GENERAL EVENT REPORT AND PROCEDURES

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I. Responsibility for Reporting Incidents

General Event Reports are required by Nebraska DHHS Division of Developmental Disabilities to be completed for high notification level events that occur at the time a service is being delivered by providers. Incidents occurring during a time when no services are being delivered to the participant are not reportable and no GER is needed. Medium/low notification level events are not reportable to DHHS but are still utilized by ABLED, Inc. for internal tracking.

II. Reporting Timeline

General Event Reporting timelines:

1) Staff will notify **an ABLED Administrator** as soon as possible upon observing/discovering the incident for *all* GERs.
2) Staff will notify **the participant's Service Coordinator** by phone call/voicemail as soon as possible upon observing/discovering the incident for *high* GERs. If unable to reach SC by phone call/voicemail, notification is to be made by secure email or SCOMM in Therap.
   a) Staff will include the following information:
      i) Your name and affiliation with ABLED, Inc.
      ii) Participant name
      iii) Type of incident being reported
      iv) Brief summary of the incident
      v) Brief summary of any action taken to ensure the safety of the participant or others
3) Staff will notify **the participant's guardian** by phone call/voicemail as soon as possible upon observing/discovering the incident for *high* GERs. If unable to contact participant's guardian by phone call/voicemail, attempts are to be recorded in the GER. This notification is required within 24 hours of the verbal report to the SC.
4) Staff will notify **the participant** involved in the incident verbally if the participant was not present or aware of the incident. This notification will occur as soon as possible upon observing/discovering the incident and is required within 24 hours of verbal notification to the SC.

- Notify CPS/APS immediately if there is allegation of abuse, neglect, or exploitation at: 1-800-652-1999
- Notify law enforcement immediately if situation warrants their involvement.

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

III. Instructions for Completion of Written General Event Report

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

1. Access Therap Systems

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

2. Enter Event Information

A. Under the Event Information section change the date if necessary.
B. Describe related events preceding the event in the box "Describe what happened before the event:"
C. If the event occurred at the program address, click the box indicating "Same as program address." Otherwise fill in the address of the event.
D. Add Event type by clicking the type of event – Injury, Medication Error, Restraint Related to Behavior, Restraint Other, Death, or Other.
E. This will take you to a page where you will need to complete additional information.
F. Therap will prompt you for any required or missing information.
G. Add pictures whenever possible.
H. Witnesses should only be completed for those witnessing the event. Do not include persons notified after the event or yourself as witnesses.

3. Enter General Information

A. Under the General Information Section indicate whether abuse, neglect, or exploitation were suspected and the type of abuse, neglect, or exploitation.
B. Select the Notification Level based on Sections V of this policy and your judgment as to the severity of the event.

Once the GER is completed you can save and submit. If there are any issues the GER may be returned to you for additional information.

IV. Executive Team Review and Approval

The Executive Team will review, return as necessary, and approve all General Event Reports.

The Executive Team will:

1) Determine if appropriate action was taken.

2) Recommend any further follow-up and/or preventative action taken/needed.
3) Interview the person supported and inform them that information will be shared with others.
4) If applicable, make appropriate notifications (guardian, physician, etc.).
5) If applicable, investigate any abuse/neglect.
6) Attempt to determine the circumstances that led to an injury of unknown cause (at a minimum, talk to staff who worked during the past 24 hours); document all staff interviewed and a plausible cause.
7) Report any incidents involving emergency safety interventions to the participant's ISP team and the ABLED Rights Review Committee to ensure that the emergency safety intervention was appropriate.

V. GER High Notification Level Events

Acute Illness or Change in Condition Requiring Medical Attention

A reportable incident in this category is any severe, episodic illness or change in medical condition requiring medical treatment from a physician, regardless of whether medical attention was received.

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).

Event Type – OTHER

Subcategory – Serious Illness OR Change in Condition

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

Any allegation or suspicion of abuse, neglect, or exploitation committed by a provider, peer of the participant, family member or anyone else in which a participant is the victim.

