

VERMONT CRITICAL INCIDENT REPORTING

Policy
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Department of Disabilities, Aging and Independent Living
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The plan was originally developed as part of a combined **CRITICAL INCIDENT REPORTING REQUIREMENTS** with the Department of Mental Health Effective Date: November 1, 2011

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STATE OF VERMONT
ADULT SERVICE DIVISION
DEVELOPMENTAL DISABILITIES SERVICES DIVISION

CRITICAL INCIDENT REPORTING

INTRODUCTION

The 2016 Critical Incident Report Guidelines are provided to the Designated Agencies and Specialized Services Agencies (hereafter referred to as *Agency*) and supersedes all pre-existing reporting guidance provided by the Department of Disabilities, Aging & Independent Living; Developmental Disabilities Services Division (DDSD) and Adult Services Division (ASD) (hereafter referred to as *DAIL*). Critical Incident Reports (hereafter referred to as CIR) are essential methods of documenting, evaluating and monitoring certain serious occurrences, and ensuring that the necessary people receive the information. These guidelines describe the information that DAIL needs to carry out their monitoring and oversight responsibilities. Content reflects standard definitions, applicable populations for required reporting, timelines, and methods for reporting incidents. Questions or request for clarifications should be made to DAIL.

REQUIREMENT

Critical Incident Reports are required for any individual served by an Agency who is receiving developmental disabilities services, including services contracted by the Agency, people who self/family-manage or share-manage their services, people who participate in the Money Follows the Person program, and the Adult Family Care program.

Exceptions: For Developmental Disabilities Services reporting is not required for

- Bridge, Family Managed Respite or Flexible Family Funding recipients, except in the event of a death (any cause).
- TCM, PASRR/Specialized Services except in the event of a death (any cause), Potential Media Involvement or APS/DCF Reports,

REPORTING TIMEFRAME AND PROCESS

Type of Incident All incidents are reported to DAIL	Phone Report immediately upon the Agency's knowledge of incident directly to DDSD Director/ASD Quality & Provider Relations Director and CIR reporting line.	Phone Report within 24 hours from the Agency's knowledge of incident (802) 241-2678	Written Report within two business days from the agency's knowledge of incident
Potential Media Involvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Missing Person	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Death (Untimely or Suspicious)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Death (Natural/Expected)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reports of Abuse, Neglect, Exploitation/Prohibited Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Act/ Incarceration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Suicide Attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Action Taken by Worker paid with DAIL funds/Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

When calling in a CIR report either immediately or within 24 hours of the agency's knowledge of the incident the caller needs to provide the following information:

- Caller's name and contact number, the name and contact number of a second person in case the original caller is unavailable.
- Name of Agency
- Name of individual involved in incident
- Type of incident as described above

Note: for after business hours calls at night and on the weekends a return call for all but Potential Media Involvement may not happen until the next business day, Public Media Involvement calls will be returned as soon as possible.

GUARDIAN NOTIFICATION

All Guardians, public or private, shall be notified directly and immediately of any critical incident report. Exception: APS/DCF Reports where the Guardian is subject of the report.

TYPES OF INCIDENTS REPORTED

◆ **Potential Media Involvement**

Is defined as any serious incident that is likely to result in attracting negative public attention, or that may lead to claims or legal action against the State and/or Agency.

◆ **Missing Person**

A person in services who is identified as missing by law enforcement, the media, staff, family, caregivers, or other natural supports or lives in a residential program and has an unexplained absence.

A person served is considered “missing” if the person’s housemate or support staff cannot locate him or her and there is reason to think that the person may be lost or in danger. The person is not considered missing if s/he is functioning within the supervision requirements of his/her ISA. A CIR is not required for people who live with unpaid caregivers or housemates (such as natural family), unless the caregiver or family requests assistance in locating the person or the person has been identified as missing by law enforcement, or the person is missing while receiving DAIL services.

◆ **Death of Individual Receiving Services**

- Untimely or Suspicious Death - Unknown or suspicious cause (includes completed suicide). CIR reporting is required by all programs.
- Natural/Expected Death

◆ **Reports of Abuse, Neglect, Exploitation or Prohibited Practices**

All reports of abuse, neglect or exploitation of or by a person enrolled in services must be submitted by the Agency as mandated by statute. Reports must be sent to either:

- Adult Protective Services (APS), 1-800-564-1612 – For adults; or
- Department for Children and Families (DCF), 1-800-649-5285 – For children under the age of 18; and
- Medicaid Fraud Unit/Program Integrity (MFU), 802-879-5900 or email ReportMedicaidFraud@state.vt.us – Misuse of Medicaid Funds

The Agency must also send a CIR documenting these reports to DAIL within the required timeframe.

