



# SC Department of Disabilities & Special Needs

Critical Incident Reporting

100-09-DD

Adverse Operational Events

100-21-DD

# New Directive & Use of Therap

- DDSN has implemented the use of THERAP as the official electronic record of service delivery. Therap's General Event Record (GER) will be utilized accordingly to document events. The GER and Critical Incident (CI) Directives are closely related, as some of the events documented in the GER will result in a CI report. Supporting documentation related to the event must be uploaded in Therap with a reference noted in the CI report regarding the title and location of this documentation. Duplicate uploads are not required. DDSN will retain the authority to request additional documentation where needed.
- There are two categories—Critical Incidents that affect those supported & Adverse Operational Events that affect the staff and/or agency

# DEFINITION

- A **Critical Incident** is an unusual or unfavorable occurrence that is NOT consistent with routine operations; has a harmful or negative effect on *those supported, employees or property*; and occurs in a DDSN Regional Center, DSN board facility other service provider during the direct provision of other DDSN funded services.

*If an Early Interventionist is not in the home when an incident occurred, there is no need to report the incident through DDSN's Incident Management System.*

# CRITICAL INCIDENT CATEGORIES

1. **CHOKING**—choking on food, liquids, a foreign object or material where the Individual is unable to breathe or is unable to breathe in a normal way due to an airway obstruction and requires intervention by staff—i.e., Heimlich maneuver, back thrusts.

\*\*\*Requires completion of Dysphagia/GERD Protocol.  
[refer to 535-13-DD]\*\*\*

2. **SERIOUS INJURIES**—A serious injury, either discovered or observed, requiring hospitalization or Urgent Medical Treatment, including any loss consciousness, fractures, (excluding fingers and toes), head injury or wound requiring five+ (5+) sutures/staples. This may include accidents and injury resulting from falls or seizures or the result of some other underlying medical condition. Minor injuries that require less than five (5) sutures/staples are NOT required to be reported as a Critical Incident unless the incident meets other criteria for reporting.

*FOR MINOR INJURIES THAT ARE NOT REPORTED AS A CI, 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. [Directive 534-02-DD] \*\*\***

3. *SUICIDAL IDEATIONS/SELF INJURIOUS BEHAVIOR*—Threats/Attempts of suicide, suicidal ideations, or self-harm.

[Refer to DDSN Directive 101-02-DD for complete assessment requirements.]

**4. MEDICATION ERROR RESULTING IN ADVERSE REACTION**—Includes incidents in which the person supported experienced life-threatening and/or permanent 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. [Directive 534-02-DD]

5. **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. This includes but is not limited to: *personal care, hygiene, oral care, wound care special diets/nutrition, assistive devices and/or monitoring.*

**\*\*Supervisory staff must determine if the situation warrants an allegation of neglect—Directive 534-02-DD.\*\*\***



6. **PHYSICAL AGGRESSION/ASSAULT**—The physical assault or aggression displayed between *two persons supported* resulting in serious injury or hospitalization. *The victim should be made aware of their right to contact LLE.*

*[If staff encouraged, failed to intervene or failed to provide adequate supervision this incident meets the ANE criteria.]*

**7. RESTRAINTS**—Includes any restraints resulting in an injury or any restraint that is not part of a health-related protection as ordered by a physician or an approved BSP also reviewed by the Human Rights Committee. This includes manual, mechanical and chemical restraints. If, during the review, the act is deemed neglectful, then the ANE reporting process must be followed. **Directive 534-02-DD**

8. **ELOPEMENT**—Any time a person supported is missing from their designated location for a period of **more than one (1) hour** beyond their documented need for supervision.

[REFER TO DDSN DIRECTIVE 510-01-DD:

Supervision of People Receiving Services for additional information.]