Event Type – OTHER

Subcategory – Altercation (when peer is the perpetrator) OR Complaint and/or Possible Litigation (when other perpetrator)

Behavioral Episode

The participant is having an episode of disruptive, disorganized, agitated, or aggressive behavior that results in use of emergency safety intervention, administration of PRN psychotropic medication, property damage of $150 or greater, or likelihood of injury to participant or others.

Event Type – OTHER

Subcategory – Behavioral Issue

Death of a Participant

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

Event Type – DEATH

Subcategory – N/A

Hospitalization of a Participant

Any hospital admission, for any reason, planned or unplanned, for treatment, testing, surgery, or observation. This does not include when a participant is seen at a hospital on an outpatient basis but is not admitted.

Event Type – OTHER
Subcategory – Hospital
Sub-type – Admission

Incidents of Choking

When the airway is obstructed by a foreign item or substance, typically due to inhalation or ingestion of food/fluids or an inedible item. Airway obstruction not caused by choking on food/fluid or a foreign item is not reportable in this category (for example, due to an asthma attack, allergic reaction, or an assault).

Event Type – INJURY

Subcategory – Choking

Infestations

When 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). This may also include other signs of infestation, such as live or dead parasites or parasite eggs.

Event Type – OTHER

Subcategory – Infestation

Injury of Unknown Origin Raising Suspicion of Abuse or Neglect

Any injury for which the origin is unknown, and the injury raises suspicion of abuse or neglect.

Event Type – Injury

Basic Information – Must mark Abuse or Neglect Suspected and Injury Cause as Undetermined

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

Injury or displacement caused by fire, flood, severe weather, or other similar emergency or natural disaster. Displacement means the participant is unable to receive services at the site due to damage to the site which makes the site unsafe.

Injury – Event Type INJURY and Cause is Emergency/Natural Disaster

Displacement – Event Type OTHER and Subcategory is Displacement Due to Emergency/Natural Disaster

Injury Requiring Medical Attention

Any injury of sufficient severity to require assessment or treatment from a physician. An injury is damage to the body resulting from an external force or cause, including force that might cut or puncture skin or cause a bruise or fracture, movement leading to a sprain or strain, exposure to poison, burns, or frostbite.

Event Type – INJURY (unless incident is attempted suicide)

Subcategory – Severity always *Moderate or higher* when receiving medical attention from a physician

Attempted Suicide – Event Type OTHER – Subcategory is Suicide – Subtype is Attempt

Injury Resulting from a Fall

Injury caused by or resulting from 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.

Event Type – Injury

Subcategory – Cause is always Fall

Injury Resulting from Use of Restraint

Any injury caused by or resulting from use of physical or mechanical restraint, regardless of severity. This includes restraint which is allowed (use of emergency safety intervention) or prohibited (mechanical restraint or physical restraint not used in an emergency safety situation).

Event Type – Injury

Subcategory – Cause is always Restraint

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.

Committed by Participant – Event Type OTHER – Subtype Possible Criminal Activity/Misconduct OR Law Enforcement Involvement

Committed by Staff – Event Type OTHER – Subtype Possible Criminal Activity/Misconduct

Medication Errors Resulting in Serious Illness, Injury, or Hospitalization

Medication error by a provider or the participant resulting in illness, injury, or change in condition requiring assessment or treatment from a physician or EMS, at an urgent care facility or emergency room, or requiring hospitalization. Medication error is a preventable mistake in administration of medication. Types of errors include:

- Not administering medication consistently with the 5 rights (person, dose, time, route, and medication).
- Failing to administer needed medication as prescribed.
- Administration of a PRN (as needed medication) causing an interaction with prescribed medications.

Event Type – MEDICATION ERROR

Medical Attention Required must be Immediate Physician Visit OR Immediate ER Visit

Participant Leaving Supervision or Being Identified as a Missing Person

When a participant intentionally or unintentionally leaves supervision or a site where the provider is present during a time when the participant's ISP states they require supervision or staff presence on-site; a participant leaves an area/location where no provider is present but they are expected to be at a given time; or a participant is identified as missing, meaning their whereabouts are unknown and cannot be determined.

