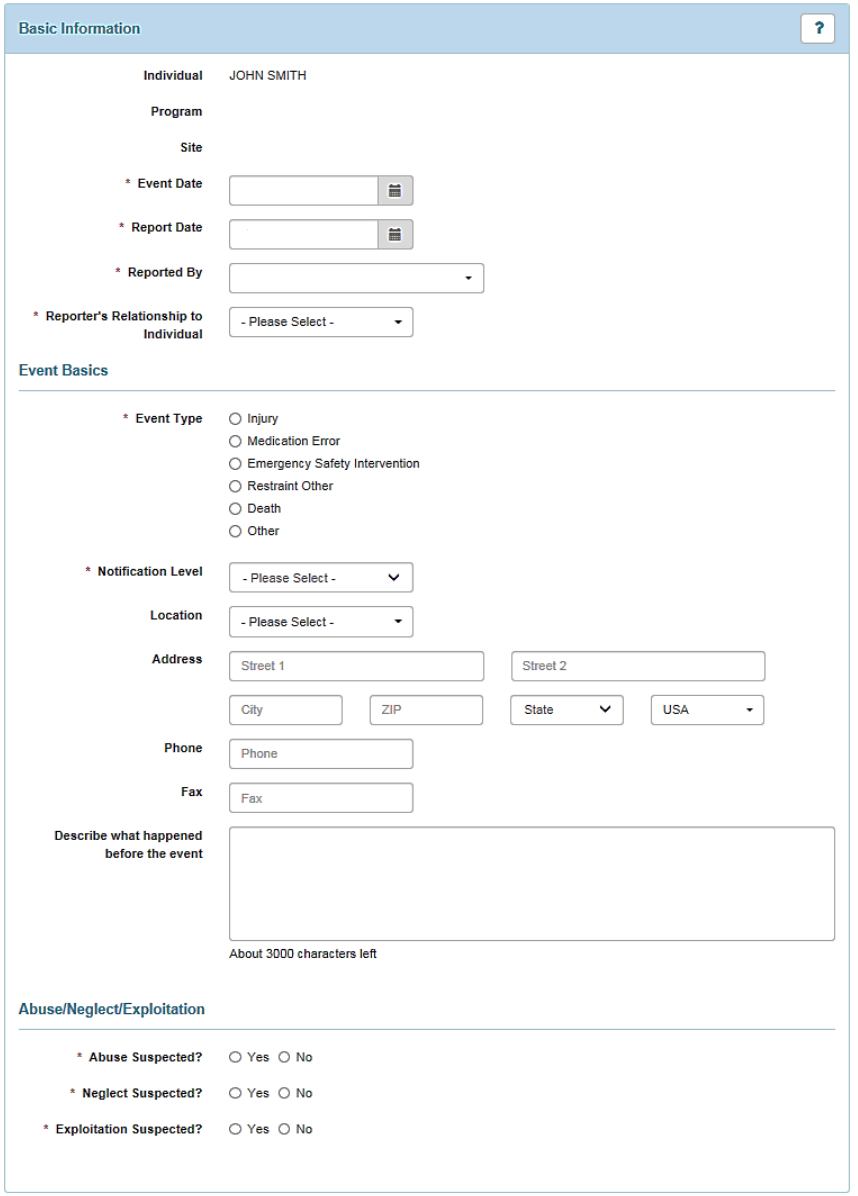
- Mechanical restraint;
- Physical restraint, except when used as emergency safety intervention;
- Chemical restraint;
- Aversive stimuli;
- Corporal punishment;
- Discipline;
- Seclusion;
- Verbal abuse;
- Emotional abuse;
- Denial of basic needs; and
- Implementation of an intervention by a participant.

Definitions of all prohibited practices can be found in Appendix B.

Guidelines for Completing GERs

Basic Information

- *Event Date* is the date the incident **occurred**.
  - When the incident involves a medication error resulting in serious illness or injury, and the illness/injury was caused by a series of medication errors over two or more days, the *Event Date* is the date the participant became ill/injured, *not* the first date of error.
- *Report Date* will auto-fill with the date the GER is entered. This must not be changed. The *Report Date* and submission date for the GER must match.
- *Reported By* will auto-fill with the name of the person entering the GER. This must not be changed. The *Reported By* field must be the person making the report to DDD by submitting the GER.
- *Event Type* is determined based on the category of incident being reported according to the chart in Appendix A.
  - Incidents **must be** categorized exactly as outlined in the chart.
- **The *Notification Level* must be HIGH for all incidents designated as reportable to DDD.**
  - High notification level **cannot** be used for documenting incidents that are not reportable to DDD as defined in this guide.
- *Location* must be filled out, including the physical address where the incident occurred.
  - Phone and fax information for the location is not required.
- *Describe What Happened Before the Event* must include a summary of what the participant, staff, and any other peers involved in the incident were doing before the start of the incident.
  - **This section cannot contain the same information as the event summary.**
- *Abuse/Neglect/Exploitation Suspected* questions must always be completed. When reporting an allegation or suspicion of abuse, neglect, or exploitation, one of these must be marked *Yes.*

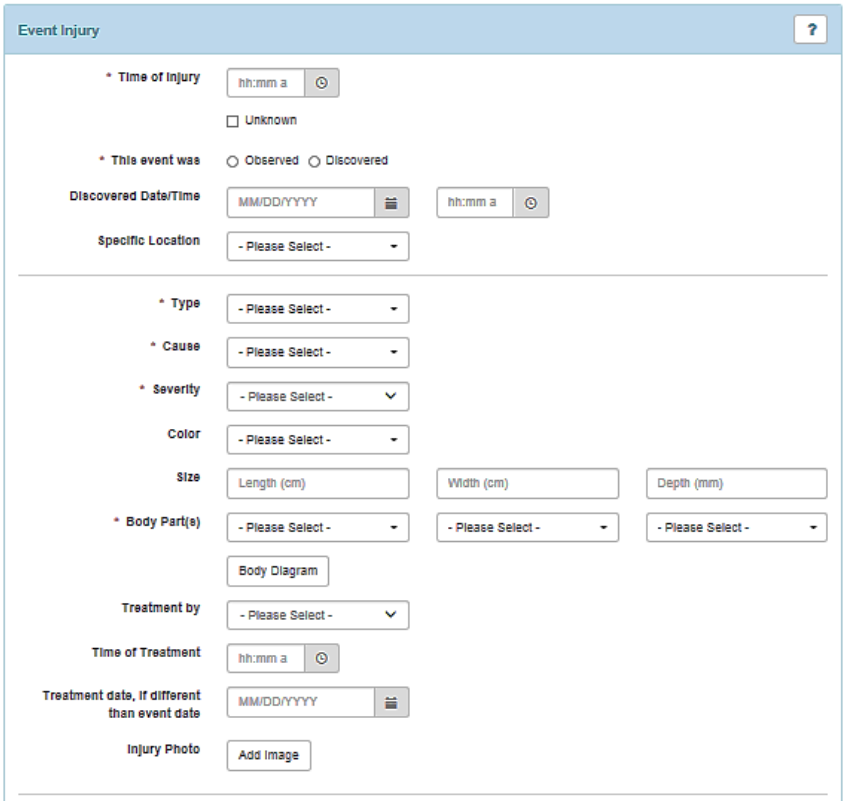


Event Information

There is a different *Event Information* form for each event type (Injury, Medication Error, Emergency Safety Intervention, Restraint Other, Death, and Other). There are different instructions for completing each type of form.

Event Injury Information

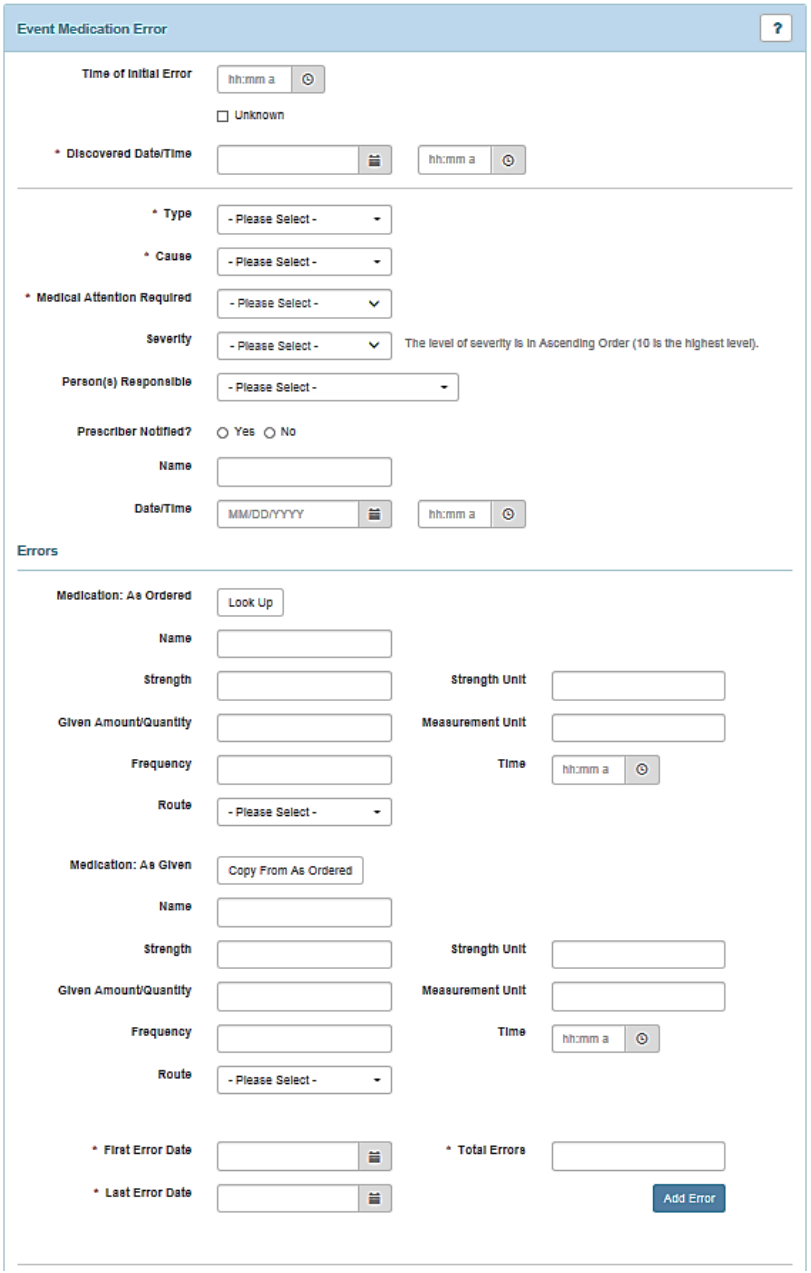
- *Time of Injury* is the time the injury occurred. When the injury was not observed, *Unknown* should be marked.
- The GER must document whether the injury was observed or discovered.
    - Observed means the provider directly witnessed the participant being injured.
    - Discovered means the injury was not witnessed at the time it happened and was found at a later time or reported by the participant.
- *Discovered Date/Time* is the time the provider discovered the injury, when it was not observed. When the injury was discovered, the *Discovered Date/Time* **must** be completed.
- *Type* is the type of injury, such as a bruise, cut, or fracture.
    - Some incidents **must** be entered with a specific *Type*. When a specific *Type* is required, it is specified in the chart in Appendix A.
    - When no *Type* is specified for a category, select the *Type* that most closely matches the injury.
- *Cause* is the cause of the injury to the participant.
    - Some incidents **must** be entered with a specific *Cause*. When a specific *Cause* is required, it is specified in the chart in Appendix A.
    - When no *Cause* is specified for a category, select the *Cause* that most closely matches the injury.
- *Severity* documents the severity of the injury, based on the care required to address the injury. The following criteria must be used to document the severity of the injury:
    - Very Minor – No care needed
    - Minor – First aid or nursing care
    - Moderate – Assessment/treatment from a physician
    - Severe – Emergency room treatment or hospitalization
    - Death – Injury results in participant's death