If the Agency becomes aware of a third party including contractors of the Agency or family reporting to APS/DCF/MFU then a report to DAIL also needs to be made.

Prohibited practices as defined in the DDS Behavior Support Guidelines as potential abuse need to be reported as a CIR. They include:

- Corporal punishment
- Seclusion (Including when seclusion is part of a documented behavior support plan developed in accordance with the behavior support guidelines)
- Psychological/verbal abuse
- Unauthorized restriction of contact with family or significant others

- Denial of basic needs, including effective communication
- Limiting a person's mobility
- Unauthorized withholding funds
- Forced administration of psychiatric medications
- Unauthorized use of physical, chemical or mechanical restraints

◆ **Restraint**

Any restraint even if the action is part of a documented service plan on file and developed in accordance with the behavior support guidelines for the person served, requires a CIR. Please see Exceptions listed below.

“Restraint” includes:

- **Mechanical restraint:** Any items worn by or placed on the person to limit behavior or movement and which cannot be removed by the person. Mechanical restraints include devices such as mittens, straps, arm splints, harnesses, restraint chairs, bed rails and bed netting. Helmets used for the purpose of preventing self-injury are considered mechanical restraints.
- **Physical restraint:** Any method of restricting a person's movements by holding of body parts to keep the person from endangering self or others (including seclusion or physical escort to lead the person to a place he or she does not want to go).
- **Chemical restraint:** The administration of a prescribed or over-the-counter medicine when all the following conditions exist: the primary purpose of the medication is a response to problematic behavior rather than a physical health condition; and, the prescribed medicine is a drug or dosage which would not otherwise be administered to the person as part of a regular medication regimen; and, the prescribed medicine impairs the individual's ability to do or accomplish his or her activities of daily living (as compared to the individual's usual performance when the medicine is not administered) by causing disorientation, confusion, or an impairment of physical or mental functioning.

Restraints that occur fewer than 8 hours apart may be reported in a single report. Restraints that occur more than 8 hours apart must be reported in separate reports.

If two types of restraint are used together (e.g., physically restraining a person to administer a chemical restraint), both types of restraint shall be noted on the report.

Guardians must be notified verbally immediately of any restraint, unless the restraint is done according to a written support plan that the guardian has approved and the guardian has stated that he/she does not wish to receive immediate notification of restraints.

Exceptions:

Time-limited restraints for medical purposes **do not** need to be reported as long as they are done in a manner consistent with the DS *Behavior Support Guidelines* and the proper documentation is on file. If restraint is done without the required authorization and documentation, a CIR must be filed.

PRN medication does not need to be reported unless it meets the definition of a chemical restraint (see DS *Behavior Support Guidelines*).

For detailed information and additional exceptions for persons supported with DAIL funds, see the DS *Behavior Support Guidelines* posted on the DAIL website: www.dail.vermont.gov

◆ **Criminal Act/Incarceration of Person in Services**

Any illegal act, alleged or suspected, committed by a person enrolled in services must be reported, including any act that warrants incarceration. Any circumstance indicating a duty to warn (when a clinician contacts a victim under established duty to warn and its known by the agency) must be reported.

◆ **Medical Emergency**

An unusual and/or serious medical event, which include all hospitalization, all ER visits (including Urgent Care walk in clinics), medication errors that result in hospitalization; or other medical treatment and significant injuries. For children in parental custody report only if incident occurs during active engagement with agency workers.

◆ **Suicide Attempt (or lethal gesture)**

Death would likely result from the suicide attempt or gesture and the person requires immediate medical/psychiatric attention.

◆ **Action by Paid Staff/Provider or Worker (All workers paid with DAIL funds)**

Any of the incidents listed below by a paid staff/provider or worker must be reported when the action is toward a person receiving services or in the presence of a person receiving services. Worker means a person who volunteers (including those paid a stipend or expense reimbursement) or a person employed or contracted by an organization that operates programs or administers services paid with state funding (including shared living providers and foster care providers) or by a surrogate, family member or person who receives services.

