

SUPPLEMENTAL INFORMATION FOR TYPE OF SPECIAL INCIDENTS

Injuries beyond First Aid: for an injury to be considered Treatment beyond First Aid means that the client was seen by a medical professional for the injury in question. *For Example*, if a vendor took a client to a physician for a burn, the incident is reportable to the regional center even if the physician decided not to treat the injury any further.

Types of Injuries beyond First Aid

- **Puncture Wounds**
- **Bites that Break the Skin**
- **Internal Bleeding:** *Bruises are a type of internal bleeding. If a client receives attention from any medical professional for the purpose of treating the bruise, an SIR is reported to the regional center.*
- **Medication Reactions:** *For medication reactions, including but not limited to allergic reactions to adverse effects of medications interacting with one another.*
- **Burns Requiring Medical Treatment**

Serious Injuries /Accidents

- **Lacerations requiring sutures/ staples or glue**
- **Fractures**
- **Injury Accident-Dislocations**

Medication Errors

Medication Error Categories:

Any medication error that occurred while a client was under vendored care regardless of the consequences.

- **Receiving a prescription medication that was not prescribed**
- **Receiving the wrong dose of any medication; this includes missed dose of prescription medications and wrong doses of over-the-counter medications.**
- **Not receiving prescribed medication within one hour of the prescribed time of day**
- **Not receiving prescribed medication by the proper route.**
- **Refusals by clients over the age of 14 are not reportable to DDS.**

Definitions for Medication Error Categories:

- **Missed Dose-** prescribed medication was not given or administered
- **Wrong Dose-**the incorrect dose of medication was administered (e.g., medication given was not at the prescribed dose)
- **Wrong Medication-**wrong medication was given or taken by the individual
- **Wrong Person-**medication was administered to the wrong individual
- **Wrong Time-**medication was given at the wrong time (i.e., outside of 1hour window for when it should have been given)
- **Wrong Route-** prescribed medication was given via wrong route(e.g., by injection rather than by mouth).
- **Documentation Error (for use only in combination with other error) -**error in documenting medication administration or prescription

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- **Other-** medication error not listed above.

Medical Attention -Definitions:

- **Consulted RN/RPH/MD-** vendor contacted a nurse, pharmacist, or doctor to consult about medical attention required.
- **Consulted Poison Control-** vendor contacted a Poison Control hotline to consult about attention or action required
- **Emergency Room/Urgent Care Visit-** vendor sought emergency or urgent care (e.g., hospital, urgent clinic) for individual
- **Observe/Report-** vendor closely observed individual after medication error and/or reported concerns as needed to medical doctor
- **None-** vendor did not take any actions in response to error
- **Other-** vendor action taken in response to error that is not listed above

Missing Person-Law Enforcement Notified:

- **The client is missing** and a vendor or long-term health care facility has filed a formal missing person report or the vendor of long-term health care facility has described the client as missing in any way-not necessarily in a formal way to law enforcement.

Hospitalizations:

Any time a client is admitted to the hospital while under vendor care it must be reported to the regional center. (Hospitalizations are now referenced by diagnosis rather than what is not planned. How the SIR will be coded by the SIR Desk will depend on the treatment they received and their discharge diagnosis).

Hospitalization Categories:

- **Respiratory Illness**, including but not limited to asthma, tuberculosis; and chronic obstructive pulmonary disease;
- **Seizure-related**;
- **Cardiac-related**, including but not limited to congestive heart failure; hypertension and angina;
- **Internal infections**, including but not limited to ear, nose and throat , gastrointestinal , kidney, dental, pelvic or urinary tract infection;
- **Diabetes**, including diabetes related complications;
- **Wound/skin care**, including but not limited to cellulitis and decubitus;
- **Nutritional deficiencies**, including but not limited to anemia and dehydration; or
- **Involuntary psychiatric admission.**
- **Hospitalization-Other:** If a client is admitted to the hospital for any other reason.

Choking

- An SIR is required when a client has experienced a choking incident.

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Transportation Incidents

- An SIR is required when a client is in an accident while transported by a vendor or an SIR is required when the bus or taxi breaks down while the vendor is providing services to the client.

