

Oswego Industries, Inc.
 Incident Reporting, Management, and Review Procedure

Purpose: To allow for consistency and create an expected reporting system to manage and address situations that meet the definitions of Reportable Incidents, Notable Occurrences, Events/Situations and Agency Internal Incidents as outlined in Agency Policy 12.0.

Person(s) responsible:	Responsibility:
<p>Custodian(s) who is a witness; or, Custodian who discovers a:</p> <ul style="list-style-type: none"> ▪ Reportable Incident ▪ Notable Occurrence; ▪ Part 625 Event; or ▪ Agency Internal Incident 	<ul style="list-style-type: none"> ▪ Immediately protects the person to ensure his/her safety and intervenes to stop the incident. Calls 911 immediately in the event of an emergency. ▪ Report incidents to the nursing dept. for any incident that results in an injury, causes likelihood of injury, or for observation of suspicious injuries. Follows directions given by nursing. ▪ Directly reports situation to supervisor as soon as it is safe to do so. Note: If the supervisor is an alleged abuser or is unavailable, staff are to make direct contact with another member of their chain of command; or, the Corporate Compliance Officer. ▪ For Reportable Incidents Only: A custodian who witnesses or has reasonable cause to suspect a Reportable Incident under the auspices of a program operated or certified by OPWDD; or any other program type covered by the NYS Protection of People with Special Needs Act as identified in the incident management policy, must make a report to the Justice Center via Vulnerable Persons' Central Register (VPCR) immediately upon discovery. This includes Oswego Industries' site-based group day hab and long-term sheltered employment (LTSE). Reporting may be delayed to prevent harm, but an incident must be reported within 24 hours of discovery. <u>Note:</u> This is a legal duty. Permission from the supervisor/ Agency is not required to report to the VPCR. The report to the VPCR can be completed in one of two ways: (1) Calling the VPCR at 1-855-373-2122; or, (2) Electronically via the NYS Justice Center's Web Intake Form at https://vpcr.justicecenter.ny.gov/WIRW ; however, it is strongly recommended to call the VPCR hotline to report abuse or neglect. ▪ Record the confirmation number given from the VPCR. ▪ Notifies NYS Child Abuse and Maltreatment Reporting Center at 1-800-342-3720 if suspected abuse of a child/neglect/maltreatment of a child. ▪ Documents the situation in an initial incident reporting form by the end of their shift. The report should include any notifications that were

	<p>made.</p> <ul style="list-style-type: none"> ▪ Protects the confidentiality of the situation. ▪ Cooperates with the investigative process and/or any other follow-up actions.
Supervisor notified	<ul style="list-style-type: none"> ▪ Ensures immediate safeguards have been put in place, including any necessary emergency medical services. ▪ Takes any other additional protective actions appropriate to safeguard the individual(s). Ensures coverage is obtained when appropriate to relieve involved staff. ▪ Ensures confidentiality of the situation. ▪ Immediately reports Reportable Incidents, Notable Occurrences and Part 625 Events directly to the Compliance Officer and Program Director as soon as it is safe to do so. If uncertain whether the situation meets the criteria of a Reportable Incident/Notable Occurrence/Part 625 Event, Compliance Officer must be notified. The Compliance Officer can be reached at (315) 598-3108 ext. 355, or via cell phone at (315) 532-4981. ▪ For Reportable Incidents Only: For programs operated or certified by OPWDD; or, any other program type covered by the NYS Protection of People with Special Needs Act as identified in the incident management policy: ensures every direct witness reports to the VPCR immediately upon discovery; however reporting may be delayed to prevent harm (e.g., for as long as it takes to call emergency responders and/or address the need to maintain supervision.) ▪ The first-line supervisor must also report to the VPCR immediately upon discovery. ▪ Ensure staff/volunteer/contractor completes an initial incident report by the end of their shift. ▪ Forwards any requested documentation in a timely manner to the Compliance Department.
Plan Coordinator/VSA	<ul style="list-style-type: none"> ▪ Forwards copies of current ISP, Hab Plan, and other plans/documentation relevant to the investigation in a timely manner, as requested by the Compliance Dept. or assigned investigator.
Nursing Department	<ul style="list-style-type: none"> ▪ When an incident results in an injury, or the possibility of an injury, nursing will check the individual for any injuries, if the individual allows. ▪ Take any other necessary steps to properly treat the individual. ▪ Advises staff and program leadership of any appropriate treatment or