## 9. LAW ENFORCEMENT INVOLVEMENT—

Assistance/Intervention is required from law enforcement (LE) and a Report/Case ID is issued as a result of that involvement. Includes but not limited the following sub-categories:

- A. *Theft of Money/Property/Controlled Medications:*** Theft of any supported person's funds or property (exceeding \$100 in value) or any amount of controlled medications from any supported person regardless of home, work or community setting.
- B. *Weapons:*** Possession of any firearm, weapon or explosive by a person supported.
- C. *Illegal Substance:*** Possession of any illegal substances by a person supported.
- D. *Arrest or Investigation*** resulting in a police report or case ID number

10. **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.

(Refer to DDSN Directive 533-02-DD for additional info.)

**11. PROVIDER STAFF USE OF MALICIOUS OR PROFANE LANGUAGE**—Use of malicious or profane language by staff towards a person supported. This includes, but is not limited to threatening, obscene or derogatory language, teasing and taunting.

[If the incident meets the ANE Psychological criteria a report must be completed—refer to 534-02-DD.]

## **12. CRIMINAL SUSPICION IN AN ICF/IID—**

Reasonable suspicion that some crime has occurred against a resident of an Intermediate Care Facility for person's with an Intellectual Disability (ICF/IID) only. The incident must be reported to LLE and DHEC, Bureau of Certification within two (2) hours if a person sustains serious bodily injury or within 24-hours otherwise.

# DEFINITION

*An Adverse Operational Event* is an unusual, unfavorable occurrence that is not specific to individual DDSN Service recipient and is not consistent with routine operations; has harmful or otherwise negative effects involving Individuals with disabilities, employees or property; occurs in a DDSN Regional Center, DSN Board Facility other service provider facility or during the direct provision of other DDSN funded services and DOES NOT MEET THE CRITERIA to be considered a critical incident as defined in the Critical Incident Reporting Directive (100-09-DD).



# **1. DDSN PROVIDER** **CONDUCT VIOLATION**

Possession of any firearms or weapons while working or on the premises of any DDSN contracted service location or possession or use any illegal substance or intoxication while working or on the premises of any DDSN contracted service location.

## **2. DDSN OPERATIONS-** **REPORT OF MEDICAID FRAUD**

Any report of alleged billing for services that were not provided.

**\*\*\* ALSO REQUIRES A REPORT TO THE STATE ATTORNEY GENERAL'S OFFICE-  
MEDICAID FRAUD CONTROL UNIT.\*\*\***

### 3. HAZARDOUS EVENT

Any report of fire (sparks/flames included), natural disasters, hazardous contamination of any provider agency facility or vehicle accidents (WHERE VEHICLE DAMAGES EXCEED \$2500).

#### 4. **THEFT OR MISUSE OR AGENCY FUNDS**

Any known or justifiable suspected theft or misuse of agency funds/property or private funds/property by anyone (staff, individual or someone in the community), that have an impact on the facility or program operations. Situations involving suspected theft, misuse, or exploitation of individual funds must be reported under 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, unless the incident appears to be random in nature (e.g., the Individual was in the community and was not targeted due to perceived disability.)

## 5. PUBLIC INTEREST/ SENSITIVE SITUATIONS

Other situations judged to be unusually significant or of high public interest.

# Incident Reporting Timelines

## WHEN TO REPORT:

- **ALL** Initial Reports are due within **24 hours**( or next business day) of Incident Date or Date of Discovery .
- Final Reports (**non-ICF**) are due within **10 business days** of Incident Date or Date of Discovery.
- Final Reports for **ICF/ID** are due within **5 business days** of the Incident date or Date of Discovery.

The Case Manager must also be informed of any Critical Incident via Therap SCOMM.

# Incident Reporting

## OTHER INFORMATION:

- Use of Addenda: An Addendum would be submitted when/if additional information is discovered or received after the Final Report is approved or if the disposition of the Critical Incident Review changes. Addendums are frequently submitted to provide additional details after the fact, including the results of fall assessments, follow-up after hospitalization or other injuries, LLE case status report, Court proceedings, or follow-up related to behavior support plans.

***WHEN IN DOUBT, REPORT! DDSN staff are available to answer questions about particular incidents and how to report. If reports are submitted that do not meet criteria, they will be terminated from the system.***