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Applicability: DDSN Regional Centers, DSN Boards, and Contracted Service Providers

PURPOSE

The purpose of this directive is to establish a definition for critical incidents and to outline a reporting, tracking, and feedback system in order to:

- a) Provide for a coordinated, internal review of the incident,
- b) Ensure appropriate action was taken, and
- c) Recommend appropriate measures to reduce the risk of such events occurring in the future where possible.

These procedures are outlined as minimum requirements in meeting the needs of consumers and to enable DDSN Regional Centers, DSN Boards and Contracted Service Providers the guidance necessary to support life, safety and accountability efforts within these settings and/or during the provision of DDSN contracted services.

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

DEFINITION OF CRITICAL INCIDENTS

A Critical Incident is an unusual, unfavorable occurrence that is:

- a) Not consistent with routine operations;
- b) Has harmful or otherwise negative effects involving individuals with disabilities, employees, or property; and
- c) Occurs in a DDSN Regional Center, DSN board facility, other service provider facility, or during the direct provision of other DDSN funded services (e.g., if a child receiving early intervention sustains a serious injury while the Early Interventionist is in the child's home, then it should be reported as a critical incident; however, if the Early Interventionist is not in the home when the injury occurred then it would not be reported).

Reporting requirements pursuant to state laws regarding abuse of children and vulnerable adults do not apply to altercations or acts of aggression, assault or sexual assault between individuals (consumers) receiving DDSN services. All sexual assaults between individuals will be reported and investigated according to DDSN Directive 533-02-DD: Sexual Assaults Prevention, and Incident Procedure Follow-Up. Corrective/preventive action must be taken to protect and intervene whenever individuals receiving services may be harming themselves or others. All injuries should be thoroughly reviewed and appropriate action taken. Any serious, suspicious individual injuries of unknown or unexplainable origin must be reported to the appropriate state investigative agency according to DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency. Failure to provide proper supervision to prevent individuals receiving services from assaulting each other could be a form of neglect if the employee fails to intervene or provide proper supervision when they clearly have a duty to do so. Each situation should be reviewed and if it is determined that the employee failed to provide appropriate supervision which resulted in risk to the life or safety of the individual receiving services or if it is determined that an employee provoked, directed, encouraged or allowed an individual receiving services to discipline or abuse another individual, the incident should be reported to the appropriate state investigation agency as outlined in DDSN Directive 534-02-DD: Preventing and Reporting Abuse, Neglect or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency.

NOTE: Allegations of abuse, neglect and exploitation are not considered critical incidents. See DDSN Directive 534-02-DD: Preventing and Reporting Abuse, Neglect or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency, which addresses procedures for preventing and reporting abuse, neglect or exploitation. Deaths of consumers are to be reported according to DDSN Directive 505-02-DD: Death or Impending Death of Persons Receiving Services from DDSN.

Examples of critical incidents include, *but are not limited to*, the following Effective November 1, 2017:

<p>1. Serious Injuries</p>	<p>A serious injury, either discovered or observed, requiring hospitalization or urgent medical treatment, including any loss of consciousness, fractures (excluding fingers and toes), head injury or wound requiring more than five (5) sutures/staples. This may include accidents and injuries resulting from falls or seizures, or the result of some other underlying medical condition. Minor injuries that require less than five (5) sutures or staples are not required to be reported as a Critical Incident unless the incident meets other criteria for reporting. Lacerations of less than one (1) inch in length requiring only Dermabond or Steri-Strips for closure are also not required to be reported. For minor injuries that are not reported as a Critical Incident, the provider must record the injury in the Therap General Event Report, including provider response and any medical treatment and track through the provider's Risk Management Committee. *Serious Injuries of Unknown Origin must be reported to SLED and the provider must follow the ANE Reporting Process outlined in DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency.</p>
<p>2. Physical Aggression/Assault</p>	<p>The physical aggression or assault displayed between two persons supported resulting in serious injury or hospitalization. NOTE: Upon review, the issue of whether staff/caregivers encouraged the altercation or failed to intervene or provide adequate level of supervision should be addressed to determine if a report of alleged abuse, neglect, or exploitation should be initiated. Victims should be informed of their right to contact law enforcement and press charges.</p>
<p>3. Restraints</p>	<p>Includes any restraint resulting in an injury or the use of any restraint that is not part of a health-related protection as ordered by a physician or an approved Behavior Support Plan also reviewed by the Human Rights Committee. This includes Manual Restraints, Mechanical Restraints, and Chemical Restraints. If, during the review, the act is determined neglectful, then the ANE Reporting process must be followed as outlined in DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency.</p>
<p>4. Choking</p>	<p>A choking incident where the individual is unable to breathe or is unable to breathe in a normal way due to airway obstruction and requires intervention by staff (i.e., Heimlich maneuver, back thrusts). *Requires completion of the Dysphagia/GERD Protocol. Refer to DDSN Directive 535-13-DD: Swallowing Disorders.</p>
<p>5. Elopement</p>	<p>Any time an individual is missing from their designated location for a period of more than one (1) hour beyond their documented need for</p>