- *Treatment By, Time of Treatment,* and *Treatment Date* must be completed when **any** treatment is provided. Mark the highest level of treatment the participant received.

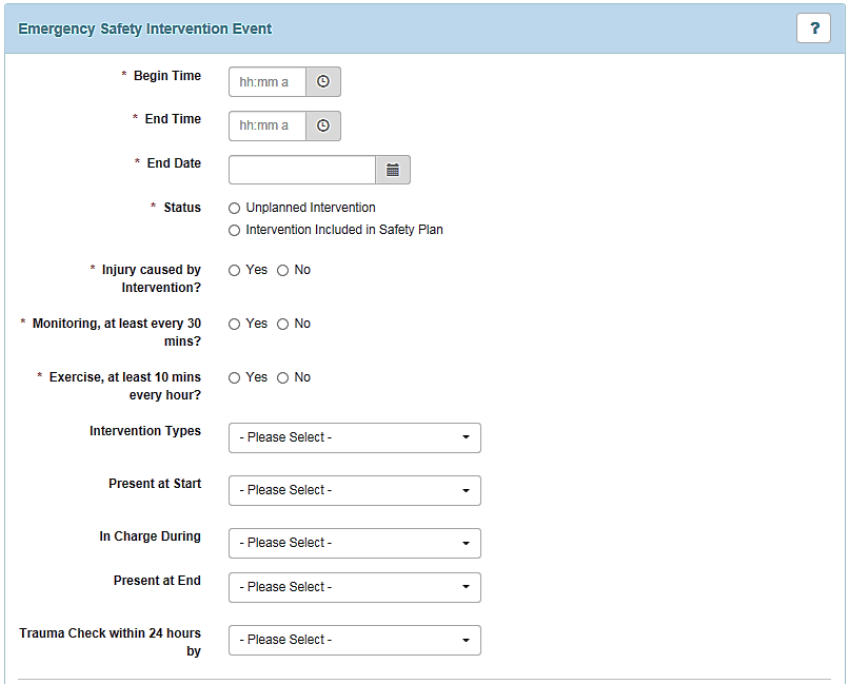
Event Medication Error Information

- *Discovered Date/Time* is when the **illness or injury caused by the medication error** was discovered.
- *Type* is the type of error. Only the following types should be used:
  - Omission (medication was forgotten or refused)
  - Wrong Dose
  - Wrong Individual
  - Wrong Medication
  - Wrong Route
  - Wrong Time
- *Cause* is the reason the medication error occurred. Mark the option that most closely fits the circumstances of the error. When *Other* is marked, a box for further description appears and must be completed.
- *Medical Attention Required* is how the medication error was addressed. Only the following medical attention types should be used when the medication error is reportable in a high GER:
  - Immediate Physician Visit
  - Immediate Emergency Room Visit
- *Person(s) Responsible* must be completed and should list all staff responsible for the medication error. When the participant is responsible for the medication error, mark *Other* and enter the participant's name.
- *Errors* section must be completed in its entirety.
  - This section should only list the medication error(s) that directly contributed to the serious illness or injury.
  - *Medication: As Ordered* and *Medication: As Given* show differences corresponding with the type of error marked.
    - For example, when the wrong dose of medication was given, the *Strength*, *Strength Unit*, or *Given Amount/Quantity* in *As Ordered* is different from *As Given*.
  - *First Error Date*, *Last Error Date*, and *Total Errors* are the actual dates of the medication error(s) and number of errors that led to the reportable incident.
    - When the serious illness/injury was caused by a single error, *First Error Date* and *Last Error Date* are the same and the *Total Errors* is one.
    - When several errors led to the reportable incident, the *First Error Date* is the date of the first error and *Last Error Date* is the date the errors were discovered. *Total Errors* is the number of all errors between the dates.
    - Do not include errors that led to illness in the past. Each episode of illness caused by medication error is documented independently.



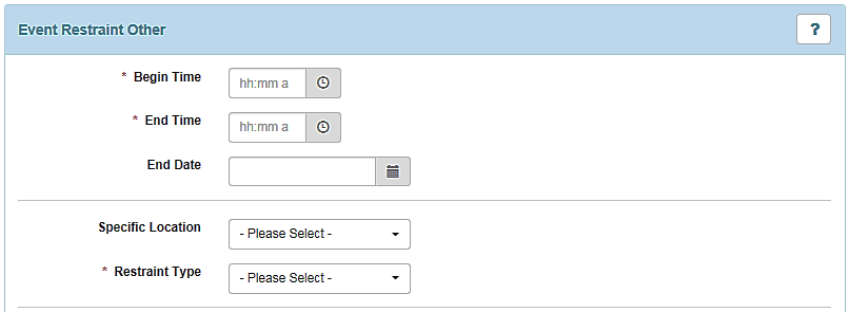
Event Emergency Safety Intervention Information

- *Begin Time* is the beginning time of the emergency safety intervention on the date used.
- *End Time* and *End Date* are the date and time the ESI ended.
    - When use of ESI is not identified as a reportable incident at the time it is used, *End Time* and *End Date* are when the ESI was **discovered**. When ESI is identified as reportable at the time it is used, this is the date and time the ESI ended.
- *Status* is whether the ESI is approved in the participant's ISP.
    - *Intervention Included in the Safety Plan* is marked when the use of ESI is approved in the participant's safety plan **and** is documented as an approved rights restriction in the ISP.
    - *Unplanned Intervention* is marked when the use of ESI is not approved in the participant's safety plan **and** documented as an approved rights restriction in the participant's ISP.
- *Intervention Types* lists types of physical intervention used as ESI.
    - When the intervention used does not match exactly with any listed option, mark the closest corresponding option, and provide further explanation in the *Summary*.
- *Present at Start, In Charge During,* and *Present at End* must list all agency provider employees or contractors, or independent providers who were present and in charge at any point during the ESI.



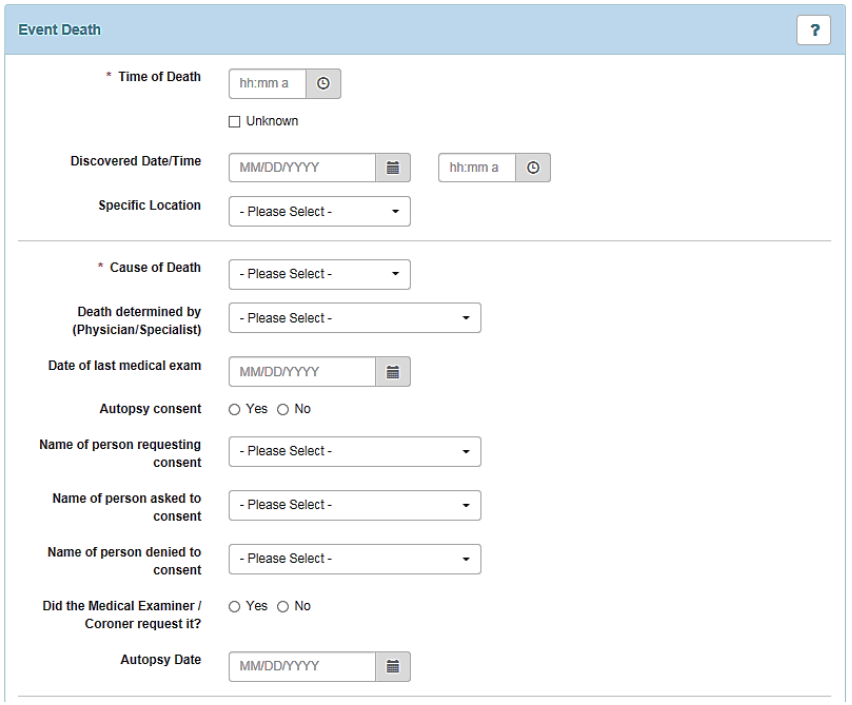
Event Restraint Other Information

- *Begin Time* is the beginning time on the date the incident started.
- *End Time* and *End Date* are the date and time the use of restraint or other prohibited practice stopped.
    - When the restraint is not identified as a reportable incident at the time it is used, *End Time* and *End Date* are when the restraint or other prohibited practice was **discovered**.
- *Restraint Type* is marked as specified in the chart in Appendix A.