- Potential Media Involvement
- Criminal Act
- Reports or knowledge of Medicaid Fraud or Investigations by State Program Integrity Unit

◆ **Other:** Actions or events that have a significant, often negative effect on the person receiving services such as:

- Fire damaging the home the person lives in requiring a move and extra supports
- Death of a caregiver, natural family or paid caregiver/Shared Living Provider
- A staff or caregiver medical emergency that has significant effect on the person receiving services

REVIEW AND SIGNATURE ON FORM

For DDS, the supervising Qualified Developmental Disabilities Professional (QDDP), for ASD, the Case Manager (CM) or Service Coordinator (SC) for the individual and his/her support team (or designee if QDDP not available) must review the critical incident, make comments and recommendations to identify and deal with possible preventable aspects of the incident with the goal of preventing the incident from re-occurring. The review requires the QDDP's, CM or SC's (for MFP/AFC) name legibly filled out, signature and date as part of this process. If the review and signature cannot be obtained within the two business day time line from knowledge of the incident, then an initial copy of the form needs to be sent in with a completed version following once the review and signature have been obtained.

ELECTRONIC REPORTING FORM

The electronic report form (See Attachment A) will be used when the technology for electronic data submission is operative for the sending and receiving entities.

A fillable copy of the electronic form has been created which is required for use in reporting by staff at the Agency. This form will preferably be filled out by the reporting person using a computer or if completed by hand scanned into the agency's network and submitted to DAIL using the methods outlined below.

SUBMITTING REPORTING FORM

The reports must be submitted via secure fax to:

- DDS 802-241-0410
- ASD 802-241-0385

For ASD, CIRs may also be sent electronically via SAMS.



Vermont Department of Disabilities, Aging & Independent Living

Critical Incident Reporting Form
Designated Agency or Specialized Services Agency Report

The Department of Disabilities Aging & Independent Living (DAIL) is to be notified of any significant event that occurs in a Designated/Specialized Services Agency. For incidents of Untimely or Suspicious Death or Mission Person, a verbal report will be made within 24 hours from the agency's knowledge of the incident to the DAIL 24-hour CIR Line, **802-241-2678**. Reports of Potential Media Involvement need to be made directly to the Developmental Disabilities Services Division (DDSD) Director/Adult Services Director (ASD) Quality & Provider Relations Director upon the Agency becoming aware of the incident.

This report form must be completed for all types of critical incidents, and be submitted to DDSD/ASD within 2 business days from the agency's knowledge of the incident.

The form must be submitted by fax: **DDSD at 802 241-0410** **ASD at 802-241-0385**

Name of Individual involved:	Date of Incident:
Date of Birth:	Time:
Agency Name:	Location:
Program (check all that apply): <input type="checkbox"/> DS <input type="checkbox"/> TBI <input type="checkbox"/> MFP <input type="checkbox"/> AFC	

Type of incident:

<input type="checkbox"/> Death: <input type="checkbox"/> Untimely/Suspicious <input type="checkbox"/> Natural	<input type="checkbox"/> Missing Person
<input type="checkbox"/> Potential Media Involvement	<input type="checkbox"/> Report of Abuse, Neglect, Exploitation/ Use of a Prohibited Practice
<input type="checkbox"/> Criminal Activity/Incarceration	<input type="checkbox"/> Medical Emergency
<input type="checkbox"/> Seclusion Restraint: <input type="checkbox"/> Mechanical <input type="checkbox"/> Physical <input type="checkbox"/> Chemical	<input type="checkbox"/> Other (Includes Action by Paid Staff/Provider/Worker paid by DAIL funds:
<input type="checkbox"/> Suicide Attempt	

Persons who witnessed or were involved in the incident:

Description of incident: (What happened before, during and after the incident; identify precipitants, interventions used by staff to attempt to prevent/manage the incident, and description of behaviors observed during the incident):

Action(s) taken as a result of the incident:

Describe any planned follow up in response to the incident:

Persons and agencies notified: (Include when and how notified. If an agency, name of staff to whom report given)

Reporter's Name/Signature:
Phone Number: (REQUIRED)

Date:

Supervisor review of Incident/comments: (QDDP for DDSD) (CM/SC for MFP/AFC)

Supervisor's Name/Signature:

Date: