

TOPIC: Incident Reporting, Management and Review	DEPARTMENT: All
POLICY NAME: Incident Management Policy	POLICY NUMBER: 12.0
<p>PURPOSE: To allow for the Agency to respond to any situation that potentially compromises the health or safety of an individual who receives services from Oswego Industries. This policy is intended to provide consistency and create an expected reporting system to manage and address Reportable Incidents, Notable Occurrences, Part 625 Events, and Agency Internal Events in accordance with the Justice Center for the Protection of People with Special Needs and the Office for People with Developmental Disabilities (OPWDD).</p> <p>REFERENCE(S): NYS Social Service Law Article 11, Section 488 14 NYCRR Part 624; 14 NYCRR Part 625 Emergency Regulations Permanent Adoption: 12/2/15</p> <p>DEFINITION(S): Auspices, under the. Refers to an event or situation in which the Agency is providing services to a program participant. The event or situation can occur whether or not the person is physically at a site owned, leased, or operated by the Agency. This includes situations in which agency personnel are, or should have been, physically present and providing services at that point in time; or, any situations involving physical conditions at the site provided by the Agency, the death of an individual that occurred while the individual was receiving services or that was caused or resulted from a Reportable Incident or Notable Occurrence, death of an individual up to 30 days after discharge of an individual from a residential facility unless admitted to a different residential facility, and/or any event that directly involves or may have involved Agency personnel, a Family Care Provider or someone who lives in the home of a Family Care provider.</p> <p>Custodian. A party that meets the following criteria: A director, operator, employee or volunteer of an agency; or, a consultant, employee or volunteer of a corporation, partnership, organization, or governmental entity that provides goods or services to an agency pursuant to contract or other arrangement that permits such party to have regular and substantial contact with individuals receiving services; or, a family care provider; or, a family care respite/substitute provider.</p> <p>POLICY: Oswego Industries, Inc. is committed to protecting persons who attend our programs or receive support. It is the policy of Oswego Industries, Inc. to report, document, investigate, review, correct and monitor certain events that affect the safety and welfare of those we support. Adherence to this policy and OPWDD’s 624 and 625 regulations is required of all custodians at all times. All staff, volunteers, and contractors are “custodians” and are required to report allegations of abuse, significant incidents, notable occurrences, Part 625 events and internal general events. The primary function of the reporting of certain events or situations is to enable a governing body, executives, administrators and supervisors to become aware of problems, take corrective measures, and minimize the potential for recurrence of the same or similar situation. Prompt reporting of these events and situations can ensure that immediate steps are taken to protect persons receiving services from being exposed to the same or similar risk. Failure to comply with the provisions of this Policy can result in disciplinary action.</p> <p>Complete copies of Part 624 and 625 are available to all agency staff and can be referred to when necessary. When a situation occurs, or there is reasonable cause to suspect an incident, it is the expectations that the Agency responds in the order stated:</p> <ul style="list-style-type: none"> ▪ Immediate intervention and ensuring appropriate protections are in place ▪ Reporting ▪ Documentation ▪ Investigation 	

- Incident review and monitoring

I. APPLICABILITY:

This Policy applies to all facilities and programs that are operated, certified, sponsored or funded by OPWDD for the provision of services to persons with developmental disabilities.

The program participants receiving service from Oswego Industries that are not in the OPWDD system (E.g. Supported Employment ACCES-VR) may not have a formal set of regulations or standards for incident management; therefore, they are not subject to the same reporting requirements set forth below. However, the Agency requires that for all program participants involved in a situation that meets any definition below, staff shall intervene and protect the individual from further harm; and, report and document the situation internally.

The following programs provided at Oswego Industries are certified by OPWDD:

- Site based Group Day Hab
- Sheltered Workshop

The following programs provided at Oswego Industries are funded by OPWDD:

- MSC/PCSS
- Supported Employment
- Non-certified Day Hab (LIFE)
- Community Hab
- Pathway to Employment
- Prevocational Program

II. IMMEDIATE PROTECTIONS:

A person's safety is the primary concern of the Oswego Industries. All staff, volunteers and contractors must intervene as appropriate and take necessary and reasonable steps to ensure that the individual receiving services who has been harmed receives any necessary treatment or care. In addition, to the extent possible, everyone must take reasonable and prudent measures to immediately protect individuals receiving services from harm and abuse.