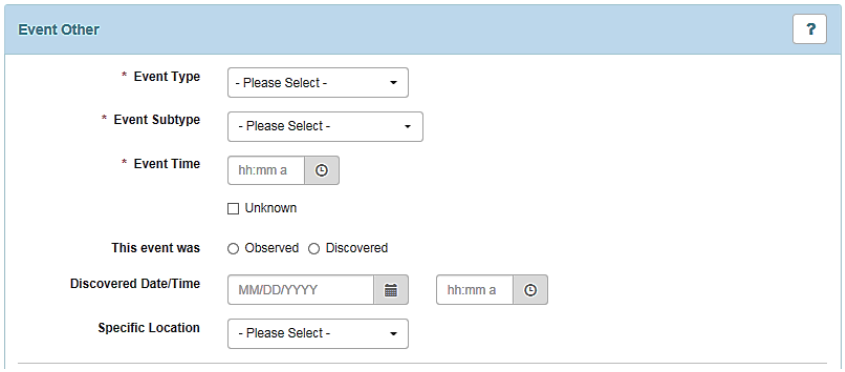
Event Death Information

- *Time of Death* is the specific time of death determined by a medical professional.
    - *Unknown* should be marked when the exact time of death is not known at the time of GER submission/approval. When an approximate time of death is known, this should be included in the *Summary* section.
- *Discovered Date/Time* is the date and time the provider learned of the participant's death.
- *Cause of Death* is the cause of the participant's death as determined by a medical professional.
    - The option that most closely matches the cause of death should be marked. When *Other* is marked, a box for further description appears and must be completed.
    - *Unknown* should be marked when the cause of death is unknown at the time of GER submission. GER submission should not be delayed to wait for information about the cause of death.
- *Death Determined By* must be completed. When *Other* is marked, a box for further description appears and must be completed.
- *Date of Last Medical Exam* is completed when the date of the participant's last medical exam is known.
    - This field must be completed when the provider submitting the GER is also responsible for the participant's medical care.
- Autopsy information can be completed when known.
    - The autopsy fields may be left blank when the provider does not have information at the time the GER is submitted/approved.



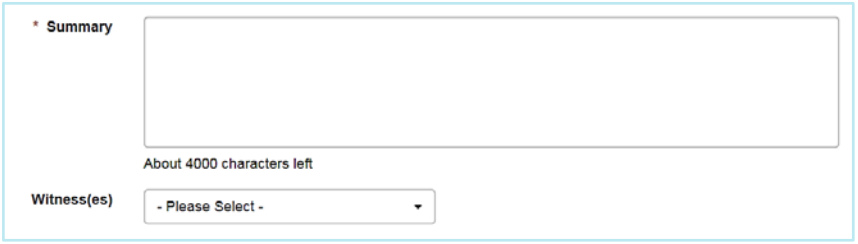
Event Other Information

- *Event Type* is the type of event that occurred. This must be marked exactly as specified in the chart in Appendix A. Event types not specified in the chart cannot be used in a high GER.
- When some *Event Types* are marked, an *Event Subtype* field appears. *Event Subtype* must also be marked as specified in the chart in Appendix A, when applicable.
  - When no *Event Subtype* is specified, choose the option that most closely matches the incident being reported.
- *Event Time* is the time the incident occurred. When the incident was not observed, *Unknown* should be marked.
- The GER must document whether the incident was observed or discovered.
  - Observed means that the provider directly witnessed the incident.
  - Discovered means that the incident was not witnessed at the time it happened and was discovered later.
- *Discovered Date/Time* is the time the provider discovered the incident, when it was not observed. When the incident was discovered, the *Discovered Date/Time* **must** be completed.



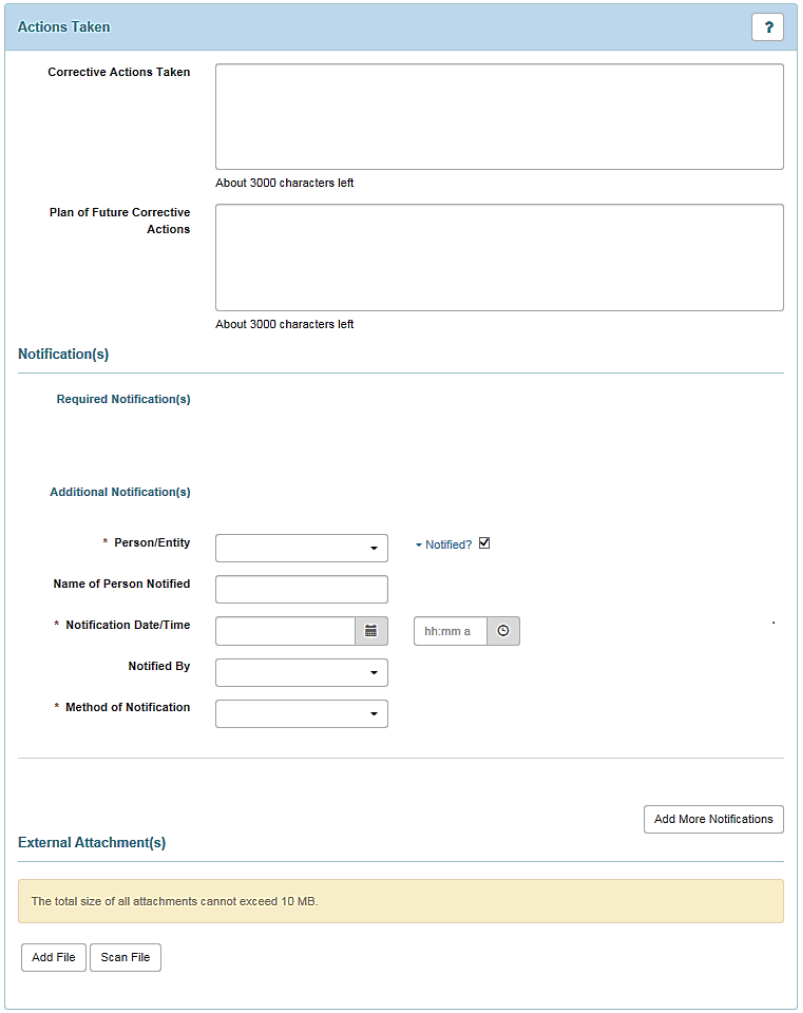
Summary and *Witness* Sections

- All *Event Information* forms have *Summary* and *Witness* sections. Instructions for these sections apply to all event types.
- *Summary* must contain a comprehensive description of the reportable incident.
  - There may be more than one event in a single GER, so the summary of the entire incident may be documented across several *Summary* sections.
  - Instructions for how to name the participant, peers, and staff are provided in the *General GER Instructions and Frequently Asked Questions* section.
- *Witness(es)* may be used to list all witnesses to the incident, but this section is not required.
  - When witnesses are not listed in this section, *Summary* must identify all independent providers, agency provider staff and contractors involved in or witnessing the incident.



Actions Taken

- *Corrective Actions Taken* outlines actions taken immediately following the incident to address any issues that may have contributed to the incident, ensure the safety of the participant and others, and minimize risk of additional incidents while any required follow-up is completed. When no corrective action was needed at the time of the incident, document no action was taken.
    - Most incidents require some type of action taken at the time of the incident to ensure safety. The rationale when no action is taken is documented here.
    - When reporting requirements, including timelines, are not met, it should be documented in this section, with the reason or circumstances and actions to address the issue.
- *Plan of Future Corrective Actions* outlines any planned actions to prevent or reduce the risk of similar incidents in the future.
    - When no plans for corrective action have been identified at the time the GER is submitted/approved, document no action is planned.
        - Most incidents require some type of action taken to prevent incidents in the future. The rationale when no action is taken should be documented here.
    - Agency providers may choose to document plans of future corrective action here; however, any follow-up action taken must be documented and tracked in the GER resolution. An agency provider may avoid duplication by writing “See GER resolution” or something similar in this section.
    - This section is *required* for independent providers. The provider discusses any future corrective action that may be needed with the participant/guardian, and documents any corrective actions here.
- *Notification(s)* must document all notifications required in this guide. The name of the person notified and the person completing the notification must always be completed. The following notifications must be documented in the GER:
    - Participant;
    - Guardian, when applicable;
    - DDD Service Coordinator;
    - Law enforcement or DHHS Children and Family Services (CFS) Abuse/Neglect Hotline for any allegation/suspicion of abuse/neglect/exploitation; and



- Any other notifications required by the provider agency's policies and procedures (not applicable for independent providers).

- *External Attachments* may include photographs, documents, or other materials providing relevant information related to the incident. Submitting attachments is optional. However, external attachments *cannot* be uploaded instead of providing any required information in the GER form.
  - For example, when documents from a hospitalization are uploaded, the incident summary *cannot* say "see attached" instead of including a summary of the incident on the GER.

General Instructions and Frequently Asked Questions

How should a provider complete section fields in the GER form not mentioned in these instructions?

All fields required by DDD or having specific instructions for how they should be filled are covered in this guide. When a field is not required and is not discussed in the guide, it is optional and can used for whatever information the provider decides is appropriate or helpful.

How should the participant, peers, and providers/staff be named in a GER event summary?

The participant for whom the GER is being written must be referred to by their legal first name.

Any peers (participants other than the one for whom the GER is written) involved in the reportable incident must be referred to by their initials so a person authorized to review or investigate the incident can identify other involved participants when there was a need to do so.

Staff may be referred to by initials, first names, or first names with last initial, but they must clearly be designated as a provider or staff when referenced, so that provider/staff names/initials are not confused with names/initials of participants involved.

Examples of identifying/naming other people in a participant's GER:

- "Provider AB saw Susan begin to have a seizure." (AB is clearly identified as a provider, and the participant is referred to as Susan, even though she typically goes by Sue.)
- "Staff Chris saw Thomas strike his housemate DE in the face with a closed fist." (Chris is clearly identified as a staff member, the housemate involved in the incident is referenced by initials, and the participant is referred to as Thomas, even though he typically goes by Tom.)

What does a provider do when two or more participants are involved in a reportable incident?

When more than one participant is involved in a reportable incident, and the circumstances of the incident meet the criteria to be reportable for both/all participants, a GER must be completed for **each** participant.

- For example, it is discovered that a participant has been intimidating/threatening another participant in the same home to give them money. This constitutes potential criminal behavior for the participant making the threats and taking the money. It also constitutes exploitation against the participant being threatened and having their money taken. An incident report must be completed for both participants.

