

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

Procedure No. I.D.PR.009
Subject: Incident Reporting
Section: Quality Enhancement

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Approved:/s/Terrence W. Macy/JD

Policy Statement

In order to manage and reduce risk of critical and non-critical incidents, the Department of Developmental Services (DDS) has established a system of reporting and monitoring these types of incidents that involve individuals served by the Department of Developmental Services (DDS).

Any employee of DDS or of a Qualified Provider who discovers or observes an incident affecting an individual shall report such incident according to this procedure and any associated procedures: e.g. I.D.PR.009-OH/Fam, Incident Reporting for Individuals Who Live in Own/Family Home and Receive DDS Funded Services.

DDS staff or Qualified Provider staff shall review reported incidents to prevent conditions and practices that may cause a future incident. Such review shall be conducted on a regular basis to be used as a critical part of the department's continuous improvement processes.

Although this procedure outlines the type of incident that must be reported, this does not preclude the reporting of any incident that may have other serious ramifications for an individual, an employee, a Qualified Provider or DDS. Other significant events should be communicated to the Regional Director or the Regional Director's designee by phone or e-mail.

Information obtained from incident reporting shall be used to assist the individual's family and his or her Planning and Support Team (PST) in the development and implementation of the person's individual plan (IP) and to assist the department in quality oversight and improvement efforts.

A. Purpose

The Department of Developmental Services (DDS) has established a system of reporting and monitoring critical and non-critical incidents that occur with individuals served by the department in order to manage and reduce overall risk. This procedure delineates a standardized process for reporting, documenting and following-up on selected types of incidents involving individuals served by the department:

1. Injury
2. Unusual Incidents
3. Medication Errors
4. Restraint

B. Applicability

This procedure is applicable to individuals who receive funding or services from the department and qualified providers who receive funding from the department or are subject to Connecticut General Statutes related to the abuse and neglect reporting and investigation systems in the state of Connecticut. This procedure also applies to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

The procedure does not apply to individuals who live in long-term-care facilities or programs operated, funded or licensed by other state agencies except at times when individuals are participating in a DDS funded or operated program as defined above. This procedure does not apply when services are delivered or originate in the individual's own or family home (i.e., Individual Home Supports, Personal Support, Adult Companion). These individuals are covered under Procedure No: I.D.PR.009-OH/Fam, Incident

Reporting for Individuals Who Live in Own/Family Home & Receive DDS Funded Services. This procedure shall be implemented by staff of all DDS operated, funded, or licensed facilities and programs.

C. Definitions

Critical Incident: An incident, as defined below, which requires immediate reporting to the DDS regional director or designee:

1. Death that resulted from an injury. Also report the death following DDS procedure I.D.PR.001, Mortality Reporting, Reporting Deaths of Individuals
2. Severe injury that requires a hospital admission
3. Vehicle accident causing a severe injury
4. Missing person who has been reported to the police
5. Fire caused by the individual that required emergency response or involving a severe injury. Fires caused by staff, others, or cause unknown would be reported but not using the DDS 255 process
6. Police arrest of the individual
7. Victim of Aggravated Assault or Forcible Rape

eCAMRIS (Connecticut Automated Mental Retardation Information System): The DDS automated internal database that contains information about individuals who are consumers of the DDS.

ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities): A facility certified by Department of Public Health (DPH) to provide active treatment services to individuals with intellectual disability in residence.

Immediate: For this procedure, immediate means prior to the end of the staff person's scheduled shift during which the incident occurred or was discovered.

Incident Report (IR): There are three separate forms to report incidents to DDS:

1. DDS Incident Report, Form 255: DDS approved form for reporting and documenting injuries, unusual incidents and use of restraint.
2. DDS Incident Report Form 255m: DDS approved form for reporting and documenting medication errors.
3. DDS Incident Report Form 255-OH/Fam: DDS approved form for reporting and documenting reportable incidents for individuals who are living in their own or family home and are receiving DDS funded services.

Incident Report Follow-up Form: Form to be completed not later than five (5) business days after the reported critical incident.

Individual: A person served by programs operated, funded or licensed by the Department of Developmental Services including respite and recreation. (See Applicability section above)

Injury: Physical trauma sustained by an individual served by DDS. An injury either may be observed as it occurs or discovered at a later time. **NOTE:** An accident in which the individual has no apparent injury shall not be reported or documented as an injury but may be reported as an unusual incident as "Accident, no apparent injury" if it meets the definition for unusual incident listed below. When at all possible, do not complete the incident report until a diagnosis is made to ensure accurate documentation of the level of severity.