	supervision. Refer to DDSN Directive 510-01-DD: Supervision of People Receiving Services for additional information.
6. Law Enforcement Involvement	<p>Assistance/Intervention is required from Law Enforcement and a Report/Case ID is issued as a result of that involvement. Includes the following sub-categories:</p> <ul style="list-style-type: none"> a. Theft of Money/Property/ Controlled medications: Theft of any consumer funds or property (exceeding \$100 in value) or any amount of controlled medications from another individual regardless of home, work or community setting. b. Weapons: Possession of any firearm, weapon or explosive by a person supported. c. Illegal Substances: Possession of any illegal substances by a person supported.
7. Medical Follow-up not provided	The person supported does not receive the prescribed medical and/or rehabilitative follow-up for his/her condition resulting in a serious adverse reaction, infection, or further complications. Includes the failure to seek appropriate/timely treatment. This could include, but is not limited to: personal care, wound care, hygiene, oral care, special diets/nutrition, assistive devices and/or monitoring. If, during the review, the act is determined neglectful, then the ANE Reporting process must be followed as outlined in DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency.
8. Medication Error resulting in adverse reaction	Includes incidents in which the individual experienced life-threatening or adverse consequences due to a medication error and outside medical intervention was required, including observation in an emergency room. If, during the review, the act is determined neglectful, then the ANE Reporting process must be followed as outlined in DDSN Directive 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency.
9. Sexual Aggression/Assault	Sexual aggression/assault between two persons supported that includes the direct threat of or actual physical contact. This includes, but is not limited to: sexual intercourse, any form of intimate contact of genitalia, groping or sexual coercion. *Please refer to DDSN Directive 533-02-DD: Sexual Assault Prevention, and Incident Procedure Follow-Up for additional follow-up information.
10. Suicide, Suicidal Ideations/Threats of Self-Harm	Threats/attempt of suicide, suicidal ideation, or Threats of Self-Harm. **Refer to DDSN Directive 101-02-DD: Preventing and Responding to Suicidal Behavior for complete assessment requirements.

11. Criminal Suspicion in ICF/IID	Reasonable suspicion that some crime has occurred against a resident of an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) only. The incident must be reported to local law enforcement and DHEC, Bureau of Certification within two (2) hours if person sustains serious bodily injury or within 24 hours otherwise.
12. Provider Staff use of malicious or profane language	Use of malicious or profane language includes, but is not limited to, threatening, obscene or derogatory language, teasing and taunting.

REPORTING PROCESSES

Critical incidents occurring at DDSN Regional Centers, DSN Board facilities, other service provider locations, or while an individual is under the supervision of staff or a contracted employee from any aforementioned provider, shall be reported to the Director-Division of Quality Management via Incident Management System (IMS) on the DDSN Portal. In the event of a power or Internet service outage, the provider may submit a paper copy of the Critical Incident Report, but the provider will be responsible for completing a report on IMS as soon as possible.

DDSN has implemented the use of Therap as the official electronic record for service delivery. Any event qualifying as a Critical Incident would also be required in the General Event Reporting module of Therap. Supporting documentation in Therap related to the event may be referenced in the Critical Incident Report using the Therap Form ID and the title and location of the documentation. Duplicate uploads are not required. DDSN will retain the authority to request additional documentation where needed.

Providers must establish their internal communication and review process for the General Event Reporting, including the assignment of notification levels, in order to appropriately identify events that must be reported as critical incidents.

When determining whether a particular event should be considered a critical incident, the best guidance is “when in doubt, then report.” The critical incident reporting system is able to screen out incidents reported as critical that later are judged to be non-critical by reviewers. The provider will receive correspondence stating why the incident was not considered critical and the incident will not be entered in the DDSN database. If the provider indicates that they want the report to remain in the system, DDSN will accept it. If the report is accepted, all reporting requirements will apply.

Reporting employee accidents/injuries as critical incidents does not remove the responsibility of the agency to follow appropriate Human Resources practices, such as also reporting the incident to the workers compensation insurance carrier or in making required reports to other state or local agencies.

TYPES OF REPORTS

A. Verbal Report

If a critical incident is of such a serious nature that, in the judgment of program managers, the incident should be reported immediately, then the Facility Administrator/Executive Director/CEO or designee, shall notify the Associate State Director for Operations by telephone or if unavailable through one of the District Directors or designee. Most critical incidents do not require a verbal report.

B. Written Report

1. Initial Report

All critical incidents are to be reported using IMS within 24 hours or the next business day.

A brief description of the incident is to be included in the initial report. This may include text copied or referenced from the General Event Report in Therap. Basic details should be provided to ensure that any authorized reviewer would have a good understanding of the events, any parties involved, and any outside medical or law enforcement intervention. The current status at the time of report submission should always be included.

2. Final Report

An internal management review will be conducted of all critical incidents. Results of all reviews must be submitted on IMS within ten (10) working days of the incident or whenever staff first became aware of the incident.

Submission of the final report for consumers residing in ICF/IID facilities must be within five (5) working days of the incident to comply with DHEC requirements.

The report will contain the results of the review and will list recommendations to prevent or reduce where possible the recurrence of such incidents in the future. If any changes were made to the consumer's service plan, required supervision levels, or behavior support plan/guidelines, these changes must be indicated in the final report. If the changes are not completed by the time the final report is submitted, an addendum will be required. Human Rights Committee approval should also be documented, if any changes are more restrictive. In addition, if any assessment was completed, (i.e., fall risk assessment, sexual risk assessment, etc.), the date of the assessment and the name and credentials of the individual completing the assessment should be documented in the final report (or addendum, as applicable). Any hospital discharge information should be summarized in the final report, or a copy of the report can be uploaded to the IMS. Law enforcement reports must be uploaded to the IMS (with reference to GER). Additional information may be requested, as needed. The Facility

Administrator/the Executive Director/CEO or their designee will review and submit the final report.

3. Addendum to Critical Incident Report

If the disposition of the Critical Incident Review changes or additional information is discovered after the review, the Addendum to Critical Incident must be completed and submitted via IMS within 24 hours or the next business day of the change.

QUALITY ASSURANCE and RISK MANAGEMENT

On a regular basis, DDSN quality management staff will review critical incidents, analyze data for trends, and recommend changes in policy, practice, or training that may reduce the risk of such events occurring in the future. Statewide trend data will be provided to DDSN Regional Centers, DSN boards and contracted service providers to enhance awareness activities as a prevention strategy. Critical Incidents will be reported according to the category of incident (Medical, Behavioral or Operations events) rather than a singular number of all types of events. It is important to recognize that Critical Incidents may occur during routine service delivery. Many medical events classified as Critical Incidents are related to the medical condition and/or aging process of people supported by the agency. Some providers will have higher numbers of behaviorally-related incidents due to their willingness to support people with known challenges in this area. In each case, there may be an opportunity to learn from the incident in an effort to develop additional risk management and prevention strategies.

Each DDSN Regional Center, DSN board or contracted service provider will also utilize their respective risk managers and Risk Management Committees to regularly review all critical incidents for trends and to determine if the recommendations made in the final written reports were actually implemented and are in effect.

PROCEDURES FOR NOTIFICATION OF:

Parent/Guardian or Primary Correspondent

Based on the contact information in the individual's plan, the parent/guardian or primary correspondent will be notified of the critical incident, as soon as possible, in the most expeditious manner possible and will be kept informed of the results of the management review to the extent possible, while maintaining confidentiality for all parties involved. Adult individuals who may legally consent may also choose not to disclose individual incidents. At least annually, the adult individual, with input from those important to him/her will specify who will be contacted should an incident occur. This information will be documented and readily available in the individual's file. Contact information for individuals under 18 years old will be updated in their plans annually and readily available. Case Managers will be notified (via Therap Dashboard) of all General Event Reports for individuals on their caseloads. Direct Service Providers must inform Case Managers of Critical Incidents within three (3) working days of the incident.

Law Enforcement

Facility Administrators/Executive Directors/CEO or their designee, should contact local law enforcement agencies directly when it is necessary to prevent further deterioration of the situation or when State or Federal laws may have been violated. They are encouraged to collaborate with the District Director or designee or Executive Staff at DDSN Central Office when in doubt about what external agencies should be notified.

Reporting Reasonable Suspicion of a Crime in ICF/IID Residences

Section 1150B of the Social Security Act, established by section 6703(b)(3) of the Affordable Care Act requires ICFs/IID to report any reasonable suspicion of a crime against a resident to at least one law enforcement agency and to DHEC – Bureau of Certification. In the case of Abuse, Neglect, or Exploitation, suspicion of a crime should be reported to the State Law Enforcement Division (SLED). Reasonable suspicion of any other crime should be reported to local law enforcement. The report should be made within two (2) hours if serious bodily injury occurred and within 24 hours for all other incidents. Notification can be made to the Department of Health and Environmental Control, Bureau of Health Facilities Licensing and Certification, 24 hours a day via DHEC's online Accident/Incident reporting module using this link: <http://www.scdhec.gov/Apps/Health/AIReports/DefaultAIPublic.aspx> or by fax to (803) 545-4212 (Licensing) and (803) 545-4292 (Certification) or by calling the 24 hour complaint line (800) 922-6735.

Notification of Department of Health and Environmental Control (DHEC) – Health Licensing Division

In cases where the incident involves a fire or serious injury to a consumer residing in an ICF, a report must be submitted to DHEC/Division of Health Licensing within 10 days of the occurrence. A serious injury is defined as, but not limited to, fractures of major limbs or joints, severe burns, severe lacerations, severe hematomas and suspected abuse. All reports are to be made via the following: <http://www.scdhec.gov/Apps/Health/AIReports/DefaultAIPublic.aspx>.

In CRCFs, a facility shall immediately report every serious accident and/or incident to the attending physician, next of kin or responsible party, and DDSN, by email or facsimile within 24 hours of the serious accident or incident. All 24 hour incident/accident reports to should be emailed to BHFL@dhec.sc.gov or fax reports to (803) 545-4212. Serious accidents in a CRCF are defined as, but not limited to: crimes against residents, confirmed or suspected cases of ANE, medication errors with adverse reactions, hospitalization as a result of the accident/incident, severe hematoma, laceration or burn requiring medical attention or hospitalization, fracture of bone or joint, severe injury involving use of restraints, attempted suicide, or fire.

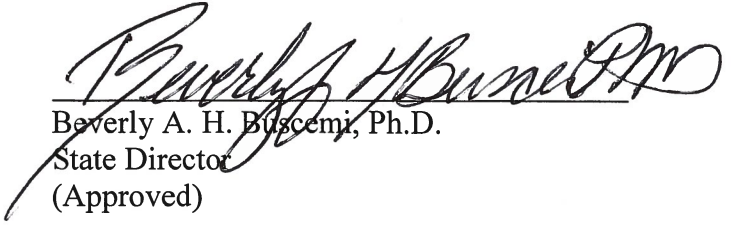
Media Contacts

All contacts with the media concerning critical incidents in DDSN Regional Centers should be coordinated through the State Director who shall determine the most appropriate response.

Media contacts at the DSN board/provider organization are to be handled by the Executive Director or designee with notification to the appropriate District Director or designee of such contacts.



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Associate State Director-Policy
(Originator)



Beverly A. H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page “Attachments to Directives” under this directive number at <http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx>.

Attachment A: Reporting to DHEC Bureau of Certification as applicable to ICF/IID
Attachment B: Reporting to DHEC Health Regulations-Division of Health Provider
Attachment C: DDSN General Event Reporting Requirements for Therap

Related Directives or Laws:

Child Protection Reform Act, S.C. Code Ann. § 20-7-480, et seq.
Omnibus Adult Protection Act, S.C. Code Ann. § 45-35-35, et seq.

- 100-26-DD: Risk Management Program
- 100-28-DD: Quality Management
- 101-02-DD: Preventing and Responding to Suicidal Behavior
- 200-02-DD: Financial Management of Personal Funds
- 200-12-DD: Management of Funds for Individuals Participating in Community Residential Programs
- 510-01-DD: Supervision of People Receiving Services
- 533-02-DD: Sexual Assault Prevention and Incident Procedure Follow-up
- 534-02-DD: Procedures for Preventing and Reporting Abuse, Neglect or Exploitation of People Receiving Services from DDSN or a Contract Provider Agency
- 535-13-DD: Swallowing Disorders