	<p>action.</p>
Program Director	<ul style="list-style-type: none"> ▪ Ensures the health and safety of all individuals involved. ▪ Acts to ensure appropriate protections are put in place, as determined by each circumstance. Safeguards must be determined and implemented with respect to the subject of an incident. Consults with the Executive Director and/or Compliance Officer, when necessary. Protective actions for the safety of affected individuals include, but are not limited to: <ol style="list-style-type: none"> 1. Suspension of the alleged abuser. (Note: This must be completed in accordance with Appendix A; and, an HR representative must be present when a staff is placed on administrative leave. As a general rule, time for leave is unpaid when there is a substantiated finding, and paid if the finding is unsubstantiated.) 2. Provision of counseling to the alleged abuser or victim. 3. Provision of increased training to staff pertinent to the prevention and remediation of abuse/neglect; 4. Increasing supervision and support to the affected staff and program participants to restore a secure environment. 5. Relocation of the allegedly abused individual, consistent with the developmental needs of the individual when it is determined that there is a risk to such individual if he or she remains in program. ▪ Monitors and ensures that custodians and supervisors complete their assigned responsibilities. ▪ Responds to and ensures appropriate corrective/remedial action is taken for all incidents. Develops a plan of prevention and remediation within 10 days of IRC review of a completed investigation to assure continued health, safety, and welfare of individuals. This must be submitted to the Compliance Officer for written endorsement. The plan must identify projected implementation dates and specify by title the staff responsible for implementing each remedial action. ▪ When an investigation results in findings and recommendation(s), Program Director responds, monitors and ensures there is evidence of the implementation of recommendations. In the event that a particular recommendation is not implemented, submits written justification to the Compliance Officer as to why and identifies the alternative means that will be undertaken to address the issue; or, justifies why no action is needed. ▪ Ensures documentation of the follow-up from recommendations is forwarded to the Corporate Compliance Officer.
Corporate Compliance Officer	<ul style="list-style-type: none"> ▪ Provides technical assistance to assist in determining reporting level, as needed.

<p>Corporate Compliance Officer</p>	<ul style="list-style-type: none"> ▪ Immediately notifies CEO of Reportable Incidents and Notable Occurrences. ▪ Ensures protective actions have been put in place by the program. In the event that the appropriate protective measures have not been put in place, will act to ensure such measures are completed. This includes placing the target staff on administrative leave, when appropriate. ▪ Reviews incident report and enters information into the Incident Reporting and Management Application (IRMA) within 24 hours, or by close of the next working day. ▪ Notifies the OPWDD Incident Management Unit Compliance Officer at (315) 376-1700 ext. 206 immediately to report Reportable Incidents and Notable Occurrences. If after-hours, contacts (888) 479-6763. May e-mail OPWDD.Incident.Notifications@opwdd.ny.gov for after-hours Significant Incidents/Notable Occurrences only. ▪ Makes Jonathan’s Law notifications to qualified person(s) as soon as reasonably possible, but no later than 24 hours after completion of the written initial incident/occurrence report (for minor notable occurrences) or entry of initial information in IRMA by the agency. If the individual is a capable adult and objects, or the qualified party is the alleged abuser, this notification will not be made. Compliance Department may otherwise delegate this notification to a member of program leadership. ▪ Makes notification to the MSC within 24 hours. May otherwise delegate this to a member of program leadership. ▪ For deaths of any individual who had received services operated or certified by OPWDD within 30 days preceding his or her death, reports to the Justice Center Death Reporting Line at 1-855-373-2124 within 24 hours of discovery. ▪ For reports of Abuse/Neglect in facilities and programs certified or operated by OPWDD that have been delegated to the Agency, submits a request for a check of the Statewide Central Register of Child Abuse and Maltreatment (SCR) concerning each subject of the report as soon as the information required to make the request is known or discovered. ▪ Chapter 394 - For all investigations of reportable incidents of abuse or neglect accepted by the Justice Center, and within their jurisdiction: Immediately attempt to notify the subject of the report and their personal representative that an interview may take place. “Immediately” shall mean within 24 hours for the subject of the report
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<p>Corporate Compliance Officer</p>	<p>and 48 hours for the potential witness. No notification to the personal representative will be made if providing notification would compromise the investigation, violate relevant confidentiality laws, be contrary to court order, or otherwise contrary to the best interests of the alleged victim or potential witness. May otherwise delegate this to the assigned investigator.</p> <ul style="list-style-type: none"> ▪ Completes and sends the redacted Report of Actions Taken to qualified person (OPWDD 148) within 10 days accompanied by a cover letter that includes their right to request the initial, redacted incident report, offer to meet with the Executive Director or Compliance Officer to further discuss the incident; and for allegations of abuse/neglect, and offer to request the status (finding) of the report. ▪ Faxes initial incident report to Mental Hygiene Legal Services within 3 working days if it is an allegation of abuse/neglect and the individual resides in a certified facility. ▪ Ensures law enforcement has been notified of any situations where a crime may have been committed by a custodian against a service recipient. ▪ Retains documentation of the notifications for the investigative file. ▪ Assigns an Agency investigator if the incident is delegated to the Agency. ▪ Ensures that all suicides, homicides, accidental deaths or due to suspicious circumstances are immediately reported via telephone and later in writing to the coroner/medical examiner. ▪ Provides written information to the MSC identifying investigative conclusions and recommendations pertaining to the individual's care, protection and treatment within 10 days following the completed investigation, or within 3 weeks following IRC review, excluding any identifying information of other person(s) involved. Note: If the MSC is the target of an allegation or is a witness of the incident, the notification/written information will be provided to the MSC supervisor or Administrator instead. ▪ Enters the full text of the investigative report in IRMA for Reportable Incidents/Serious Notable Occurrences within 30 days. ▪ Within 50 days of OPWDD accepting a report, uploads the full investigative record to IRMA for Abuse/Neglect and Deaths under the auspices of the Agency for those that are not under the authority of the Justice Center.
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<p>Corporate Compliance Officer</p>	<ul style="list-style-type: none"> ▪ Submits the entirety of the investigative record to the Justice Center within 50 days of the VPCR accepting a report through the Web Submission of Investigative Report (WSIR) application. ▪ Reviews and approves plans for preventions and remediation for substantiated reports of abuse/neglect. Enters Plan of Prevention and Remediation into IRMA by the close of the 5th working day after development of the plan. ▪ Enters reporting updates in IRMA at least monthly, or more frequently, as requested by OPWDD until closure of incident/ occurrence. If closure is exclusively pending receipt of written notice from the Justice Center, an initial update is to be entered in IRMA to document that closure of the incident is pending receipt of notice from Justice Center and that an update is entered in IRMA by the close of the 5th working day after the Agency receives the written notice. ▪ Prepares materials for any requests received for initial incident/investigative reports by eligible requestors. Ensures document is properly redacted in accordance with regulations. Will also ensure redacted, initial reports are accompanied with a cover letter that states all contents are preliminary and have not been substantiated. Release of records must include a statement that specifies dissemination restrictions. ▪ Processes requests for investigative records of reportable incidents. Ensures record is redacted and sends to eligible requestors within 21 days of closure of the case. ▪ Record Incident Review Committee meeting minutes and enter minutes into IRMA within three weeks of the meeting.
<p>Assigned Investigator</p>	<ul style="list-style-type: none"> ▪ If he/she recognizes a potential conflict of interest in the assignment, he/she must report the information to the Corporate Compliance Officer. ▪ Conflicts include, but are not limited to, incidents/occurrences that: he/she was directly involved in, in which his/her testimony is incorporated, in which a spouse, domestic partner, or immediate family member was involved, in which his or her spouse, domestic partner or immediate family member provides supervision to the program where the incident took place or provides supervision, or is in the direct line of supervision, to directly involved parties. ▪ For Abuse/Neglect in facilities/programs certified or operated by OPWDD, notifies each subject of the report that an investigation is being conducted unless doing so would impede the investigation. The “<i>Notice to Suspect</i>” letter must be sent at the beginning of the

<p>Assigned Investigator</p>	<p>investigation or as soon as the suspect's contact information is known. A copy of the letter must be retained for the file.</p> <ul style="list-style-type: none"> ▪ Assists with completion of Chapter 394 notifications as directed by the Compliance Department. ▪ Initiates investigation of Reportable Incident/Notable Occurrences immediately and completes a thorough investigation. Obtains a written statement of all staff interviewed at the time of the interview. ▪ Documents the investigation in the format specified by OPWDD (<i>E.g.</i> OPWDD Form 149). The investigative report must be submitted to the Compliance Officer for review for approval. The final, approved investigative report must be signed by the investigator within 30 days, unless there is adequate justification to extend the timeframe. ▪ If becomes aware of additional information concerning an incident that may warrant its reclassification, must report the additional information to the VPCR (if applicable) and to the Corporate Compliance Officer. ▪ Maintains confidentiality of information obtained during the course of the investigation.
<p>Incident Review Committee</p>	<ul style="list-style-type: none"> ▪ Meets at least quarterly, and always within one month of a reportable incident or notable occurrence. Committee members must be appointed by the Chief Executive Officer. <p>Reviews reportable incidents and notable occurrences to:</p> <ol style="list-style-type: none"> 1. Ascertain that they were reported, managed, investigated, and documented consistent with the provisions of Part 624 and with agency policy and procedures, and to make written recommendations to the appropriate staff and/or the chief executive officer to correct, improve, or eliminate inconsistencies; 2. Ascertain that necessary and appropriate corrective, preventive, remedial, and/or disciplinary action has been taken to protect persons receiving services from further harm, to safeguard against the recurrence of similar reportable incidents and notable occurrences, and to make written recommendations to the chief executive officer to correct, improve, or eliminate inconsistencies; 3. Ascertain if further investigation or if additional corrective, preventive, remedial, and/or disciplinary action is necessary, and if so, to make appropriate written recommendations to the chief executive officer relative to the reportable incident or notable occurrence; 4. identify trends in reportable incidents and notable occurrences (e.g., by type, person, site, employee involvement, time, date, circumstances, etc.), and to recommend appropriate corrective, preventive, remedial, and/or disciplinary action to the chief