Examples of such protections include, but are not limited to:

- Calling 911
- First-aid; or, any other necessary medical treatment
- Separation of individuals
- Increased supervision
- Staff retraining; and/or
- Placing a target on administrative leave, when appropriate. When someone is placed on administrative leave, he/she is prohibited from direct contact with, or responsibility for, all individuals receiving services at Oswego Industries and sister agency pending the outcome of the investigation.

III. REPORTABLE INCIDENTS:

Reportable Incidents include classifications within the Abuse/Neglect and Significant Incident categories; and, that occur under the auspices of the agency.

Reportable Abuse/Neglect is broadly defined as the maltreatment or mishandling of a person receiving services which endangers the physical or emotional well-being of the person through the action or inaction of a custodian, whether or not the person appears to be injured or harmed. Failure to intercede on behalf of a person is also considered abuse. The classifications of abuse/neglect are as follows:

- (1) Physical** – Conduct by a custodian intentionally or recklessly causing, by physical contact, physical injury or serious protracted impairment of the physical, mental, or emotional condition of the individual receiving services, or causing likelihood of such impairment. Such conduct may include, but is not limited to: hitting,

slapping, biting, choking, smothering, dragging, throwing, pinching, kicking, shoving, punching, shaking, burning, cutting, or use of corporal punishment. Physical abuse does not include reasonable emergency interventions necessary to protect the safety of any party.

- (2) **Sexual** - Any sexual contact between a person receiving services and a staff, consultant, contractor or volunteer; or, any conduct or communication by a custodian that allows, permits, uses or encourages a person receiving services to engage in any act in Penal Law Article 230 (E.g. prostitution) or Article 263. Causing a person receiving services to touch another person for the purpose of gratifying sexual desires is sexual abuse. Sexual contact includes touching or fondling of the sexual or other intimate parts of a person receiving services directly or through clothing for the purpose of sexual arousal or sexual gratification. A person with a developmental disability who is or was receiving services and is also an employee or volunteer of the agency is not considered a custodian if he/she has sexual contact with another individual receiving services who is a consenting adult who has consented to such contact.
- (3) **Psychological** – Verbal or nonverbal conduct that may cause significant emotional distress to an individual receiving services. This includes but is not limited to: ridicule, humiliation, scorn, taunts, threats, derogatory comments, intimidation, dehumanization, or the display of a weapon or other object that could reasonably be perceived by an individual receiving services as a means of infliction of pain or injury in a manner that constitutes a threat of physical pain or injury. The tone of voice, such as yelling or shouting at or in the presence of other persons may constitute psychological abuse. Swearing at or in the presence of a person who receives services may also be abusive. In order for allegations of psychological abuse to be substantiated after reported, the conduct must be shown to intentionally or recklessly cause, or be likely to cause, a substantial diminution of the emotional, social or behavioral development or condition of the individual. Evidence of such an effect must be supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, LCSW or LMHC.
- (4) **Deliberate inappropriate use of restraint** - The use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is deliberately inconsistent with an individual’s plan of services (ISP, Hab Plan or Behavior Support Plan), generally accepted treatment practices and/or applicable federal or state laws, regulations, or policies, except when the restraint is used as a reasonable emergency intervention to prevent imminent risk of harm to a person receiving services or any other party. Restraints include any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his/her arms, legs or body. The intentional use of medication to control an individual's behavior that has not been prescribed by a physician for that purpose is considered to be an unauthorized use of restraint.
- (5) **Unlawful use or administration of a controlled substance** - Any administration by a custodian to a service recipient of a controlled substance without a prescription, or other medication not approved for any use by the Federal Food and Drug Administration. It also shall include a custodian unlawfully using or distributing a controlled substance at the workplace or while on duty.
- (6) **Obstruction of reports of reportable incidents** - Conduct by a custodian that impedes the discovery, reporting or investigation of the treatment of a service recipient by falsifying records related to the safety, treatment or supervision of an individual receiving services; actively persuading a custodian or other mandated reporter from making a report to the Justice Center or OPWDD with the intent to suppress the reporting of the investigation of such incident; intentionally making a false statement or intentionally withholding information; intentional failure of a supervisor or manager to appropriately act upon such a report.; or, failure to report a reportable incident upon discovery.
- (7) **Use of Aversive Conditioning** – The application of a physical stimulus that is intended to induce pain or discomfort in order to modify or change the behavior of a person receiving services. Aversive conditioning may include, but is not limited to: noxious smells, noxious tastes, blindfolds, electric shocks, and the

withholding of meals and the provision of substitute food in unpalatable form. Aversive conditioning is prohibited.