There may be situations where more than one participant is involved in an incident, but is only reportable for one of the participants. In these cases, a GER is not required for all participants involved.

- For example, a participant has a behavioral episode and destroys the property of another participant with the value of the destroyed property being greater than $150. The behavioral incident resulting in property destruction constitutes a reportable incident for the participant who had the behavioral episode. However, nothing happened to the other participant, which meets the criteria for a reportable incident category. Therefore, only one GER is required for the participant who had the behavioral episode.

How should a provider document an incident with many different parts/events throughout the course of the entire episode/incident?

There **must** be a separate *Event Information* form for **each** part of an incident that meets the definition of a **reportable incident** outlined in this guide. The **only** exception to this is when an incident falls into **both** the Injury Requiring Medical Attention category **AND** one of the following: Injury of Unknown Origin Raising

Suspicion of Abuse/Neglect, Injury Due to Fire, Flood, or Other Emergency/Natural Disaster, Injury Resulting from a Fall, or Injury Resulting from Use of Restraint.

- When an incident meets criteria for both Injury Requiring Medical Attention and one of the others listed, this should be documented in only one *Event Information* form. All classification criteria for both types of incidents outlined in the chart in Appendix A must be included.
- When there are additional reportable parts of the same incident aside from the two injury categories, these must be documented in separate *Event Information* forms.

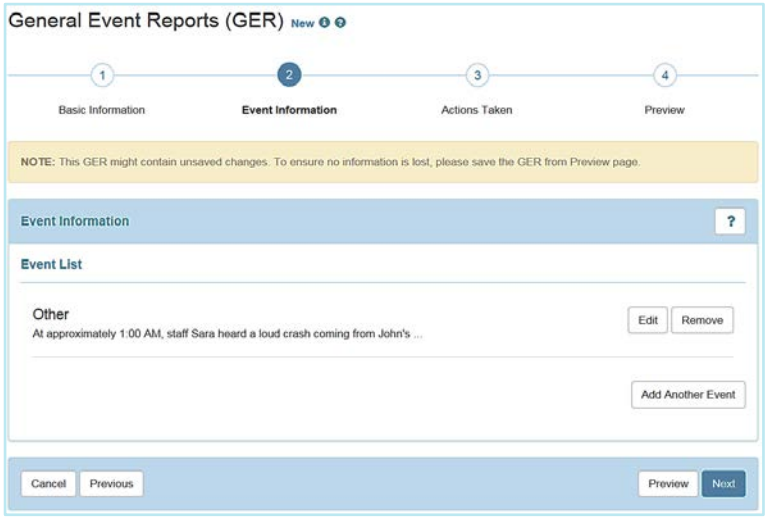
When there is a part of an incident that is related to the reportable incident, but is not reportable **by itself** and does not meet the criteria for a high GER, it cannot be documented in a separate *Event Information* form in the GER.

- For example, a participant has a behavioral episode where they damages personal property valued at $200, gets a minor cut on their hand while breaking glass, and staff use an emergency safety intervention (ESI) to maintain the safety of the participant and others:
    - The behavioral episode must be recorded in its own *Event Information* form, because it met several criteria to make the behavioral episode reportable.
    - The use of ESI must be recorded in its own *Event Information* form; it is a reportable incident by itself.
    - The property destruction cannot be documented in a separate *Event Information* form, because is not a reportable incident on its own. Information on the property destruction should be included in the *Summary* for the behavioral episode because it is one of the reasons the behavioral episode is reportable.
    - The injury is not documented in a separate *Event Information* form, as it is not reportable on its own (did not require treatment from a physician, was not caused by fall or restraint, etc.). Information on the injury should be included in the event summary for the behavioral episode because it is one of the reasons the behavioral episode is reportable.

When a provider chooses to use medium and low GERs to track incidents which are not reportable to DDD, the provider may use a **separate** GER to track the non-reportable parts that are associated with a reportable incident (such as the injury and property destruction in the example), but the non-reportable parts of an incident cannot be documented in the same GER with HIGH notification level.

To add multiple *Event Information* forms to a GER:

- Complete *Basic Information*, selecting the *Event Type* for the first event to be entered, and click *Next*.
- Complete *Event Information* for the first event in the GER and click *Next*.
- The *Event List* page will appear.
    - Click *Add Another Event* to add more *Event Information* forms to the GER.
    - Complete *Event Information* for the second event.
    - Repeat these steps until all reportable parts of the incident are shown as separate events in the *Event List.*
- When finished adding events to the GER, click *Next*.



What should a provider do when a GER has been submitted for an incident, and later it is discovered that there are additional reportable elements of the incident?

Once a GER is approved, it cannot be modified or have additional *Event Information* forms added.

When an additional reportable part of an incident occurs or is discovered after the GER is approved, the provider must complete a separate GER with *Event Information* forms for any reportable parts of the original incident which were not documented in the first GER.

- For example, a participant goes to an emergency room due to a serious injury, and is admitted to the hospital. A GER is completed with *Event Information* forms reflecting the injury requiring care from a physician, the use of an emergency room, and the hospital admission. After the GER has been approved, the participant dies from the injury for which they was hospitalized. The death arises from the same incident on which a GER has already been completed, but cannot be added to an approved GER; so, a new GER reporting the participant's death must be completed.

Are there any other reporting requirements not outlined in this guide?

All reporting requirements for *independent providers* are outlined in this guide.

Agency providers are required to complete an investigation and submit a written report to DDD of the follow-up and action taken within 14 calendar days of the submission of the GER, and are required to submit an aggregate report of incidents to DDD on a quarterly basis.

How should threatened or attempted behaviors be documented?

There are times when a participant threatens or attempts to do something that, when the participant were successful, would require an incident to be reported. In general, attempted or threatened behaviors should *not* be documented as reportable incidents, even when the incident would have been reportable had the participant's action been successful. **An exception to this rule is an attempted suicide. A suicide attempt must always be reported.**

- For example, a participant pushes a television valued at more than $150 off a table during a behavioral episode. However, in the aftermath of the incident, it is determined that the television was not damaged, despite the participant's attempt to do so. Because the participant did not actually cause damage to the property, this behavioral episode is not reportable.

Is a GER necessary if the incident is documented in some other way?

Yes. It is required that any incident which meets any of the criteria described in this guide be reported through a high notification GER to DDD, regardless of whether the information is documented elsewhere.

- For example, a participant has a behavioral episode which results in injury to agency provider staff. The participant has a behavior support plan in which episodes of aggression are documented. Although the behavior was documented in the BSP, a GER is needed to report to DDD a behavioral episode of sufficient severity to cause injury to another person.

Is an incident reportable if the actions taken are an approved part of the participant's plan?

Yes. It is required that any incident which meets any of the criteria described in this guide be reported through a high notification GER to DDD, regardless of whether the action which makes the incident reportable is an approved part of the participant's plan.

- For example, a participant's team has approved emergency safety intervention as a rights restriction and it is included in the participant's safety plan. **All** use of emergency safety intervention must be reported, whether or not it has been approved by the participant's team.

If DDD staff are already aware of a reportable incident, is the provider required to submit a GER?

Yes. Even when one, or more, DDD employee is aware that a reportable incident occurred, all reporting requirements, including submission of a GER, must be completed. This includes situations in which DDD staff have discovered that a reportable incident has occurred and alerted the provider.

It is the responsibility of the provider delivering services at the time of the reportable incident to complete the incident report, even when the incident was witnessed by a DDD staff.

What if a provider needs to add additional information (not an additional event) to a GER which has already been approved?

When a provider wants to add additional information about the events reported in a GER that has already been approved:

- An independent provider should attach any additional information to a follow-up comment on the approved GER.
- An agency provider should include the information in the required written summary of their follow-up to the incident in the GER resolution form.

This should only be used for **additional information on reported incidents**. When there is additional reportable part of an incident that is related to an already approved GER, a new GER must be submitted with the additional reportable part of the previous incident.

If there is an incident of alleged or suspected abuse, neglect, or exploitation, does it matter whether the provider contacts the CFS abuse/neglect hotline or law enforcement?

State law requires reporting to the CFS hotline *or* local law enforcement, so contacting either will meet the statutory reporting requirement.

However, when a participant's health or safety is at immediate risk due to the abuse, neglect, or exploitation being reported, law enforcement should be contacted (via 911) so that they can intervene immediately to maintain the participant's safety.

Regardless of whether a provider chooses to call the CFS hotline or law enforcement to report alleged or suspected abuse, neglect, or exploitation, the incident must also be reported to DDD in a GER.

How can an emergency safety intervention (ESI) or prohibited practice be discovered, rather than observed?

An ESI or restraint would be considered to be discovered when an ESI or prohibited practice is used by a provider/staff, but is not identified as an ESI or prohibited practice by the provider/staff using the intervention or observing the incident, but is later identified as use of ESI or a prohibited practice by agency management or other agency employees, a participant's guardian, or DHHS staff. In those situations, DDD considers the incident to be discovered at the time it is identified that use of an ESI or prohibited practice occurred.

