



**TITLE: INCIDENT REPORTING TO THE
DEVELOPMENTAL DISABILITIES
ADMINISTRATION**

**Policy 2.15
Rev. July 2015**

PURPOSE AND SCOPE

The purpose of this policy is to outline for Kokua employees the state-mandated requirements for incident reporting and to ensure that Kokua employees and volunteers comply with all state requirements for incident reporting. WAC 388-101-4150 through 41.70, DDA Policy 6.12

A. INCIDENT REPORTING

The Developmental Disabilities Administration (DDA) requires that Supported Living agencies report significant incidents within specified time frames. Direction for reporting abuse, neglect or exploitation of a client can be found in Kokua Policy 2.1. This policy addresses all other incidents that require reporting.

B. INCIDENTS REQUIRING A PHONE CALL TO DDD WITHIN ONE HOUR AND AN IR WITHIN ONE BUSINESS DAY

If you witness one of the following circumstances, immediately call the Kokua On-Call System and complete a Kokua incident report by the end of your shift.

The Administrator, Program Coordinator or designee will then notify the DDA Emergency Contact at 1-877-734-6277.

- Suspicious or unusual death of a client,
- Natural disaster or other conditions threatening the operations of Kokua
- A client is missing
- Injuries resulting from abuse/neglect of unknown origin resulting in hospitalization
- Know media interest or litigation must be reported to the Regional Administrator within 1 hour. If the issue meets other reporting criteria, follow with an IR within 1 business day.
- Alleged or suspected sexual abuse of a client
- Client arrested with charges or pending charges for a violent crime
- Life-threatening medically emergent condition that cannot be classified as an injury and which requires treatment by medical personnel or inpatient admission.

In the above circumstances, the phone call must be followed up with a written incident report which will be faxed to DDD within one business day.

C. INCIDENTS WHICH REQUIRE AN INCIDENT REPORT WITHIN ONE BUSINESS DAY

If you witness one of the following circumstances, immediately call the Kokua On-Call System and complete a Kokua Incident Report by the end of your shift. Teams are responsible to ensure that all Incident Reports are brought to the office within one business day.

1. Death of a client (not suspicious or unusual)
2. Any report made to APS alleging abuse, neglect or exploitation of a client,
3. Any alleged criminal activity perpetrated against a client
4. Alleged or suspected criminal activity by a client

5. Any injuries resulting from alleged or suspected client abuse that requires treatment beyond first aid,
6. Any mental health crisis that that results in a client being admitted to a state or community psychiatric facility,
7. Injuries resulting from the use of a restrictive procedure or physical intervention technique
8. Injuries of an unknown cause which require medical treatment beyond first aid
9. Hospital or nursing home admission
10. Patterns of client-to-client abuse
11. Property damage by a client
12. Any restrictive procedure implemented in an emergency situation (DDA Policy 5.15)
13. Medical or other nurse delegation errors which a medical or nursing professional assesses as likely to cause injury or harm
14. Serious treatment violations (Community Protection clients only)
15. Suicidal gestures or attempts
16. Client injury of unknown origin not requiring hospital admission
17. Awareness that a client's legal representative is contemplating permanent sterilization procedures

E. INCIDENTS REQUIRING AN INCIDENT REPORT PER KOKUA POLICY ONLY

If you witness one of the following circumstances, complete a Kokua Incident Report on the same shift in which the incident occurred. Teams are responsible to assure that all Incident Reports are brought to the office within one business day. If there is no second staff available to transport the IR, please call your Client Service Coordinator to have the IR picked up.

1. Any significant change in a client's health condition, i.e. self-injurious behavior, refusal to eat, get out of bed, persistent fever, complaining of significant pain, a seizure in someone who does not normally have seizures, shortness of breath, etc.
2. Any significant change in a client's mental health, i.e. increased aggression, increased anxiety or fearfulness, sleeplessness, loss of appetite, hearing voices, etc.
3. Any significant incident involving a neighbor or another member of the community, i.e. complaints about a client's behavior, trespassing, etc.
4. Any client injury requiring first aid.
5. Any incident where a client throws an object or destroys or threatens to destroy objects belonging to others.
6. Any condition in a client's home which poses a health or safety hazard, i.e. broken window, loose carpet edges, malfunctioning furnace, a water leak that needs repair, etc.
7. Any instance where a client strikes another individual.
8. Any instance where a medication is not given within the specified "window" for administration, or
9. Any medication error.
10. Any missing client funds that cannot be accounted for after 48 hours of effort.
11. Any class of incidents that the Administrator, the Program Coordinator or the Service Coordinator has deemed to be significant or that need to be tracked for client health and safety purposes.

F. INCIDENT RESPONSE CHECKLIST

Kokua staff persons with on-call responsibilities will complete an Incident [On-Call Incident Response Checklist](#) at the conclusion of every response to direct care staff. This checklist is in addition to the narrative summary also required. The purpose of the checklist is to ensure that the response given was thorough and that all client health and safety needs were met.

G. INCIDENT REPORT FOLLOW-UP PROCEDURES

All original copies of Incident Reports will be filed the same day of receipt into the current Incident Report binder. For confidentiality purposes, the binder will be locked in the Client Service Coordinator office. Client Service Coordinators and others will take copies of the Incident Reports to be used while doing incident follow-up. All follow-up documents will be stapled to the original Incident Report to provide documentation of action taken.



On Call Incident Response Checklist

Incident Date _____ Time _____ Team _____

Please check all items. Mark N/A if not applicable to this call.

- All the clients safe and adequately staffed at this time?
- Staff was provided to accompany client to hospital
- In the case of a medical or behavioral emergency, was 911 been called?
- In the case of a medication error or a question as to a medical issue, was the Delegating Nurse called?
- In the case of a short-term staffing crisis, did you help the staff to locate fill-in?
- In case of an assault or injury, "Has emergency medical services been called?"
- Did you check with the staff on duty to be sure that your directives were followed?

On Call Staff Signature

Incident Date _____ Time _____ Team _____

Please check all items. Mark N/A if not applicable to this call.

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- In the case of a medication error or a question as to a medical issue, was the Delegating Nurse called?
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