- (8) Neglect** - Any action, inaction, or lack of attention that breaches a custodian's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental, or emotional condition of a service recipient. Neglect includes, but is not limited to: failure to provide proper supervision including a lack of proper supervision that results in conduct between persons receiving services; failure to provide adequate food, clothing, shelter, or medical, dental, optometric or surgical care; and, provided that the agency has reasonable access to the provision of such services and that necessary consent to such services have been sought and obtained; failure to provide access to educational instruction by a custodian with a duty to ensure that an individual receives access to such instruction in accordance with Article 65 of Education Law and/or the individual's Individualized Education Program. Failure to failure to provide a safe and/or appropriate environment for a person receiving services, appropriate services; or, error in judgment, inattention or ignoring may also be considered a form of neglect.
- (9) Reportable - Significant Incidents** - An incident, other than an incident of abuse or neglect, that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to health, safety, or welfare of a person receiving services, and includes but is not limited to:
- (a) Conduct between persons receiving services** that would constitute abuse if committed by a custodian, except sexual activity involving adults who are capable of consenting and consent to the activity.
- (b) Conduct of a custodian that is inconsistent with the plan of service(s) or accepted treatment practices** and that impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services; including:
- 1. Seclusion:** Placement of an individual in a room or area from which he or she cannot, or perceives that he or she cannot, leave at will except when such placement is specifically permitted by section 633.16.
 - 2. Unauthorized use of time-out:** The use of a procedure in which a person receiving services is removed from regular programming and isolated in a room or area for the convenience of a custodian, for disciplinary purposes, or as a substitute for programming. This includes any use of time-out inconsistent with a person's plan of services.
 - 3. Medication error with adverse effects** – This includes administration of a prescribed or over-the-counter medication that is inconsistent with a prescription or order and that has an unanticipated or undesirable side effect from the administration of a particular medication which unfavorably affects the wellbeing of the individual.
 - 4. Inappropriate use of restraints** – Use of a restraint when the technique that is used, the amount of force used, or the situation in which the restraint is used is inconsistent with an individual's plan of services, generally accepted treatment practices, laws, regulations or polices. Restraints include manual, pharmacological, or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his/her arms, legs, or body.
 - 5. Mistreatment** – Other conduct on the part of a custodian, inconsistent with the individual's plan of services, generally accepted treatment practices, laws, regulations or policies; and, that impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services.
- (c) Missing person at risk for injury** – The unexpected absence of the individual that based on his/her history and current condition exposes him/her to risk of injury.
- (d) Unauthorized absence** – Unexpected or unauthorized absence of a person after formal search procedures have been initiated. Reasoned judgements, taking into consideration the person's habits, deficits, capabilities, health problems, etc. determine when formal search procedures need to be implemented. It is required that formal search procedures be initiated immediately upon discovery of an absence involving a person whose absence constitutes a recognized potential danger to the wellbeing of the person or others.

- (e) **Choking with known risk** - partial or complete blockage of upper airway by an inhaled or swallowed foreign object, including food, that leads to a partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive that addresses that risk.
- (f) **Choking with no known risk** – Partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, other than choking with known risk.
- (g) **Self-abusive behavior with injury** - Self -inflicted injury that requires medical care beyond first aid.
- (h) **Injury with hospital admission** – An injury that results in the admission of a service recipient to a hospital for treatment or observation.
- (i) **Theft and financial exploitation** – Any suspected theft of a service recipient’s personal property (including personal funds or belongings) or financial exploitation, involving a value of more than \$100; theft involving an individual’s credit, debit or public benefit card (regardless of amount involved); or, a pattern of theft or financial exploitation involving the property of one or more individuals receiving services.
- (j) **Other significant incident** – An incident that occurs under the auspices of an agency, but that does not involve conduct by a custodian, and does not meet the definition of any other incident described in this section, but that because of its severity or the sensitivity of the situation, may result in, or has the reasonable foreseeable potential to result in, harm to the health, safety, or welfare of an individual.

IV. NOTABLE OCCURRENCES DEFINITIONS:

Notable occurrences are events that do not meet the criteria above, however, occur under the auspices of the Agency and could result in harm to the individuals we support. Notable Occurrences are not reported to the Justice Center, with the exception of deaths in certified programs. Notable Occurrences must be reported to OPWDD.