Appendix A: Incident/Event Type Chart

Reportable Incident Category	Event Type	Subcategory	Other Categorization
Acute Illness or Change in Condition Requiring Medical Attention	Other	*Event Type:* Serious Illness *or* Change in Condition (whichever is applicable to the situation)	N/A
Allegation or Suspicion of Abuse, Neglect, or Exploitation of a Participant			
*Abuse, Neglect, or Exploitation by another **participant*** *NOTE: This type of incident should only be reported for the **victim**.*	Other	*Event Type:* Altercation	*Basic Information:* Must designate which is suspected (abuse, neglect, or exploitation). *Event Subtype*: Individual/Individual *Individual was:* Victim
Abuse, Neglect, or Exploitation by others	Other	*Event Type:* Complaint and/or Possible Litigation	*Basic Information:* Must designate which is suspected (abuse, neglect, or exploitation).
Behavioral Episode	Other	*Event Type:* Behavioral Issue	N/A
Death of a Participant	Death	N/A	*Cause:* Determined based on available information.
Hospitalization of a Participant	Other	*Event Type:* Hospital	*Event Subtype:* Admission
Incidents of Choking	Injury	*Type:* Choking	*Cause:* Determined based on cause of choking. *Severity:* Determined based on severity of incident.
Infestations	Other	*Event Type:* Infestation	N/A

Reportable Incident Category	Event Type	Subcategory	Other Categorization
Injury of Unknown Origin Raising Suspicion of Abuse or Neglect	Injury	*Type:* Determined based on type of injury.	*Basic Information*: Must designate that abuse or neglect is suspected. *Cause:* Undetermined *Severity:* Determined based on severity of injury.
Injury or Displacement Due to Fire, Flood, or Similar Emergency			
Injury	Injury	*Type:* Determined based on type of injury.	*Cause*: Emergency/Natural Disaster *Severity:* Determined based on severity of injury.
Displacement	Other	*Event Type:* Displacement due to Emergency/Natural Disaster	N/A
Injury Requiring Medical Attention			
Injury (any injury besides attempted suicide)	Injury	*Type:* Determined based on type of injury.	*Cause:* Determined based on cause of injury. *Severity:* Must always be Moderate or higher.
Attempted Suicide	Other	*Event Type:* Suicide	*Event Subtype:* Attempt
Injury Resulting From a Fall	Injury	*Type:* Determined based on type of injury.	*Cause:* Must always be Fall. *Severity:* Determined based on severity of injury.
Injury Resulting From Use of Restraint	Injury	*Type:* Determined based on type of injury.	*Cause:* Must always be Restraint. *Severity:* Determined based on severity of injury.
Medication Errors Resulting in Serious Illness, Injury, or Hospitalization	Medication Error	*Type:* Determined based on type of error.	*Cause:* Determined based on cause of medication error. *Medical Attention Required:* Immediate Physician's Visit or Immediate ER Visit.

Reportable Incident Category	Event Type	Subcategory	Other Categorization
Law Enforcement Contact or Possible Criminal Activity			
*Suspected criminal activity (law enforcement not contacted) committed **by** the participant*	Other	*Event Type:* Possible Criminal Activity/Misconduct	*Subtype:* Must always be Participant.
*Law enforcement contact **due to participant's actions***	Other	*Event Type:* Law Enforcement Involvement	N/A
*Suspected criminal activity or law enforcement contact due to **staff/provider's** actions toward a participant*	Other	*Event Type*: Possible Criminal Activity/Misconduct	*Subtype:* Must always be Provider.
Participant Leaving Supervision or Being Identified as a Missing Person	Other	*Event Type:* AWOL/Missing Person	N/A
Seizure Activity	Other	*Event Type:* Seizure	N/A
Use of Emergency Room or Urgent Care Facility	Other	*Event Type:* Hospital	*Subtype:* Must always be ER w/o admission or Urgent Care, based on where the participant received care.
Use of Emergency Safety Intervention	Emergency Safety Intervention	N/A	N/A
Use of PRN Psychotropic Medication	Other	*Event Type:* PRN Psychotropic Use	N/A
Use of Prohibited Practices			
Mechanical Restraint	Restraint Other	*Restraint Type:* Mechanical Restraint	N/A
Physical Restraint	Restraint Other	*Restraint Type:* Physical Restraint	N/A
Chemical Restraint	Restraint Other	*Restraint Type:* Chemical Restraint	N/A
Any Other Prohibited Practice	Other	*Event Type*: Complaint and/or Possible Litigation	N/A

Appendix B: Definitions

Abuse of a Vulnerable Adult

Any knowing or intentional act on the part of a caregiver or any other person which results in physical injury, unreasonable confinement, cruel punishment, sexual abuse, or sexual exploitation of a vulnerable adult.

- Unreasonable confinement means confinement which intentionally causes physical injury to a vulnerable adult or false imprisonment as described in section §28-314 or §28-315.
- Cruel punishment shall mean punishment which intentionally causes physical injury to a vulnerable adult.
- Sexual assault as described in section §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 vulnerable adult to engage in voyeurism, in exhibitionism, in prostitution, or in the lewd, obscene, or pornographic photographing, filming, or depiction of the vulnerable adult.

Defined in Neb. Rev. Stat. §28-351, §28-354, §28-367.01, §28-367, and §28-370.

Abuse or Neglect of a Child

Knowingly, intentionally, or negligently causing or permitting a minor child to be:

- Placed in a situation that endangers their life or physical or mental health;
- Cruelly confined or cruelly punished;
- Deprived of necessary food, clothing, shelter, or care;
- Left unattended in a motor vehicle when such minor child is six years of age or younger;
- Sexually abused; or
- Sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films, or depictions.

Defined in Neb. Rev. Stat. §28-710.

Allegation

A claim made by any person that a participant has been abused, neglected, or exploited, and there is no evidence that the claim may be false.

- Evidence that a claim may be false is objective information or documentation that disproves the claim that abuse/neglect/exploitation occurred.
- For example, a participant has a history of making false allegations of abuse against staff members at his home. The participant claims that a specific staff hit him, and further elaborates that it happened two days ago in the evening.
    - Evidence that this is not a reportable allegation could include staffing records that show the accused staff was not working on the date in question, or information from other staff on duty that the accused staff was working with a different participant at the time in question.

The fact that the participant has made false allegations of abuse in the past is *not*, in and of itself, sufficient evidence to determine a participant's statement is not a reportable allegation.

Aversive Stimuli	Procedures that are punishing, physically painful, emotionally frightening, or deprivational, or that have the potential to be a health or safety risk to participants when they are used to modify behavior. *Defined in 404 NAC 2.*
Change in Condition	Change in a person's medical status due to either: • An increase in or worsening of symptoms related to an existing or chronic illness, such as change in blood sugar related to an existing diagnosis of diabetes; or • Severe change in medical status of unknown origin/unrelated to an illness or injury, such as a loss of consciousness.
Chemical Restraint	A drug or medication used for discipline or convenience and not required to treat medical conditions. *Defined in 403 NAC 1-003.12.*
Corporal Punishment	Infliction of bodily pain as a penalty for disapproved behavior.
Denial of Basic Needs	Withholding access to appropriate food and clothing, comfortable and clean shelter, and treatment for physical needs.
Discipline	Use of punishment to correct undesired behavior.
Displacement	A person being required to leave a site and being unable to return for a period of time due the site itself being unsafe, for example, due to damage, lack of needed utilities (such as water or electricity), or cleanup of hazardous materials. • This does not include situations when a person cannot travel to a site due to weather conditions or other emergency, but the site itself is not unsafe/damaged in any way.
Emergency Safety Intervention	Use of physical restraint or separation as an immediate response to an emergency safety situation. *Defined in NAC 404 2.*
Emergency Safety Situation	Unanticipated behavior by a participant that places the participant or others at serious threat of violence or injury when no intervention occurs and that requires emergency safety intervention. Examples of emergency safety situations include: • A participant suddenly begins running toward or into moving traffic on a street; • A participant is attacking staff and bystanders by hitting them in the face with a closed fist and all supports in the safety plan and BSP have not been successful in stopping the aggressive behavior; or • A participant has a weapon, such as a knife, and is talking about harming them self or actively attempting to harm them self. *Defined in 404 NAC 2.*

Emotional Abuse	Humiliation, harassment, threats of punishment or deprivation, sexual coercion, or intimidation resulting in emotional harm or emotional anguish. *Defined in 404 NAC 2*.
Exploitation of a Vulnerable Adult	Wrongful or unauthorized taking, withholding, appropriation, conversion, control, or use of money, funds, securities, assets, or any other property of a vulnerable adult or senior adult by any person: • By means of undue influence, breach of a fiduciary relationship, deception, extortion, intimidation, force or threat of force, isolation, or any unlawful means; or • By the breach of a fiduciary duty by the guardian, conservator, agent under a power of attorney, trustee, or any other fiduciary of a vulnerable adult or senior adult. *Defined in Neb. Rev. Stat. §28-358*.
Fall	A sudden, unintentional drop to the ground or floor under the force of gravity, for example, due to loss of balance, lack of support, tripping over environmental obstacles, or the actions of another person (being pushed).
Illness	A condition that negatively affects the normal function of a person's body due to an internal cause, including both infectious diseases (caused by bacteria or viruses) and non-infectious diseases (such as genetic diseases or cancer).
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
Injury	Damage to the body resulting from an external force or cause. • An external force or cause may include sources of trauma in which skin is torn, cut, or punctured (open wound) or where blunt force causes an injury such as a bruise or fracture (closed wound). • An external source or cause could also include movement causing strains/sprains, exposure to poison/toxins, burns, or frostbite. • The external force can be accidental, caused by another person, or caused by the participant (such as self-injurious behavior or attempted suicide). Pain may be a symptom of an injury, but is *not* an injury itself. When a person indicates they are in pain, attempts should be made to identify the injury causing the pain. When no injury can be observed or diagnosed by a medical professional, there is no injury.
Law Enforcement Contact	Any situation when law enforcement officers interview, investigate, detain, ticket, or arrest a person. Contact may be initiated by law enforcement or by a member of the public.

Mechanical Restraint	Any device, material, object, or equipment attached or adjacent to a participant's body that restricts 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 ISP team. *Defined in 403 NAC 1-003.40*.
Neglect of a Vulnerable Adult	Any knowing or intentional act or omission on the part of a caregiver to provide essential services or the failure of a vulnerable adult, due to physical or mental impairments, to perform self-care or obtain essential services to such an extent that there is actual physical injury to a vulnerable adult or imminent danger of the vulnerable adult suffering physical injury or death. • Essential services shall mean those services necessary to safeguard the person or property of a vulnerable adult. Such services shall include, but not be limited to, sufficient and appropriate food and clothing, temperate and sanitary shelter, treatment for physical needs, and proper supervision. *Defined in Neb. Rev. Stat. §25-361.01* and *§28-357*.
Physician	A medical doctor or similar medical professional who can direct/provide medical treatment and prescribe medication within their scope of practice. This includes physician's assistants (PA) and advanced practice registered nurses (APRN). This does not include registered or licensed practical nurses (RN or LPN), therapists, or other types of doctors and medical professionals (dentists, clinical psychologists, etc.).
Physical Restraint	Any physical holding that restricts, or is meant to restrict, the movement or normal functioning of a participant. *Defined in 403 NAC 1*.
Possible Criminal Activity	Any action or behavior that may violate any federal, state, or local law.
PRN Medication	Medication prescribed to be given as needed, such as specific symptoms or circumstances occur.
Property Damage	Physical destruction or damage to items, furniture, or the physical structure of a building.
Psychotropic Medication	Medication that acts primarily on the brain, resulting in changes to perception, mood, consciousness, or behavior.
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.

Seclusion	Involuntary confinement of a participant alone in a room or an area from which the individual is physically prevented from having contact with others or leaving. • Separation of a participant to a safe room or area *as a part of emergency safety intervention* is not seclusion. • Alone in a room or area means that the participant is removed from peers and others in the environment, even when a provider is present. • Prevented from leaving or having contact with others means that the participant is physically prevented by a provider or a door, partition, or other physical barrier. *Defined in 404 NAC 2*.
Seizure	A sudden, uncontrolled electrical disturbance in the brain, which can cause changes to behavior, movements, feelings, or consciousness.
Suspicion	Any belief, perception, or indication that a participant has been abused, neglected, or exploited.
Verbal Abuse	Oral, written, or gestured language that willfully includes disparaging or derogatory terms to a participant. *Defined in 404 NAC 2*.
Vulnerable Adult	Any person 18 years of age or older who has substantial mental or functional impairment or for whom a guardian or conservator has been appointed under Nebraska Probate Code. • Substantial functional impairment shall mean any incapability, because of physical limitations, of living independently or providing self-care as determined through observation, diagnosis, investigation, or evaluation. • Substantial mental impairment shall mean a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, or ability to live independently or provide self-care as revealed by observation, diagnosis, investigation, or evaluation. *Defined in Neb. Rev. Stat. §28-371, §27-368, and §27-369*.

Appendix C: COVID-19 Additional Reporting Requirements

This section contains guidelines for reporting incidents related to the COVID-19 public health emergency, as a supplement to the general incident reporting guidelines found in this publication. Guidelines include instruction for reporting COVID-19 related incidents in a GER, as well as documenting any testing results for a participant who has been tested for COVID-19.

As with the rest of the guide, instructions in this section apply to *both* agency and independent providers unless otherwise specified.

Reporting Timelines and Notification Requirements

Timelines for submission of COVID-19 related GERs and notification requirements are the same as for all other reportable incidents. These requirements are outlined in the Reporting and Notification Requirements section of this publication.

COVID-19 Related Events and Reporting Requirements

Incident Type and Description	How to Document in Therap
COVID-19 For *each* GER submitted related to a reportable incident related to COVID-19, an additional event *must* be added to the GER to note the event is related to COVID-19. This includes all the incident types listed in this guide on pages 3 and 4.	***Basic Information*** *Event Type:* Other ***Event Information*** *Event Type:* Communicable Disease *Event Subtype:* COVID-19 *Summary:* This incident is related to the COVID-19 outbreak.
Displacement from Usual Services Site/Alternative Provision of Services A GER should be completed in this category for all alternative provision of services when services are not provided in the typical manner due to the COVID-19 emergency, as allowed in the Medicaid HCBS DD Waivers Appendix K. This includes, but is not limited to: • Provision of day services in a residential setting • Provision of residential services in a setting which is not the participant's primary residence • Provision of services in excess of any cap usually placed on the service The GER should be completed when the alternative provision of services *begins*, but does not need to be completed daily. A new GER is needed when the alternative provision of services changes from what has previously been reported in a GER.	***Basic Information*** *Notification Level:* MEDIUM *Event Type:* Other ***Event Information*** *Event Type:* Displacement due to Emergency/Natural Disaster **NOTE: Do *not* report this type of incident in a HIGH notification GER.** Alternative provision of service does **not** meet the definition of a reportable incident as specified in the Medicaid HCBS DD waivers. Completing a HIGH notification GER requires completion of an investigation to meet regulatory requirements and is not necessary for these events.

Incident Type and Description	How to Document in Therap
Quarantine Due to Suspected Exposure to COVID-19	***Basic Information*** *Notification Level:* MEDIUM *Event Type:* Other ***Event Information*** *Event Type:* Potential Incident/Near Miss **NOTE: Do *not* report this type of incident in a HIGH notification GER.** Quarantine or isolation due to possible symptoms or exposure does **not** meet the definition of a reportable incident as specified in the Medicaid HCBS DD waivers. Completing a HIGH notification GER requires completion of an investigation to meet regulatory requirements and is not necessary for these events.
A GER should be completed in this category for any participant who is specifically under quarantine (self-quarantine or quarantine directed by a public health entity) due to potential exposure to COVID-19 based on Centers for Disease Prevention and Control or NE DHHS Division of Public Health guidance. This also includes any participant who is in quarantine/remaining at home due to experiencing possible symptoms of COVID-19, such as sore throat, cough, or fever, but for whom the severity of symptoms and circumstances do not indicate medical attention/screening is needed. This does *not* include participants practicing social distancing as a preventative measure due to high risk of serious illness when exposed to COVID-19.	
Serious Illness	**Basic Information** *Notification Level:* HIGH *Event Type:* Other **Event Information** *Event Type:* Serious Illness
Acute, episodic illness (not chronic illness) which requires treatment from a physician or similar medical professional (e.g. physician's assistant, APRN). A GER must be submitted in this category when medical attention from a physician is sought for possible COVID-19 infection, regardless of whether COVID-19 is subsequently diagnosed. This category also includes situations in which a participant is screened by a medical professional by phone due to possible COVID-19 infection, seen at a drive-thru screening site, or other circumstances where they is not directly assessed/treated by a physician but symptoms exist of appropriate type and severity to seek out some type of assessment for COVID-19.	
Use of an Emergency Room or Urgent Care Facility for Treatment	***Basic Information*** *Notification Level:* HIGH *Event Type:* Other ***Event Information*** *Event Type:* Hospital *Event Subtype:* ER without Admission
Any unplanned use of a hospital emergency room or urgent care facility for treatment. This includes situations in which a participant's condition is so severe they cannot wait for an appointment to be seen by their primary physician.	

Incident Type and Description	How to Document in Therap
Hospitalization of a Participant Any *admission* to a hospital for evaluation, monitoring, or treatment.	***Basic Information*** *Notification Level:* HIGH *Event Type:* Other ***Event Information*** *Event Type:* Hospital *Event Subtype:* Admission
Death of a Participant Any death of a participant.	***Basic Information*** *Notification Level:* HIGH *Event Type:* Death ***Event Information*** *Cause of Death:* Other – COVID-19 (will have to type in COVID-19 after selecting *Other*)

General GER Guidelines

- Because the *Displacement due to Emergency/Natural Disaster* and *Potential Incident/Near Miss* are being used for MEDIUM notification GERs to document alternative service provision and quarantine related to the COVID-19 emergency, providers ***must not*** use these event types and MEDIUM notification level to document other types of non-reportable incidents during the time this supplemental guidance is in effect, in order to facilitate accurate data collection for use by providers and DDD in assessing the ongoing impact of this public health emergency on participants.
    - These event types can be used for other types of non-reportable incidents when the provider wishes, but LOW notification level must be used.
- When a GER has been submitted for one of the events described above and the participant's circumstances change, a new GER must be completed. For example:
    - A participant is notified they has potentially been exposed to COVID-19 at their place of employment, so they is remaining at home under self-quarantine for 14 days as recommended by the CDC. On day 5 of quarantine, the participant begins exhibiting possible symptoms of COVID-19, and is seen at a drive-thru testing site, where they is subsequently diagnosed with COVID-19.
        - A GER with MEDIUM notification level and event types *Potential Incident/Near Miss* and *Communicable Illness>COVID-19* would be completed when the participant started self-quarantine after possible exposure.
        - A second GER with HIGH notification level and event types *Serious Illness* and *Communicable Illness>COVID-19* would be completed at the time the participant is tested and subsequently diagnosed with COVID-19. (only one GER is needed for testing and diagnosis)
    - A participant has a diagnosis of COVID-19, but their symptoms are minor in nature, and in consultation with the participant's physician at the time of diagnosis, the treatment plan is for the participant to remain at home and treat with over-the-counter medication. Three days later, the participant's symptoms begin to worsen and they begin to experience shortness of breath. The participant is taken to the ER. Upon assessment in the ER, the participant is admitted to the hospital for treatment.

- A GER with HIGH notification level and event types *Serious Illness* and *Communicable Illness>COVID-19* would be completed at the time of the screening and diagnosis of COVID-19.
- A second GER with HIGH notification level and event types *Hospital>ER without Admission, Hospital>Admission,* and *Communicable Illness>COVID-19* would be completed at the time the participant is taken to the ER and admitted to the hospital. This GER will have three events in it, one for the ER visit, one for the hospital admission, *and* one because the incidents in the GER are related to COVID-19.

- For COVID-19-related events that impact multiple participants, such as closure of a day site and provision of day services in residential settings, a GER is needed for **each** participant impacted or having alternative provision of services under Appendix K.

Reporting COVID-19 Testing Results

Documentation, in addition to the GER, is needed to more accurately track participants who have been tested for COVID-19 and quickly access the number of positive cases across the state. When a participant is tested for COVID-19, the results must be documented as a diagnosis on their *Individual Data Form* (IDF) in Therap. **This is required regardless of whether the test was positive or negative for COVID-19.**

Who is responsible for adding the diagnosis to the IDF?

- When a provider (agency or independent) is responsible for a participant's medical care, that provider is responsible for adding the diagnosis to the IDF.
- When a participant is responsible for their own medical care or a family member/guardian is responsible, the participant's Service Coordinator is responsible for adding the diagnosis to the IDF.
    - This includes situations in which a provider is typically responsible for the participant's medical care, but the participant has discontinued their services with the provider temporarily due to the pandemic.
    - When a provider learns from a participant or their family or guardian that the participant has been tested, this information must be communicated to the participant's SC so the SC can complete the needed documentation.

I added the required information to the IDF. Do I still need to complete a GER?

- When the participant has symptoms of an illness that merit assessment from a physician to be tested for COVID-19, a high GER must be completed following the instructions in this guide. This is reportable under the category of acute, episodic illness requiring treatment from a physician.
- When the participant is not ill and does not have symptoms or any other COVID-19-related event outlined in the incident reporting section of this appendix, this is not a reportable incident. A GER is not required. A participant may be tested as a precaution, due to exposure, or for another reason. This is only recorded on the IDF.

How do I add the COVID-19 test results information to the IDF?

- The COVID-19 test results will be listed as a diagnosis on the IDF. The instructions in the Adding and Updating the IDF Diagnosis section will guide you through adding this information to the IDF.

Do I need to remove the diagnosis once the participant has recovered?

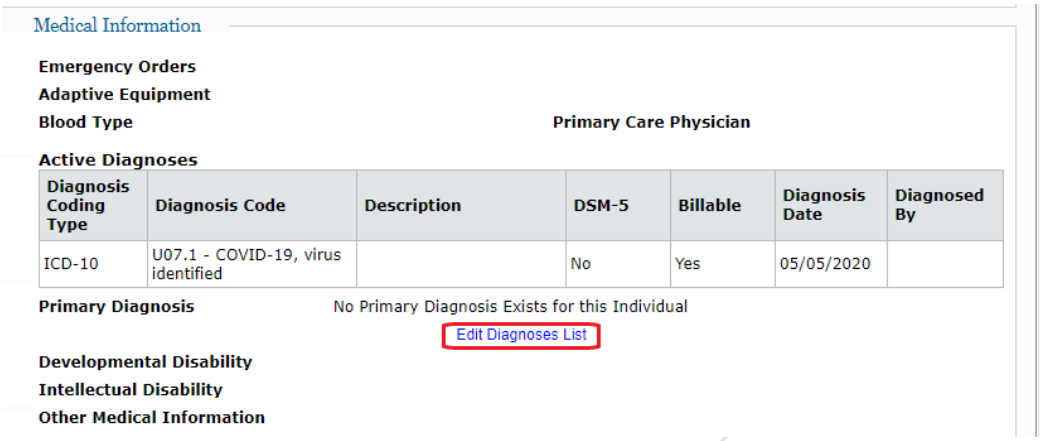
- The diagnosis will not be removed from the IDF, but will be updated to reflect that the diagnosis is resolved. Instructions for updating the IDF when the diagnosis has resolved are also in the next section of this publication.

Adding and Updating the IDF Diagnosis

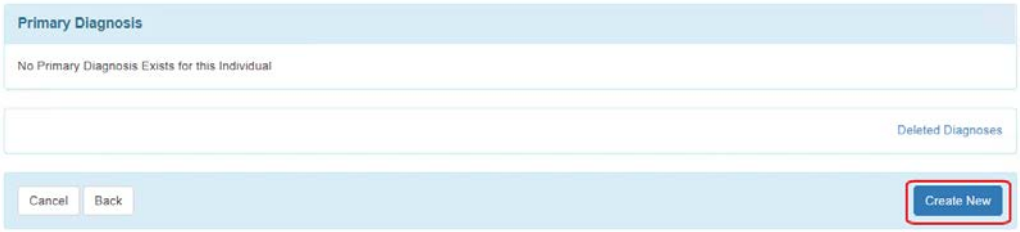
A Therap user must have *Individual Data Edit* privileges assigned to their Therap Super Role to make these changes.

Adding a Diagnosis to the IDF

1. Open the participant's *Individual Data Form*. For help searching for a participant's IDF, visit https://help.therapservices.net/app/answers/detail/a_id/358.
2. In the *Medical Information* section, click *Edit Diagnoses List*.

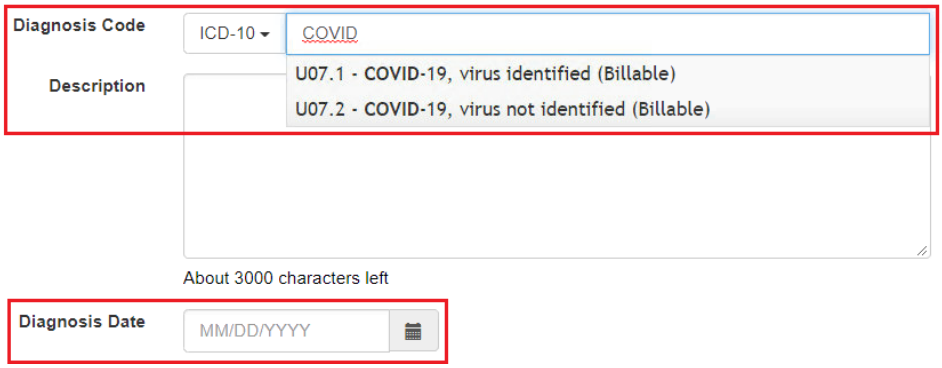


3. At the bottom right of *Diagnosis List*, click *Create New*.



4. In the *Diagnosis Code* field, keep the default selection of *ICD-10* and type "COVID" into the *Lookup Diagnosis Code* text section. Two options will display: *U07.1 – COVID-19, virus identified* and *U07.2 – COVID-19, virus not identified*.
   - When the COVID-19 test is positive, select the "virus identified" code.
   - When the COVID-19 test is negative, select the "virus not identified" code.

   In the *Diagnosis Date* field, enter the date listed on COVID-19 test results (or date reported that the results were received).



5. Click *Save* in the bottom right of the screen.

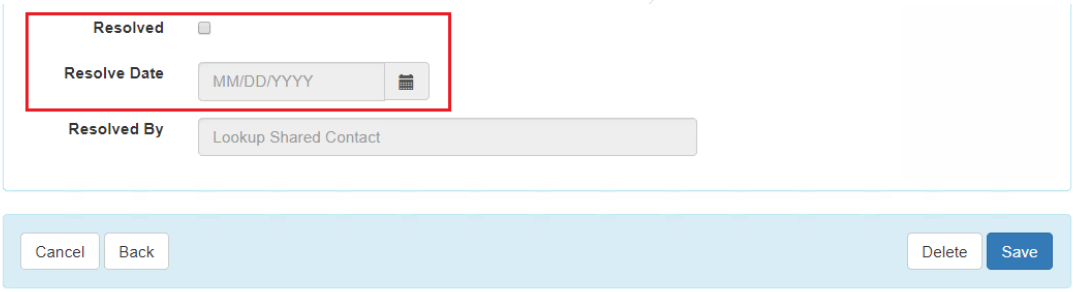
6. A message will be displayed indicating the diagnosis was successfully saved.

Resolving a Diagnosis on the IDF

1. Follow steps #1 and #2 for Adding a Diagnosis to the IDF.
2. Click on the diagnosis to be updated as resolved.

3. Click the checkbox for *Resolved* and enter the date the diagnosis is resolved in the *Resolved Date* field.

   The date the diagnosis is resolved may be the date at which retesting for COVID-19 is negative or, when no additional testing is done, when the participant's symptoms have resolved.



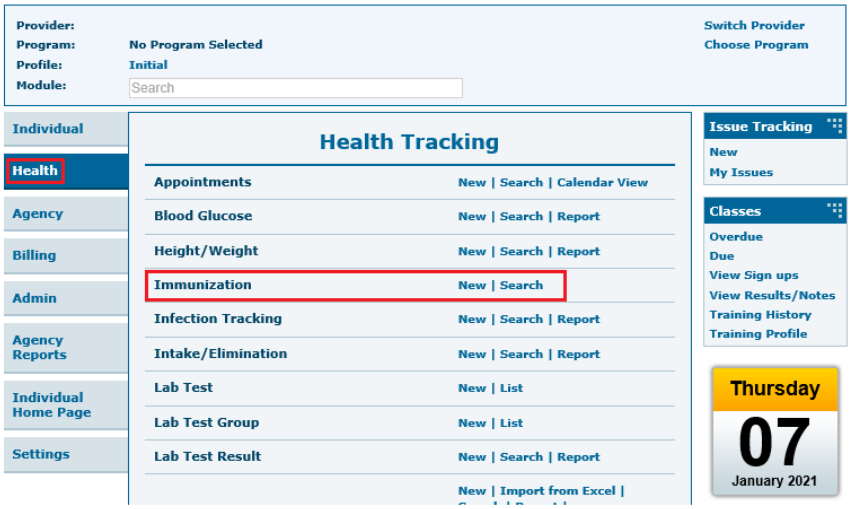
4. Click *Save* in the bottom right of the screen.
5. A message will be displayed indicating the diagnosis was successfully updated.

Once resolved, a diagnosis will be displayed in the *Resolved Diagnosis* section of the *Diagnosis List.* Only active diagnoses will display in the *Active Diagnosis* section.

Appendix D: Documenting Vaccines

Instructions for Documenting First Vaccine Dose

1. In Therap, click the *Health* tab, then click *New* under *Immunization*.



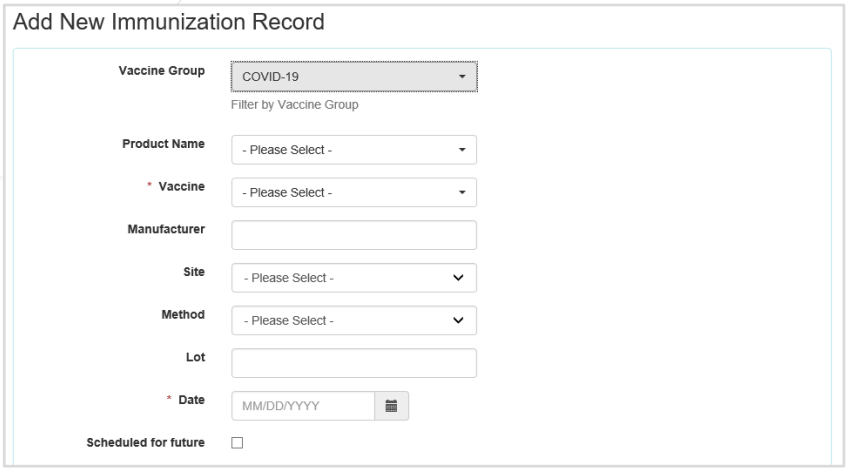
2. Select the participant for whom immunizations are being entered. Then select *Notification Level* as *High* from the dropdown, and click *Add On-Going Immunization.*

3. For *Vaccine Group*, select COVID-19 from the dropdown.

   For *Product Name*, select either the Moderna or Pfizer vaccine. The *Vaccine* and *Manufacturer* will auto-populate

   The *Date* is the date the vaccine was actually administered.

   All other fields in this section are optional.



4. *On-Going* must be checked.

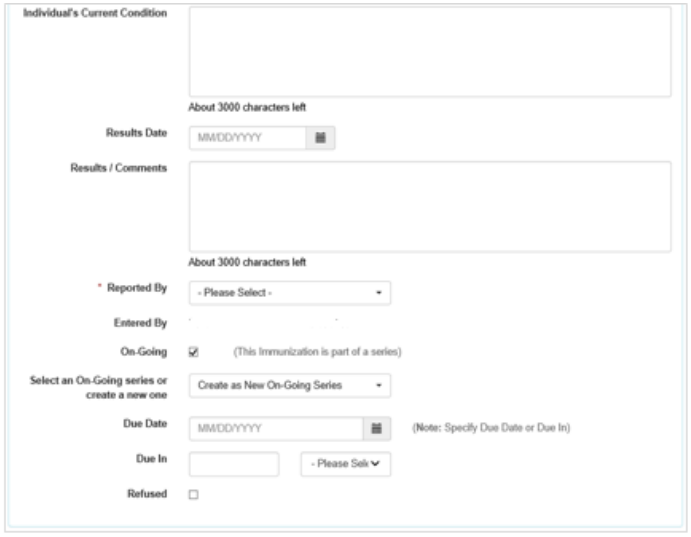
   Select *Create as New On-Going Series*.

   Enter either a *Due Date* for the 2nd dose of vaccine OR a period of time under *Due In* (e.g. 3 weeks).

   All other fields in this section are optional.

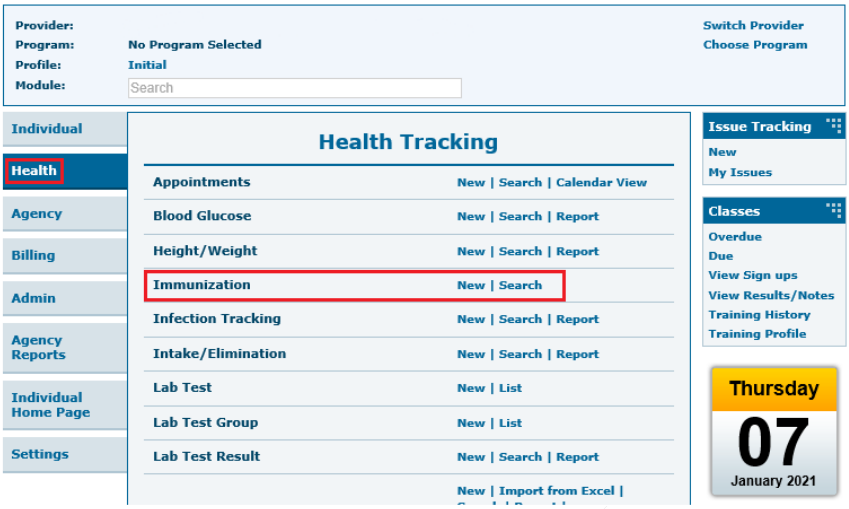
   Select the *Continue* button at the bottom of the form.

   Back on the main *Immunization* page, click *Submit*.



Instructions for Documenting Second Vaccine Dose (if needed)

1. In Therap, click the *Health* tab, then click *New* under *Immunization*.



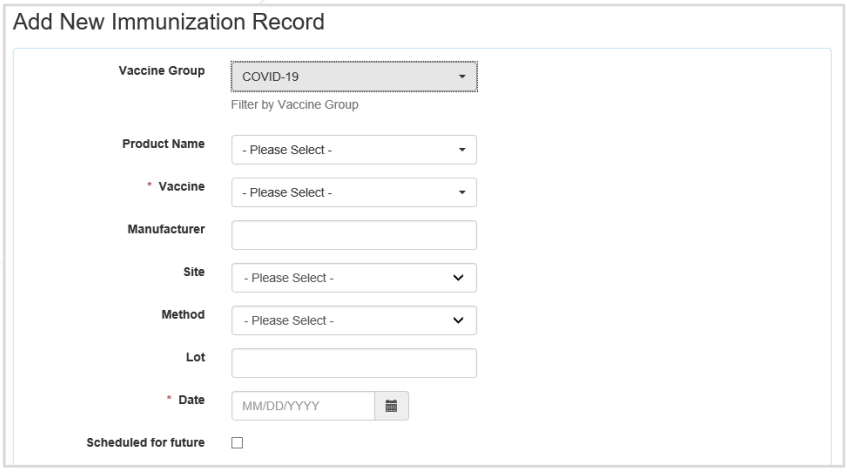
2. Select the participant for whom immunizations are being entered. Then select *Notification Level* as *High* from the dropdown, and click *Add On-Going Immunization.*

3. For *Vaccine Group*, select COVID-19 from the dropdown.

   For *Product Name*, select either the Moderna or Pfizer vaccine. The *Vaccine* and *Manufacturer* will auto-populate

   The *Date* is the date the vaccine was actually administered.

   All other fields in this section are optional.



4. *On-Going* must be checked.

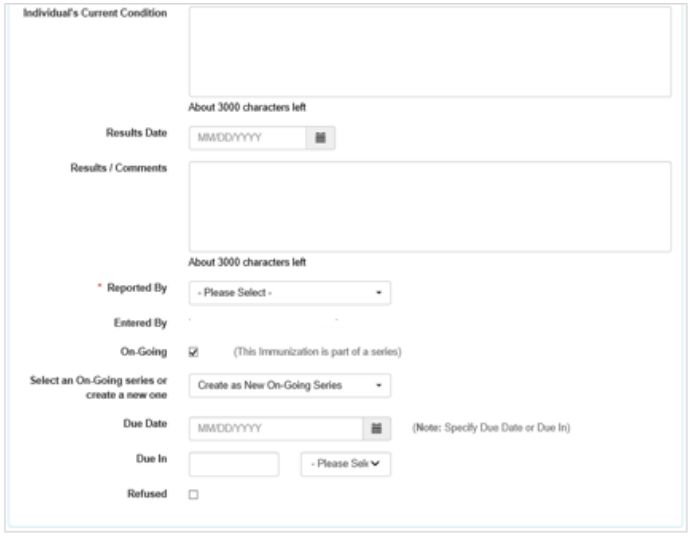
   Select the COVID-19 ongoing vaccination under the *Select an On-Going Series* dropdown.

   No *Due Date* or *Due In* is needed.

   All other fields in this section are optional.

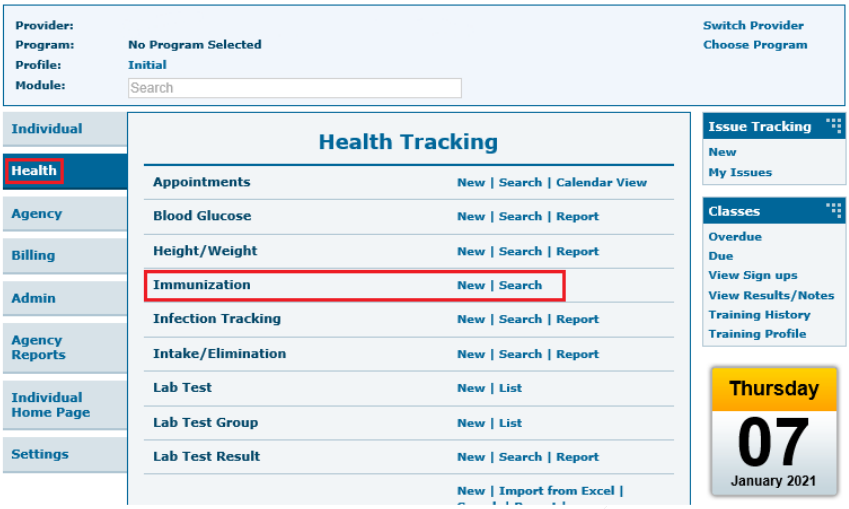
   Select the *Continue* button at the bottom of the form.

   Back on the main *Immunization* page, click *Submit*.



Instructions for Documenting Declination of Vaccine

1. In Therap, click the *Health* tab, then click *New* under *Immunization*.



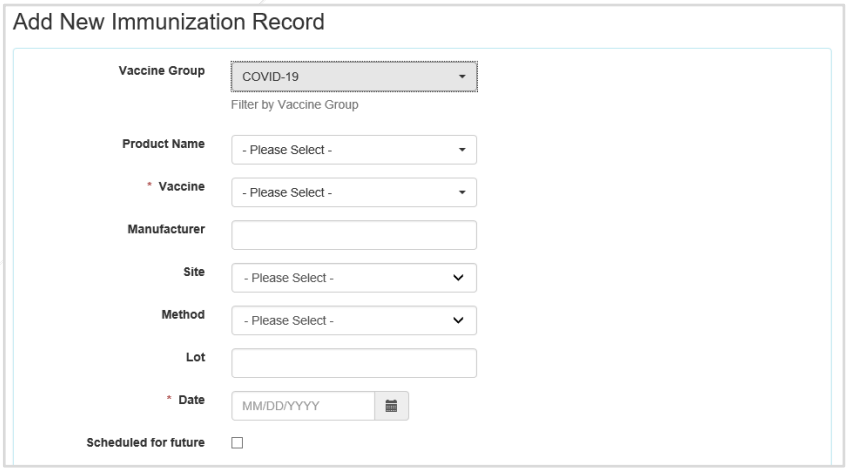
2. Select the participant for whom immunizations are being entered. Then select *Notification Level* as *High* from the dropdown, and click *Add On-Going Immunization.*

3. For *Vaccine Group*, select COVID-19 from the dropdown.

   For *Vaccine*, select a COVID-19 vaccine.

   The *Date* is the date the vaccine was offered and declined.

   All other fields in this section are left blank.



4. Check the box next to *Refused* at the bottom of the form.

   All other fields in this section are left blank.

   Select the *Continue* button at the bottom of the form.

   Back on the main *Immunization* page, click *Submit*.