1. **Minor Injury:** An injury in which no treatment or minimal (first aid) treatment is required. These incidents are documented on a Minor Injury/Communication Log and are not sent to

DDS for data entry. They are reviewed by the individual's Planning and Support Team (PST) and direct care support staff.

2. Moderate Injury: An injury in which an assessment or treatment by an RN or MD is required. This **includes** a broken finger or toe.
3. Severe Injury: An injury that requires a hospital admission.

NOTE: A severe injury shall not be reported until a diagnosis is made to ensure that the injury meets this level of severity. For example, a trip to the hospital emergency department for a suspected fracture would not be reported as a severe injury if the injury were in fact a sprain and not a fracture.

4. Death: Death that was a direct result of an injury (e.g., fall, car accident). Death Report Form shall also be completed per DDS Procedure No. I.D.PR.001 Mortality Reporting: Reporting Deaths. If abuse or neglect is suspected in contributing to the death of an individual for whom DDS had direct or oversight responsibility, DDS Procedure No. I.F.PR.001 Abuse and Neglect/Allegations: Reporting and Intake Processes shall be followed.

NOTE: Only **reportable incidents and restraints** as defined in procedures I.D.PR.009-OH/Fam shall be reported for individuals who live in their own or family home and receive services funded by DDS. The DDS 255-OH/Fam must be used to report severe injuries and deaths or restraints for individuals living in their own or family homes.

Missing Person: An individual whose whereabouts is unknown and whose supervision needs or pattern of behavior is cause for concern for reasons of safety and well being (i.e., absent without leave [AWOL], beyond a time normally expected for that individual as defined by the individual's Planning and Support Team or agency policy) **and** the individual's absence has been **reported to the police** as a missing person.

Non-Critical Incident: All injuries, restraints and unusual incidents not defined as a Critical Incident above.

Planning and Support Team (PST): A group of persons that includes the individual being served, his or her family/guardian/advocate, as applicable, friends, people who support the individual in each of the service areas and any other person whose participation is relevant. The PST will assist the person to develop, implement, and evaluate his or her individual plan and will assist the person to obtain, manage, evaluate and adjust supports as needed.

Restraint: Use of a restrictive physical hold, mechanical device or behavior modifying medication (i.e. chemical restraint) listed below, to prevent an individual from engaging in behavior that place him/her or others at risk of injury. These include the following:

1. Chemical restraint: use of psychotropic medication(s) administered on a STAT or immediate basis in an emergency situation, usually after other interventions have failed to result in calm behavior and the individual is still in danger of harming him/herself or others. (This does not include medications used for pre-sedations for medical or dental procedures).
2. Mechanical restraint: use of four point restraint, and/or safety cuffs.

3. Physical Restraint: use of floor control face up, lifted and carried, physical isolation, escort, sitting floor control and standing restraints. **THE USE OF PRONE RESTRAINT IS PROHIBITED.**

See definitions in Attachment C, DDS Incident Report Definitions.

Unusual Incident: A behavior or a situation specifically listed as an unusual incident type (See Attachment A: DDS Incident Report Form 255 and 255-OH/Fam, section three (3) of procedures I.D.PR.009 and I.D.PR.009-OH/Fam that:

1. Is dangerous or life threatening to the individual or others
2. Is illegal
3. Requires police involvement
4. Involves fire setting by the individual
5. Requires assessment in a hospital emergency room/department
6. Is a significant, extreme or worrisome behavior not addressed in the individual's behavior program guidelines OR
7. Involves other incidents not otherwise reported such as accidents without injuries, unplanned emergency room or hospital admissions that are not related to an injury, and other similar type of incidents.

See definitions in Attachment C, DDS Incident Report Definitions.

NOTE: A behavior that is normally recorded and tracked by approved behavior programs shall not be reported as an Unusual Incident unless it meets the criteria of dangerous or life threatening for the individual or others.

D. Implementation

1. Critical Incidents and Restraint

- a. Reporting, Notification and Documentation of Critical Incidents and Restraint **During Normal Business Hours:**
 - i. The responsible program staff shall immediately report a critical incident to the individual's family and/or guardian, and the DDS Regional Director or designee prior to the end of the staff person's scheduled shift of the incident's occurrence or discovery.
 - ii. Program staff shall fax a completed DDS Incident Report Form 255 to the DDS Regional Director's office (See Attachments A-F: DDS 255 and 255m for instructions for completing these forms) and insert it in the individual's case file no later than the next business day.
 - iii. The DDS Regional Director or designee shall immediately report all critical incidents to the Director of the Division of Investigations or designee.
 - iv. During the use of a restraint, should an injury occur, the responsible program staff shall ensure that the appropriate Injury Section(s) of the DDS 255 or 255-OH/Fam are completed.
 - v. Parties other than those listed on DDS 255 or 255-OH/Fam may also be notified of the incident or included in the copy distribution process at the discretion of the

agency or DDS region (e.g., Form 255 to DDS resource managers and Psychologists, Behavior Specialists).

- vi. Day programs serving individuals who reside in ICF/IID facilities shall also immediately report all injuries of unknown origin, all allegations of abuse or neglect, and restraints to the individual's residential provider via telephone and shall forward a copy of the completed DDS Incident Report Form 255 not later than the next business day.
 - vii. If abuse or neglect is alleged, the reporter shall follow the process defined in the Abuse/Neglect Policy and Procedure, I.F.PO.001 and, I.F.PR.001.
 - viii. The Regional Director or designee shall inform the Commissioner and Deputy Commissioner or designee of all missing person critical incidents and other incidents as appropriate, and shall ensure that all appropriate staff are informed (e.g., case manager, appropriate regional and central office staff).
 - ix. The individual's case manager shall review and insert a copy of DDS 255, or 255m into the individual's case file upon receipt.
- b. **Reporting, Notification and Documentation of Critical Incidents and Restraint After Normal Business Hours:**
- i. The responsible program staff shall immediately report a critical incident to the individual's family and/or guardian. All types of critical incidents except severe injuries will also be immediately reported to the appropriate DDS regional on-call manager. Severe injuries will be reported to the region during the next business day unless the injury results in a hospital admission.
 - ii. The DDS Regional Director or designee shall immediately notify the DDS Commissioner or designee in the case of an unexpected death, an arrest, a missing person, or any incident which he determines requires the commissioner's immediate notification.
 - iii. The responsible program staff shall complete the DDS 255 or 255m Form (See Attachment A-F for instructions on form completion), fax a copy to the Regional Director or designee's office not later than the next business day, insert the original 255 or 255m form in the individual's case file, and send copies to the DDS region.
 - iv. Designated regional staff shall ensure that a copy of a DDS 255 involving a critical incident is sent to the Division of Investigations immediately upon receipt of the completed form.
 - v. The individual's case manager shall review and insert a copy of DDS Form 255 or 255m into the individual's case file upon receipt.
- c. **Follow-up for Critical Incidents**
- i. The individual's Planning and Support Team (PST) shall document follow-up actions on the DDS Incident Report Follow-up Form (See Attachment G) for each critical incident and send copies of the form to the DDS Division Director (public,

private, IFS or Self Determination as appropriate) upon completion and not later than five (5) business days after the incident has been observed or discovered.

- ii. The DDS Division Director (public, private, IFS or self determination as appropriate) shall ensure that follow-up activities are completed and documented for each critical incident including:
 - (a) Family/guardian notification
 - (b) Supervisor review and corrective actions
 - (c) Referral as applicable (e.g., regional Program Review Committee, physician, nurse, abuse/neglect investigation, etc.)
 - (d) Follow-up actions
 - (e) Resolution
 - iii. The DDS Division Director (public, private, IFS or Self Determination as appropriate) shall track follow-up actions to assure completion and shall provide a report to the Regional Director or designee.
 - iv. The Regional Director shall notify the Commissioner or a designee when an individual is reported missing and again when she or he is found.
 - v. The individual's PST shall take appropriate actions for the specific incident, shall track and analyze data for trends, and shall take or recommend subsequent actions to prevent such incidents in the future. The PST's actions shall be documented in the case file and shall be used as part of the department's continuous improvement process.
- d. Follow up for Restraint
- i. The individual's Planning and Support Team (PST) shall monitor the use of Restraint for the individual.
 - ii. The individual's PST shall take appropriate actions for the specific restraint as needed, and shall track and analyze data for trends, and shall take or recommend subsequent actions.
 - iii. The individual's Case Manager shall document reviews of restraint report data every six months in the case file and any follow-up to prevent such incidents in the future.