A. SERIOUS NOTABLE OCCURRENCES

Events that meet the following definitions and occur under the auspices of an agency.

- **Death** - Death of any person receiving services, regardless of the cause of death. This includes all deaths that occur under the auspices of an agency.
- **Sensitive Situations** - Situations involving a person receiving services that do not meet the criteria of definitions above, but may be of a delicate nature to the agency and which are reported to ensure awareness of the circumstances. This includes, but is not limited to, possible criminal acts committed by an individual receiving services and other situations that may result in adverse media attention or public perception.

B. MINOR NOTABLE OCCURRENCES

- **Injury** - Any suspected or confirmed harm, hurt or damage to an individual receiving services caused by an act of that individual or another whether or not by accident and whether or not the cause can be identified; and, that requires medical or dental treatment beyond first aid.
- **Theft and financial exploitation** - Any suspected theft of a service recipient’s personal property (including personal funds or belongings) or financial exploitation involving values of more than \$15.00 and less than or equal to \$100.00 that does not involve a credit, debit or benefit card and that is an isolated event.

V. INTERNAL INCIDENT DEFINITIONS:

Oswego Industries, Inc. is committed to protecting persons who attend our programs or receive support. Internal events will be defined as noteworthy situations or occurrences that do not seriously endanger the well-being of the individuals being served and are not otherwise defined as reportable incidents or notable occurrences. Internal events are deemed important enough to document, provide any necessary follow-up, monitor and trend.

- **Accident** - Any vehicular accident that involves individuals being transported, either by an agency vehicle, personal/family vehicle, or vendor vehicle; and, the accident did not involve any action or inaction by an employee/vendor that may put the individual's safety at risk.
- **Emergency Situation** - Any event where 911 is called, ambulance is dispatched and/or ER visit is required. Such situations may include an "illness" situation.
- **Fall** - Any slips, trips and falls, even if no injury results. The loss of balance could be indicative of an undetected health-related issue or may result in a muscle/back strain that may not present itself initially.
- **Work- Related Accident/Injury** - Any accident or injury during work/paid time, where a minor injury would require basic first aid and/or any accident /injury that would require a worker's comp. report filed.
- **Injury/Bruise of Unknown Origin** - any injuries and/or bruises discovered that cannot be explained by a preceding event. Note: if there is reasonable cause to suspect physical abuse, it must be reported as a Reportable Incident.
- **Other** - any situation that is questionable in nature or as Program Leadership/Administration determines.
- **Other – Irregular Situation** - any situation that is questionable in nature and requires further investigative measures on behalf of another Agency providing oversight at the time of the alleged incident/occurrence. This includes when another agency, other than Oswego Industries is responsible for filing the reportable incident or notable occurrence. These situations may result in the reporting of the occurrence to OPWDD or the NYS Justice Center.
- **Behavioral Issues/concerns** – This includes but is not limited to behaviors exhibited that are not acceptable by "normal social standards/manners" and are not otherwise noted in an individual's behavior plan; or, other behavioral situations that may have a minor adverse effect on other individuals receiving services, regardless of whether the behavior is noted in a behavior plan. Note: If the behavioral issue is between two individuals receiving services and the conduct would constitute abuse if committed by a custodian as described in the abuse definitions above, this must be reported as a reportable, significant incident instead.
- **Victim** – When one individual receiving services is the victim of another individual demonstrating a behavior problem. Note: If the behavioral issue is between two individuals receiving services and the conduct would constitute abuse if committed by a custodian as described in the abuse definitions above, this must be reported as a reportable, significant incident instead.
- **Theft/Financial Exploitation** - Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, which involves values up to \$15.00.

VI. PART 625 – EVENTS AND SITUATIONS not under the auspices of the Agency:

Oswego Industries, Inc. is committed to protecting persons who attend our programs or receive support. NYCRR Part 625 describes Events/Situations that do not occur while under the auspices of the agency and includes the following classifications:

DEFINITIONS OF PART 625 EVENTS/SITUATIONS:

- **Physical Abuse** – Non-accidental force that results in bodily injury, pain, or impairment, including but not limited to: slapping, burning, cutting, bruising, or improperly physically retraining.
- **Sexual Abuse**- Non-consensual sexual contact of any kind, including but not limited to forcing sexual contact or forcing sex with a third party
- **Death**- the end of life, expected or unexpected, regardless of cause.
- **Emotional Abuse** – The willful infliction of mental or emotional anguish by threat, humiliation, intimidation, or other abusive conduct, including but not limited to frightening or isolating and adult.
- **Financial Exploitation** – The use of an adult's funds, property, or resources by another individual, including but not limited to fraud, false pretenses, embezzlement, conspiracy, forgery, falsifying records, coerced property transfers, or denial of access to assets.
- **Active Neglect** – The willful failure by a caregiver to fulfill the caretaking functions and responsibilities assumed by the caregiver, including but not limited to, abandonment or denial of food or health related services because of inadequate caregiver knowledge, infirmity, or disputing the value of prescribed services.

- **Passive Neglect** – The non-willful failure of a caregiver to fulfill caretaking functions and responsibilities assumed by the caregiver, including but not limited to abandonment or denial of food or health related services because of inadequate caregiver knowledge, infirmity, or disputing the value of prescribed services.
- **Self-Neglect** – An adult’s inability, due to the physical and/or mental impairments, to perform tasks essential to caring for oneself, including but not limited to, providing essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety; or managing financial affairs.

If more than one Agency is providing services to the individual, there must be a responsible Agency that is designated to intervene in events or situations that meet the definitions set forth below. The Agency responsible for intervening must be the provider of services to the individual (or sponsoring Agency) in the order stated:

- (i) Residential facility
- (ii) Certified day program (it shall be the agency which provides greater duration of service)
- (iii) MSC/PCSS
- (iv) HCBS Waiver services
- (v) FSS/ISS/Article 16
- (vi) Any other certified, operated or funded OPWDD program

The Agency responsible must intervene as appropriate which may include one of the following: Notifying Child Protective Services or law enforcement; offering to make referrals to service providers, interviewing individuals involved, assessing and monitoring, reviewing records, and/or educating the individual about his/her options.

VII. REPORTING/NOTIFICATIONS:

All records and incident-related information must be kept confidential and must not be disclosed, except as otherwise authorized by law or regulation. The Agency must maintain confidentiality of information regarding the identities of reporters, witnesses and subjects of Reportable Incidents and Notable Occurrences and limit such access to parties with a need to know, including but not limited to, personnel administrators and the assigned investigator. The following notifications to individuals/outside agencies are to be made as required by law, regulation, and Agency practice:

Supervisory staff - The first person to discover a Reportable Incident, Notable Occurrence, Part 625 Situation, or Agency Internal General Event shall ensure he/she directly communicates the situation to his/her supervisor or another member of program leadership if the supervisor is unavailable or is the alleged abuser. This should occur as soon as possible, after initial protections or medical attention has been sought.

Corporate Compliance Officer - Custodian made aware of the situation and/or the supervisor are to directly notify the Corporate Compliance Officer of any Reportable Incident, Notable Occurrence or Part 625 Event/Situation as soon as possible, after initial protections are in place.

Vulnerable Person Central Register Hotline (VPCR)

- All custodians who witness or have reasonable cause to suspect a Reportable Incident must make an immediate report to the Justice Center’s VPCR hotline if the situation occurred under the auspices of program certified/operated by OPWDD. All custodians in covered facilities or programs (identified below) and Human Service Professionals are “mandated reporters” and are required by law/regulation to report Reportable Incidents to the VPCR. This reporting is also required if the Reportable Incident occurred at a different Agency subject to the jurisdiction of the Justice center. Covered facilities and programs include:
 - Office for People With Developmental Disabilities (OPWDD) - Facilities and programs that are operated, certified, or licensed by OPWDD
 - Office of Mental Health (OMH) - With some exceptions, facilities and programs that are operated, certified, or licensed by OMH
 - Office of Alcoholism and Substance Abuse Services (OASAS) - Facilities and provider agencies that are operated, certified, or licensed by OASAS
 - Office of Children and Family Services (OCFS) - Facilities and programs operated by OCFS for youth placed in the custody of the Commissioner of OCFS

