

# South Carolina Department of Disabilities & Special Needs

## General Event Reporting Requirements (Effective November 1, 2017)

*SCDDSN requires the use of the Therap General Event Reporting Module (GER) for all events listed in this document. The GER may be completed by the Direct Support Staff, or by individuals designated by the Provider Agency to do so. Notification timelines and additional reporting requirements are included in this document. Some GER Reports will also result in the need to complete a separate report on the DDSN Incident Management System. The GER will replace other documentation sources that a provider may have had in place to document such events. The GER should not become "another" place for staff to document an event. It should be "the" primary record/documentation.*

**Categories in bold denote events that may be Critical Incidents identified in Directive 100-09-DD.**

Category	DDSN Event Type	THERAP GER Event Type/ Sub-type	Means of Discovery	Definition	Notification Timeline
Medical	DDSN Major Medical	Other: DDSN Major Medical	Observed Discovered Notified	Life threatening illness or condition requiring EMS response. Examples include but are not limited to: loss of consciousness, intensive care treatment, emergency surgical intervention, CPR, obvious & significant blood loss. Medical emergencies. Unplanned hospitalizations. Specific diagnosis that may be covered: Sepsis, Cardiac arrest, Blood Clots, Stroke, Hypoxia, Pneumonia, Intestinal blockage, or admission to an ICU/ CCU.	Immediate- Must be documented by the end of the shift.
Medical	ER Visits	Other: Hospital: ER Visit without admission	Observed Discovered Notified	Any visit to a Hospital Emergency Room should be documented. This includes acute medical needs, as well as ER visits for psychiatric evaluation.	Immediate- Must be documented by the end of the shift.
Medical	Change in Medical Condition	Other: Change in Condition	Observed Discovered Notified	Newly diagnosed conditions, skin breakdown, infections, recurrent vomiting/diarrhea, and/or changes in behavior requiring medical care and follow-up. Out-patient services and Emergency Room visits are included in this category.	Immediate- Must be documented by the end of the shift.
Medical	Out of Home Placement	Other: Out of home placement	Observed Discovered Notified	Any planned or unplanned admission to a long term care facility, institutional respite, rehabilitation facility, psychiatric unit, or hospital admission. Also includes admission to a Hospice facility.	Immediate- Must be documented by the end of the shift.
Medical	<b>Choking</b>	<b>Other: DDSN Choking</b>	Observed Discovered Notified	<b>Gagging or choking on food, liquid, a foreign object or material that requires intervention by medical personnel.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Medical	Fall	<b>Injury: Fall</b> or Other: Fall without injury	Observed Discovered Notified	Any fall resulting in injury requiring medical treatment beyond basic first aid. Falls resulting in a serious injury must be reported as a Critical Incident via the DDSN Incident Management System under the category of "Injury."	Immediate- Must be documented by the end of the shift.
Medical	<b>Care/ Treatment</b>	<b>Other: DDSN: Care/ Treatment</b>	Observed Discovered Notified	<b>When a plan for care and/or treatment is not followed/provided to an individual resulting in the need for medical treatment from a physician. This could include but is not limited to: personal care, hygiene, oral care, special diets/nutrition, assistive devices and/or monitoring. *Provider must also complete a Critical Incident Report on the DDSN Incident Management when there is an adverse reaction and additional medical attention is required.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Injury	Injury: Moderate	Injury: Severity-Moderate	Observed Discovered Notified	Any injury, either discovered or observed, requiring medical treatment that is not considered major. (This does not include basic first aid.) Bruises, burns, bites, sprains, significant swelling and contusions are considered moderate if they require treatment beyond first aid.	Immediate- Must be documented by the end of the shift.
Injury	<b>Injury: Serious</b>	<b>Injury: Severity-Severe</b>	Observed Discovered Notified	<b>A serious injury either discovered or observed, requiring medical treatment, including any loss of consciousness, fracture, head injury or wound requiring more than 5 sutures/staples. Hospitalization or urgent care. *Serious injuries of Unknown Origin must be reported to SLED and the provider must follow the ANE Reporting Process.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Medication	Medication Error Severity Level 1	Medication Error Severity:1	Observed Discovered Notified	A medication error occurs when a recipient receives an incorrect drug, drug dose, dosage form, quantity, route, concentration, or rate of administration. A medication error is also defined as a variance of the administration of a drug on a schedule other than intended. A missed dose or a dose administered more than one hour before or more than one hour after the scheduled time constitutes a medication error. If medications are not available for dispensing, this is a medication error. Includes incidents in which the individual experienced no or minimal adverse consequences and no treatment or intervention other than monitoring	Immediate- Must be documented by the end of the shift in which the error was discovered.
Medication	Medication Error Severity Level 2	Medication Error Severity: 2	Observed Discovered Notified	Includes incidents in which the individual experienced short term, reversible adverse consequences and treatment and/or interventions was/were needed in addition to monitoring and observation.	Immediate- Must be documented by the end of the shift in which the error was discovered.
Medication	Observation/ Pre-treatment Requirements	Medication Error Charting: Other: Pretreatment not provided	Observed Discovered Notified	An error occurs when a MAR is not initiated after observation/pre-treatment requirement is provided to an individual. Evidence of a documentation error is related to a specific observation/pre-treatment prescribed for collecting data to monitor medication effects.	Immediate- Must be documented by the end of the shift in which the error was discovered.
Medication	<b>Medication Error Severity Level 3</b>	<b>Medication Error Severity Level 3</b>	Observed Discovered Notified	<b>Includes incidents in which the individual experienced life-threatening and/or permanent adverse consequences.</b>	<b>Immediate- Must be documented by the end of the shift in which the error was discovered.</b>
Medication	<b>Medical Follow-up not provided</b>	<b>Medication Error Charting: Other: Follow-up not provided</b>	Observed Discovered Notified	<b>The person supported does not receive the prescribed medical follow-up for his/her condition resulting in a serious adverse reaction or further complications.</b>	<b>Immediate- Must be documented by the end of the shift in which the error was discovered.</b>
Medication	Charting/ Documentation Error: Medication	Medication Error/ Charting	Observed Discovered Notified	A documentation error occurs when a MAR is not initiated after medication assistance is provided to an individual. Evidence of a documentation error is denoted by blank space(s) on the MAR following the scheduled administration time of medication(s).	Immediate- Must be documented by the end of the shift in which the error was discovered.
Death	<b>Death: Expected</b>	<b>Death: Cause of Death Natural or Expected</b>	Observed Discovered Notified	<b>All mortalities in any setting are to be reported immediately by the provider or person notified. * Refer to DDSN Directive 505-02-DD.</b>	<b>Immediate- Must be documented by the end of the shift.</b>