Incident Review Committee

- executive officer to safeguard against such recurring situations or reportable incidents and notable occurrences; and
5. Ascertain and ensure the adequacy of the agency's reporting and review practices, including the monitoring of the implementation of approved recommendations for corrective, preventive, and remedial action.
 6. Review and monitor all reportable incidents and/or serious notable occurrences that are reported;
 7. Review and monitor investigatory procedures, but shall not perform the routine investigation of reportable incidents or notable occurrences;
 8. Make written recommendations to appropriate staff to eliminate or minimize similar reportable incidents and/or notable occurrences in the future, and/or to improve investigatory or other procedures;
 9. Make written recommendations to the chief executive officer on changes in agency policy or procedures and to improve conditions contributing to the reportable incidents and/or notable occurrences reviewed;
 10. Forward findings and recommendations to the chief executive officer within two weeks of meeting;
 11. Provide documentation that all reports of reportable incidents and serious notable occurrences have been reviewed by the committee and that results and recommendations have been conveyed to appropriate agency executives and others with a need to know;
 12. Monitor actions taken on any and all recommendations made and advise the Chief Executive Officer when there is a problem;
 - Monitor trends of other events or situations attributable to a person receiving services which may be potentially harmful, but do not meet the definition of being a reportable incident or notable occurrence.
 - In accordance with Incident Management Policy 12.0, report at least annually to the chief executive officer, chief agency executives, the governing body, and OPWDD concerning the committee's general monitoring functions; general identified trends in reportable incidents and notable occurrences; and corrective, preventive, remedial and/or disciplinary action pertaining to identified trends; and
 - Interact with the governing body and comply with the policies in relation to the review and monitoring of all reportable incidents and notable occurrences.
 - For reportable incidents of abuse and neglect in facilities and programs that are certified or operated by OPWDD, an incident will not be considered closed by an IRC until the agency receives written notification from the Justice Center which specifies that it has accepted an investigation conducted by the agency (or by OPWDD)

<p>Incident Review Committee</p>	<p>or, if the Justice Center conducted the investigation, when the Justice Center notifies the agency that the incident is closed.</p> <ul style="list-style-type: none"> ▪ Note: The Justice Center may amend findings made by an agency or OPWDD. Findings made by the Justice Center are considered final. ▪ When an investigation of an incident or occurrence is conducted by the Central Office of OPWDD or the Justice Center: <ol style="list-style-type: none"> 1) The IRC role in reviewing and monitoring the particular incident or occurrence is limited to matters involving compliance with the reporting and notification requirements, protective and remedial actions taken (except disciplinary actions concerning services operated by OPWDD), operational concerns, and the quality of services provided. 2) The finding (of the report of abuse or neglect) of substantiated or unsubstantiated must be made by the Central Office of OPWDD or the Justice Center. 3) Concerning facilities and programs that are not operated by OPWDD, including non-certified programs and programs certified under paragraph 16.03(a)(4) of the Mental Hygiene Law, the IRC must monitor all actions taken to implement recommendations made by the Central Office of OPWDD or the Justice Center. <p>When a committee member recognizes a potential conflict of interest in his or her assignment he/she must report this information to the committee and recuse him or herself from participating in committee review of the incident or occurrence in question.</p> <ul style="list-style-type: none"> ▪ No committee member may participate in the review of any reportable incident or notable occurrence in which he or she was directly involved, in which his or her testimony is incorporated, in which his or her spouse, domestic partner, or other immediate family member was directly involved, or which he or she investigated or participated in the investigation. Such members may, however, participate in committee deliberation regarding appropriate corrective, preventive, or remedial action. ▪ For reportable incidents and serious notable occurrences, no committee member may participate in the review of an investigation in which his or her spouse, domestic partner, or immediate family member provides supervision to the program where the incident took place or supervised directly involved parties. ▪ No committee member may participate in the review of a reportable incident or serious notable occurrence, if such committee member is the immediate supervisor of staff directly involved in the event or situation. Such member may, however, participate in committee deliberation regarding appropriate corrective, preventive, or remedial action.
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Procedure Approved By: _____ Date: _____

Authorized by: Brandilyne Husenitza
February 2016