- OCFS licensed or certified residential facilities that care for abandoned, abused, neglected, and dependent children, Persons in Need of Supervision, or juvenile delinquents - Family-type homes for adults, OCFS certified runaway and homeless youth programs, OCFS certified youth detention facilities
- Department of Health (DOH) - Adult care facilities licensed by DOH that have over 80 beds, and where at least 25 percent of the residents are persons with serious mental illness and where fewer than 55 percent of beds designated as Assisted Living Program (ALP) beds, Overnight, summer day and traveling summer day camps for children with developmental disabilities under the jurisdiction of DOH
- State Education Department (SED) - New York State School for the Blind, New York State School for the Deaf, State-supported (4201) schools, which have a residential component, Special Act School Districts, In-state private residential schools approved by SED, Residential schools or facilities located outside of New York State that serve New York State residents
- Frontline supervisors are also required to report Reportable Incidents to the VPCR if it occurred in a program certified or operated by OPWDD.
- In addition, Oswego Industries requires that all employees, volunteers, and contractors report any Reportable Incident they witness or have reasonable cause to suspect an incident to the VPCR even if the incident involves an individual from another program than which he/she works.
- At no point should any custodian be delayed, persuaded or prohibited from making a report to the VPCR. Permission from the Agency is not required to make a report.
- Deaths under the auspices of programs overseen by the Justice Center must also be reported to the Justice Center through a separate VPCR Death Reporting Line.

Executive Director, Program Leadership - It is the responsibility of the Corporate Compliance Department to immediately notify the Executive Director and appropriate Divisional Directors of all Reportable Incidents and Notable Occurrences.

Child Protective Services – A staff, volunteer, or contractor who suspects abuse/neglect/maltreatment of a child, must make an immediate report to the Statewide Central Register of Child Abuse and Maltreatment.

OPWDD Incident Management Unit Reportable Incidents and Notable Occurrences must be immediately reported to OPWDD's Incident Management Officer. This will be completed by the Corporate Compliance Department, unless otherwise delegated.

Other Agencies

- If a Reportable Incident or Notable Occurrence is alleged to have occurred while the person was under the auspices of another Agency, the supervisor who discovers or is notified of the situation must report the situation to the Agency under whose auspices the event or situation occurred.
- In addition, for Reportable Incidents and Notable Occurrences that occurred under our auspices, it is the responsibility of the Corporate Compliance Department to notify any other Agency where the person receives services of that incident if it resulted in visible injury to the person, may be of concern to another agency, or may have impact upon programming or activities of another Agency.

Law enforcement. Law enforcement must be contacted immediately in the event that an emergency response by law enforcement is needed; and, anytime a crime may have been committed by a custodian against an individual receiving services. This includes alleged sexual abuse, physical abuse or theft/financial exploitation.

Parents/Guardians/Advocates. For all Reportable Incidents and Notable Occurrences, telephone notice must be provided to one of the following qualified person(s):

- An individual's legal guardian;
- Parent;
- Spouse; or,
- Adult child

This notification shall occur unless such party is the alleged abuser; there is written advice from such party that he/she objects to the notification; or, if the person receiving services is a capable adult and objects. If the capable adult objects, then the capable adult must be provided the notice. If the individual does not have one of the above qualified parties or if he/she is not reasonably available, the Agency must provide notice to the person receiving services; and, the person's advocate or correspondent. This notification shall occur no later than 24 hours after the hours after completion of the written initial incident/occurrence report or entry of initial information into IRMA by the Agency.

A redacted report on Actions Taken must also be sent to the notified party within 10 days to include any immediate steps in response to the incident to safeguard the individual, including any medical/dental treatment or counseling provided. Any of the above parties may request a meeting with the Executive Director or designee, and information on the status/resolution of allegations of abuse/neglect. In addition, requests may be made for a copy of the redacted initial incident report by the person receiving services, guardian, parent, or correspondent/advocate.

MSC. An individual's Medicaid Service Coordinator must receive:

- Notification of Reportable Incidents and Notable Occurrences within 24 hours of initial entry in IRMA.
- Written information identifying investigative conclusions and recommendations pertaining to the care, protection and treatment of that individual. This must exclude any information that directly or indirectly identifies employees, consultants, volunteers, or other individuals receiving services. This will be completed by the Corporate Compliance Department within 10 days after completion of the investigation if conducted by the Agency; 10 days after the Agency receives notice of the results of the investigation conducted by OPWDD or the Justice Center; or, if the Incident Review Committee has additional findings or recommendations pertaining to the individual's care, protections or treatment, this information must be provided to the MSC within 3 weeks after review.
- Notifications will not be provided to an MSC if he/she is the subject of a report; or, is a witness of an incident or occurrence. Notifications will be made to the MSC's supervisor/administrator in lieu of the MSC.