Disease Breakout

- An SIR is required when a disease outbreak occurs at a facility or program involving any ACRC consumers.
- These are confirmed cases and an SIR should be submitted for each client where there is confirmation of the outbreak.
- If a client has been exposed to a contagious disease but there is no confirmation that the client has contacted the disease, then contact then contact ACRC Community Services Department and work directly with them. If there is confirmation of disease then submit SIR.

Physical Restraints

- An SIR is required whenever a client is restrained. Please see protocol below:

A Note on using restraints.....

- Due to risk for physical injury and /or emotional trauma, the use of restraints are considered procedures that may cause pain or trauma
- All procedures that may cause pain or trauma must be reviewed an approved prior to implementation as outlined in Title 17: §§50800-50835.

Steps for Review and Approval Include:

1. Planning team discusses need for restrictive procedure and notifies all appropriate parties of the review process.
 2. Planning team develops an “interim safety plan” while review process occurs.
 3. Qualified professional (i.e., BCBA or Behavior Management Consultant) develops intervention plan.
 4. Planning team reviews the proposed intervention plan and written informed consent received.
 5. Client’s primary care physician reviews proposed intervention plan
 6. Client’s Service Coordinator reviews proposed intervention plan with ACRC’s Behavior Modification Review Committee for Approval
- Vendor completes and submits Post –Emergency Restraint Report (PERR) to assigned Service Coordinator

Death of a Client

- Please complete the ACRC Death report when an ACRC client passes away regardless of the circumstances.

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Victim of a Crime

- **Robbery**: a victim; including theft using a firearm, knife or cutting instrument or other dangerous weapons or methods which force or threaten
- **Aggravated Assault**: including physical attack on a victim using hands, fist, feet or a firearm, knife or cutting instrument or other dangerous weapon;
- **Larceny**: including the unlawful taking, carrying, leading or riding away of property, except motor vehicles, from the possession or constructive possession of another person;
- **Burglary**: including forcible entry; unlawful non-forcible entry; and attempted forcible entry of a structure to commit a felony or theft therein;
- **Rape**: including rape or attempted rape

Suspected Abuse/Exploitation

Protocol for Title 17 Section 54327(b)(1)(B)- Reasonably Suspected Abuse/exploitation including:

- Physical
- Sexual
- Fiduciary
- Emotional/mental or
- Physical and/or chemical restraint

Please refer to the ***Mandated Reporting Flow Chart*** on filing a report of suspected abuse.

Suspected Neglect

Protocol for Title 17 Section 54327(b)(1)(B): Reasonably Suspected Neglect including failure to:

- Provide medical care
- Prevent malnutrition or dehydration
- Protect from health and safety hazards
- Assist in personal hygiene or the provision of food, clothing or shelter
- Exercise the degree of care that a reasonable person would exercise in the position of having the care and custody of an elder or a dependent adult

Please refer to ***Mandated Reporting Flow Chart*** on filing a report of suspected neglect.

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Arrests

- An SIR is required when a client is arrested or looks like the client may be arrested (i.e. has an upcoming court date due to a new law enforcement incident).

Suicide Threat/Suicide Attempt

- An SIR is required whenever a client makes either a suicide threat or suicide attempt regardless of the circumstances.

Fire Setting

- An SIR is required whenever a client starts a fire.

Other Sexual Incident-consumer is the aggressor

- An SIR is required whenever the client is the aggressor of a sexual incident.

Media Attentions

- An SIR is required whenever there is any media attention regarding an ACRC Client. DDS tracks this information and we are required to report it to DDS.

Multiple Incidents Reporting Requirements

- If a client experiences an incident in the morning and in the morning and in the afternoon of the same day a similar incident occurred you can describe both occurrences on one SIR and submit to the regional center.
- If a consumer has two different incidents on the same day but the incidents are unrelated then two separated SIRs need to be submitted to the regional center.
- If an incident occurs today and then the same incident occurs tomorrow then two separate SIRs need to be reported to the regional center because they occurred on separate days.