Death	<b>Death: Unexpected</b>	<b>Death: Cause of Death Sudden or Unexpected</b>	Observed Discovered Notified	<b>All mortalities in any setting are to be reported immediately by the provider or person notified. *Refer to DDSN Directive 505-02-DD.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Restraint	Restraint: Manual	Restraint Other: Manual	Observed Discovered Notified	A GER is required when an individual's behavior requires the use of a manual restraint (Excludes soft restraints, such as helmets with or without face shields, arm splints, posey mittens, wrist cuffs, anti-stripping suits, and laptop wrist cuffs.) Restrictive procedures, including Manual Restraints, should only be used in accordance with a current, approved Behavior Support Plan, except in emergency situations. All restrictive procedures must be approved through the agency's Human Rights Committee.	Immediate- Must be documented by the end of the shift.
Restraint	Restraint: Mechanical	Restraint Other: Mechanical	Observed Discovered Notified	A GER is required when an individual's behavior requires the use of a mechanical restraint. (Excludes soft restraints, such as helmets with or without face shields, arm splints, posey mittens, wrist cuffs, anti-stripping suits, and laptop wrist cuffs.) Restrictive procedures, including mechanical restraints, should only be used in accordance with a current, approved Behavior Support Plan, except in emergency situations. All restrictive procedures must be approved through the agency's Human Rights Committee.	Immediate- Must be documented by the end of the shift.
Restraint	Restraint: Chemical	Restraint Other: Chemical	Observed Discovered Notified	A GER is required when an individual's behavior requires the use of a chemical restraint. Restrictive procedures, including chemical restraints, should only be used in accordance with a current, approved Behavior Support Plan, except in emergency situations. All restrictive procedures must be approved through the agency's Human Rights Committee.	Immediate- Must be documented by the end of the shift.
Behavioral Issues	<b>Law Enforcement Involvement</b>	<b>Other: DDSN Behavioral Issues: Law Enforcement Involvement</b>	Observed Discovered Notified	<b>Assistance/ Intervention is required from Law Enforcement and a Report/ Case ID is issued as a result of that involvement.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Behavioral Issues	<b>Physical Aggression/ Assault</b>	<b>Other: DDSN Behavioral Issues: Physical Aggression/ Assault</b>	Observed Discovered Notified	<b>The physical assault or physical aggression displayed between two persons supported. Includes: hitting, kicking, pinching, punching, biting, slapping, shoving or striking another. Also includes property damage. *Provider must also complete a Critical Incident Report on the DDSN Incident Management System if there are serious injuries.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Behavioral Issues	<b>Weapons</b>	<b>Other: DDSN Behavioral Issues: Weapons</b>	Observed Discovered Notified	<b>Possession or use of any firearm, weapon or explosive by a person supported.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Behavioral Issues	<b>Illegal Substances</b>	<b>Other: DDSN Behavioral Issues: Illegal Substances</b>	Observed Discovered Notified	<b>Possession or use of any illegal substances by a person supported.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Behavioral Issues	<b>Sexual Aggression/ Assault</b>	<b>Other: DDSN Behavioral Issues: Sexual Aggression/ Assault</b>	Observed Discovered Notified	<b>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. *Provider must also complete a Critical Incident Report on the DDSN Incident Management System. ** Refer to Directive 533-02-DD for additional follow-up information.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Behavioral Issues	<b>Theft of Money/ Property/ Controlled Medications</b>	<b>Other: DDSN Behavioral Issues: Theft of Money/ Property/ Controlled medications</b>	Observed Discovered Notified	<b>Theft of money or property exceeding \$100 in value or any controlled medications from another individual regardless of home, work or community setting. *Requires a report to LLE and reimbursement to the supported person.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Behavioral Issues	<b>Suicidal Ideations/ Threats of Self-Harm</b>	<b>Other: DDSN Behavioral Issues: Suicidal Ideations/ Threats of Self-Harm</b>	Observed Discovered Notified	<b>Threats/attempt of suicide, suicidal ideation, or threats of self-harm. *Provider must also complete a Critical Incident Report on the DDSN Incident Management System. **Refer to DDSN Directive 101-02-DD for complete assessment requirements.</b>	<b>Immediate- Must be documented by the end of the shift.</b>
Behavioral Issues	<b>Elopement</b>	<b>Other: DDSN Behavioral Issues: Elopement</b>	Observed Discovered Notified	<b>Any time an individual is missing from their designated location for a period of one hour beyond their normal supervision intervals. *If the person is missing for more than one hour, the provider must also complete a Critical Incident Report on the DDSN Incident Management System.</b>	<b>Immediate- Must be documented by the end of the shift.</b>