Mental Hygiene Legal Service (MHLS). For Allegations of Abuse/Neglect involving a person who resides in a facility certified or operated by OPWDD, the Compliance Department will send the written initial report to MHLS within three working days of discovery.

Coroner/Medical Examiner. Suicides, homicides, accidental deaths, deaths due to suspicious, unusual, or unnatural circumstances must be reported immediately by phone and later in writing to the coroner/medical examiner.

VIII. DOCUMENTATION

Initial Incident Report. An initial incident report form must be completed by the person who discovered the Reportable Incident, Notable Occurrence, Part 625 Event or Agency Internal General Event. Program management shall monitor that the incident reporting form is completed and ensure any additional follow-up is completed. The incident report must be completed for by the close of the business day.

Incident Report and Management Application (IRMA). It is the responsibility of the Corporate Compliance Department to ensure IRMA entry in a timely manner. Initial information must be entered into IRMA for Reportable Incidents, Notable Occurrences and Part 625 Events within 24 hours of occurrence/discovery or by close of the next business day, whichever is later.

IX. INVESTIGATIONS:

All Reportable Incidents and Notable Occurrences must be documented, investigated and reported according to established agency procedures; must be reviewed by the Agency's Incident Review Committee; and must be acted upon in a timely and appropriate manner to bring such matters to closure and to ensure participant safety. A complete and thorough investigation of Reportable Incidents and Notable Occurrences will be conducted by Oswego Industries, Inc. unless assigned to an outside party (E.g. Justice Center, OPWDD).

It is required that all witnesses and people involved will cooperate with the investigation process. The Compliance Officer oversees the incident management program and is responsible for assigning an investigator for all Agency investigations. Investigations shall be thorough and must be completed within 30 days. Investigators with a conflict of interest must report it to the Corporate Compliance Officer as soon as he/she recognizes a potential conflict. The Corporate Compliance Officer will relieve the assigned investigator of the duty to investigate if it is determined that there is a conflict of interest in the assignment. All investigations will continue through completion even in situations when an employee leaves employment prior to the conclusion of a pending investigation. Recommendations will be developed as appropriate and necessary for Reportable Incidents/Notable Occurrences/625 Events/Internal General Incidents. Program Leadership must respond to all recommendations made. Appropriate remedial individual-specific and/or administrative action shall be taken in a timely manner, which may include termination of employment.

X. INCIDENT REVIEW COMMITTEE

Oswego industries has an Incident Review Committee which meets at least quarterly, and always within one month of the report of a Reportable Incident or Serious Notable Occurrence. Members of the Committee must comply with confidentiality laws, regulations and Section 74 of Public Officer's Law.

The function of the Committee is to:

- Ascertain that reportable incidents and notable occurrences were reported, managed, investigated and documented consistent with the regulations
- Identify/monitor trends including those of other events or situations attributable to a person receiving services which may be potentially harmful
- Ascertain that appropriate corrective action has been taken
- Make recommendations as necessary and ensure appropriate corrective or remedial actions have been taken. The IRC shall determine when to close an incident/occurrence/event, unless it is required to stay open pending the determination of the Justice Center.

The Incident Review Committee at Oswego Industries includes the following members:

- Corporate Compliance Officer/Chairperson
- Three Board members, one being a representative of an advocacy organization
- Behavior Support Coordinator
- Registered Nurse
- Direct Support Professional
- An individual receiving services

When the Agency is responsible for conducting the investigation of an allegation of Abuse/Neglect:

- In a non-certified program, the IRC will make a determination whether the allegation is substantiated or unsubstantiated.
- In programs under the jurisdiction of the Justice Center, the IRC will make a recommendation of the finding; however, the Justice Center makes the final determination.

When investigations are conducted by OPWDD or the Justice Center, the finding must be made by OPWDD or the Justice Center. The Committee's role in reviewing/monitoring the incident/occurrence is limited to:

- Review of compliance with the reporting and notification requirements
- Protective/remedial actions taken
- Operational concerns; and,
- The quality of services provided

The Chairperson of the IRC must ensure meeting minutes are taken. Findings and recommendations made by the IRC shall be submitted to the Executive Director within 2 weeks of the meeting.

On an annual basis, an incident trend analysis report will be presented to the Committee for review prior to submission to the Board of Directors, CEO and OPWDD.

END OF POLICY