2. Non-Critical Incidents

NOTE: A Minor Injury is one in which no treatment or minimal (first aid) treatment is required. Minor injuries are not reported on the DDS Form 255. They shall be documented on the Minor Injury/Communication Log (Attachment I) for review, tracking, and analysis by the PST, direct care support staff and shall be available for review but are not sent to DDS for data entry.

- a. Reporting, Notification and Documentation of Non-Critical Incidents **During Normal Business Hours:**
 - i. The responsible program staff shall complete DDS Incident Report Form 255 or 255m during the same shift when the incident is observed or is discovered, shall notify the individual's family and/or guardian, and shall forward the completed Form

to the appropriate DDS Region not later than the next business day. (See Attachments A-F for forms, instructions).

- ii. The responsible program staff shall insert the original DDS Form 255 or 255m into the individual's case file and forward copies to the appropriate DDS Region not later than the next business day after the day the incident was observed or discovered.
 - iii. Parties other than those listed on DDS Incident Report Forms 255 and 255m may also be notified of the incident or included in the copy distribution process at the discretion of the agency or DDS region (e.g., Form 255 to DDS resource managers and behavior specialists; Form 255m to DDS case manager, DDS resource managers, DDS PRC liaison and Supervising RN). A copy shall also be forwarded to the individual's day or residential program for the case file and future DDS review.
 - iv. In addition to the reporting requirements detailed above, day programs serving individuals who reside in ICF/IID facilities shall immediately report all injuries of unknown origin and all allegations of abuse or neglect to the individual's residential facility via telephone. Day Programs shall forward a copy of the DDS Incident Report Form 255 the next business day for all but minor injuries.
- b. **Reporting, Notification and Documentation of Non-Critical Incidents After Normal Business Hours:**
- i. Non-Critical Incidents do not require immediate reporting to the DDS on-call manager.
 - ii. Day Programs serving individuals who reside in ICF/IID facilities shall immediately report all injuries of unknown origin and all allegations of abuse or neglect to the individual's residential facility via telephone. Day program staff will forward a copy of the completed DDS Incident Report Form 255 to the residential facility not later than the next business day.
- c. **Follow-up for Non-Critical Incidents**
- i. The individual's Planning and Support Team (PST) shall monitor the individual's non-critical incidents.
 - ii. The individual's PST shall take appropriate actions for the specific incident, shall track and analyze data for trends, and shall take or recommend subsequent actions to lessen the probability that the incident will recur.
 - iii. The individual's Case Manager shall document reviews of incident report data every **six** months in the case file and any follow-up to lessen the probability that the incident will recur.
 - iv. The Supervising RN shall document quarterly reviews of incident report medication errors and any appropriate actions to lessen the probability that the medication error will recur.

3. eCAMRIS Data Entry and Tracking for Critical and Non-Critical Incidents

- a. Each DDS Region and Southbury Training School (STS) shall:
 - i. Identify staff responsible for entering data into eCAMRIS.
 - ii. Ensure that DDS Incident Report Forms 255 and 255m are date stamped upon arrival in the DDS region or STS data entry office.
 - iii. Ensure data entry within five (5) business days of receipt by the DDS regional office or STS data entry office.
 - iv. Ensure distribution to the individual's case manager for review and inclusion in the individual's case file.
 - v. Ensure distribution to regional resource manager and others as appropriate.
- b. Designated DDS regional staff shall:
 - i. Return incomplete or inaccurate 255 forms to the reporting agency, program or facility for completion. The reporting agency, program or facility shall:
 - (a) Complete the form or make corrections as appropriate.
 - (b) Ensure that a completed/corrected form is placed in individual's file.
 - (c) Return the completed/corrected form to the appropriate DDS region for data entry.
 - ii. Upon receipt of corrected/completed forms (DDS 255/255m), follow the steps detailed in Section 3(a) (ii – v) above.
 - iii. Track quality issues for agencies or programs such as timeliness of reporting, form completeness, and other quality benchmarks as determined by department.
 - iv. Include information (Section 3 (b) (iii)) as part of regional annual and semi-annual performance review meetings for private agencies and self-audits.