Event Type – OTHER

Subcategory – AWOL/Missing Person

Seizure Activity

When a participant experiences seizure activity:

- Lasting longer than 5 minutes (unless the participant's physician has specified a different timeframe for when seizure activity may be cause for concern)
- Lasting longer than the timeframe set by the participant's physician, if applicable
- Requiring medical attention at an urgent care center, emergency room, or hospital

When the onset of a seizure is not observed and the length of the seizure cannot be accurately determined, the seizure is reportable; or when a participant has no history of seizure activity, a seizure may be a medical emergency and requires immediate medical attention.

Event Type – OTHER

Subcategory – Seizure

Use of Emergency Room or Urgent Care Facility

When a participant is assessed or treated in an emergency room (ER) for any reason, or in an urgent care facility when the participant's condition is of such severity they cannot wait to be seen by their primary care physician. An ER visit is reportable, regardless of whether the participant ultimately receives treatment or requires hospital admission. Reporting is not required when a participant is seen by a physician at an urgent care facility to get a prescription for OTC medication, such as for a minor cold or allergies.

Event Type – OTHER

Subcategory – Hospital

Sub-type – ER w/o Admission OR Urgent Care

Use of Emergency Safety Intervention

Any use of emergency safety intervention, which is the use of physical restraint or separation is an emergency safety situation. ESI is reportable, regardless of whether it is a previously approved intervention in the participant's ISP.

Event Type – Emergency Safety Intervention

Subcategory – N/A

Use of PRN Psychotropic Medication

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

Event Type – OTHER

Subcategory – PRN Psychotropic Use

Use of Prohibited Practices

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.

For Restraint:

Event Type – RESTRAINT OTHER

Subcategory – Physical/Chemical/Mechanical Restraint (as applicable)

Other Prohibited Practices:

Event Type – OTHER

Subtype – Complaint and/or Possible Litigation

VI. Reporting COVID-19 Related Incidents

The reporting timeline and notification requirements for COVID-19 related GERs are the same as all other high notification level events. For each COVID-19 related GER, an additional event must be added to the GER to note the event is related to COVID-19.

Displacement from Usual Services Site/Alternative Provision of Services

Do not report this type of incident in a high notification GER. 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. A 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.

Notification Level – Medium

Event Type – OTHER

Subcategory – Displacement due to Emergency/Natural Disaster

Quarantine Due to Suspected Exposure to COVID-19

Do not report this type of incident in a high notification GER. 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 a potential exposure to COVID-19. This includes any participant who is in quarantine/remaining at home due to experiencing possible symptoms of COVID-19, but for whom the severity of symptoms and circumstances do not indicate medical attention/screening is needed.

Notification Level – Medium

Event Type – OTHER

Subcategory – Potential Incident/Near Miss

Serious Illness

This type of incident is a high notification GER. 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 are 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.

Notification Level – High

Event Type – OTHER

Subcategory – Serious Illness

Use of an Emergency Room or Urgent Care Facility

This type of incident is a high notification GER. Any unplanned use of a hospital emergency room or urgent care facility for treatment of COVID-19 is a reportable incident. 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.

Notification Level – High

Event Type – OTHER

Subcategory – Hospital

Sub-type – ER w/o Admission OR Urgent Care

Hospitalization of a Participant

This type of incident is a High notification GER. Any admission to a hospital for evaluation, monitoring, or treatment of COVID-19 is a reportable incident.

Notification Level – HIGH

Event Type – OTHER

Subcategory – Hospital

Sub-type – Admission

Death of a Participant

This type of incident is a High notification GER. Any death of a participant due to COVID-19 is a reportable incident.

Notification Level – HIGH

Event Type – Death

Cause of Death – Other – COVID-19 (will have to type in COVID-19 after selecting Other)

Reporting COVID-19 Testing Results

Further information regarding COVID-19 related incident reporting can be found in Appendix C of the Nebraska DHHS Division of Developmental Disability Incident Reporting and GER Guide.