4. Documentation of Minor Injuries at program sites

- a. Minor Injury/Communication Log
 - i. Documentation of all injuries, including minor injuries, shall be completed by the provider at the site to inform direct care support and health care staff.

NOTE: All ICF/IID staff, both public and private, shall document the minor injuries using the Minor Injuries Communication Log (Attachment I) or may use another form that meets the Department of Public Health's (DPH) requirements. These Minor Injury Logs shall not be sent to DDS for data entry.
 - ii. Program staff and the PST members shall review these minor injuries logs for all individuals including the documentation of all injuries at team meetings.
 - iii. A nurse or other health care professional monitoring the program site shall be made aware of all injuries regardless of severity.

- b. For moderate and severe injuries the nurse and/or health care staff shall be notified in order to evaluate if there is a change in the individual's condition.

NOTE: All ICF/IID requirements regarding documentation and investigation of incidents need to be met by both day and residential programs serving individuals living in an ICF/IID.

E. References

Connecticut General Statutes (CGS)

1. Sections 20-14 h-j, inclusive, "Administration of Medications by Trained Persons"
2. Sections 46a-11a, et seq., "Protection and Advocacy for Persons with Disabilities"
3. Section 17a-238, "Rights of Persons under Supervision of Commissioner of Developmental Services"
4. Section 17a-227, "Licensing and Regulation of Residential Facilities for persons with Intellectual Disability, Prader-Willi Syndrome or Autism Spectrum Disorder"

Regulations of Connecticut State Agencies

1. DDS Sections 17a-238-7 through 17a-238-13, inclusive, "DDS Approval Procedures for use of Aversives for Persons Placed or Treated Under the Supervision of the Department of Developmental Services"
2. DDS Sections 17a-227-1 through Section 17a-227-30, inclusive, "Licensure of Community Living Arrangements and Community Companion Homes"
3. DDS Sections 17a-210-1 through 17a-210-10, inclusive, "Administration of Medications in Day and Residential Programs and Facilities"

DDS Policies, Procedures and Directives

1. I.D.PO.001 Mortality Reporting
2. I.D.PO.003 Incident Reporting
3. I.E.PO.002 Behavioral Support Plans
4. I.E.PO.003 Behavioral Modifying Medications
5. I.E.PO.004 Program Review Committee
6. I.F.PO.001 Abuse and Neglect
7. I.D.PR.001 Mortality Reporting
8. I.D.PR.009-OH/Fam Incident Reporting for Individuals Who Live in Own/Family Home & Receive DDS Funded Services
9. I.E.PR.002 Behavior Support Plans
10. I.E.PR.003 Behavior Modifying Medications
11. I.E.PR.004 Program Review Committee
12. I.F.PR.001 Abuse and Neglect/Allegation: Reporting and Intake Processes
13. I.F.PR.002 Abuse and Neglect/Notification: Allegations and Completed Investigations to Appropriate Parties
14. I.F.PR.004 Abuse and Neglect/Investigation: Recommendations and Prevention Activities

F. Attachments

- I.D.PR.009 Attachment A: [DDS Incident Report Form 255](#)
- I.D.PR.009 Attachment B: [DDS Incident Reporting: Instructions for Completing DDS Form 255](#)
- I.D.PR.009 Attachment C: [DDS Incident Report Form 255 Definitions](#)
- I.D.PR.009 Attachment D: [DDS Restraint Log](#)
- I.D.PR.009 Attachment E: [DDS Medication Error Report 255m](#)
- I.D.PR.009 Attachment F: [DDS Incident Reporting: Medication Errors Form 255m Instructions and Definitions](#)
- I.D.PR.009 Attachment G: [DDS Incident Report Follow-up Form](#)
- I.D.PR.009 Attachment H: [DDS Guidelines for Reporting Incidents to Families or Legal Guardians](#)

I.D.PR.009 Attachment I: [DDS Minor Injury/Communication Log](#)

I.D.PR.009 Attachment J: [DDS Approved Training Curriculum for Use of Aversive and Physical Restraint Procedures](#)

I.D.PR.009 Attachment K: [DDS Approved Restrictive Apparati](#)

I.D.PR.009 Attachment L: [DDS Missing Person Form and Instructions](#)