

TABLE OF CONTENTS**PARTS 624 and 625 : INCIDENT REPORTING, MANAGEMENT AND REVIEW**

5.7 General Definitions of Incidents and Abuse	2
5.8 Specific Definitions	4
5.9 Handling of Incidents and Allegations of Abuse	10
5.10 Follow-up Activities Subsequent to an Allegation Of Abuse Involving a Staff Member	16
5.11 Notifications and Reporting Requirements	19
5.11.1 Notifications Specific to Jonathan's Law	23
5.11.2 Notification Requirement Chart	27
5.12.1 Incident Review Committee: Responsibilities	28
5.12.2 Incident Review Committee: Membership and Organization	30
5.12.3 Incident Review Committee: Case Specific Requirements	33
5.12.4 Incident Review Committee: Annual Trend Report	33
5.12.5 Incident Review Committee: Requests for Information	34
Incident Review Committee : Current Members 7/13	35

SECTION: 5.7

SUBJECT: PARTS 624 and 625 : INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: General Definitions of Incidents and Abuse

POLICY:

Ontario ARC is committed to protecting persons who attend our programs or receive support.. Parts 624 NYCRR and NYCRR Part 625 describe the requirements for reporting, documenting, investigating and reviewing events that affect the safety and welfare of people we support. Adherence to these regulations is required of all staff members at all times. No occurrences of mistreatment or abuse will be tolerated at Ontario ARC, under any circumstance.

In addition, Social Services law 702 requires that all staff, volunteers, and contractors are “custodians” and mandated to report any allegations of abuse or significant incidents to the New York State Justice Center for the protection of people with Special Needs.

Ontario ARC does not condone the use of Time Out or Aversive Conditioning under any circumstances. Substantiated allegations of such will result in supervisory action up to and including termination of employment. Further, Ontario ARC is committed to the protection of people supported, and will notify Law Enforcement upon receipt of an allegation or report that an individual was intentionally harmed in any way.

VALUES

Quality

Quality of Life

Definitions: (In Certified Settings)

By general definition, a "**Reportable Incident**" is any significant event or situation which endangers the well-being of a person receiving services no matter if the cause was accidental, caused by the person himself/herself, or caused by another person. “Reportable Incidents” are events that occur in certified settings. (Residential, Day Services, Blended Programs and under auspices of Registered Providers,.

A "**Reportable Incident-Significant Incident**" is one which, because of its severity or the sensitivity of the situation, must be immediately reported to the Finger Lakes DDRO. These events involve a person’s disappearance; seclusion; use of time out; medication errors with adverse effects; mistreatment; choking with known risk and self-abusive behavior with injury.

"**Abuse**" is broadly defined as the maltreatment or mishandling of a person receiving services which endangers the physical or emotional well-being of the person through the action or inaction of a staff person, a volunteer, or another individual whether or not the person appears to be injured or harmed. The failure to intercede on behalf of a person is also considered abuse. When the abuse involves two people receiving services, it is necessary to take into account the aggressor's judgment and cognitive abilities to determine whether the act is an abuse allegation or a behavioral problem. Abuse also includes Deliberate use of restraints; unlawful use or administration of controlled substances and obstruction of reports of reportable incidents.

Deaths are reported immediately to the NYS Justice Center and within 24 hours to OPWDD.

Notable Occurrences are events that do not meet the criteria above, however, occur in certified settings and could result in harm to the individuals we support. Notable Occurrences are reported to DDRO Incident Management Unit (IMU) immediately, and are not reported to the NYS Justice Center.

These events include Injury, requiring hospitalization (and the absence of suspected abuse); Unauthorized absence; Death; Choking with no known risk; Theft/financial exploitation; and sensitive situations.

Definitions: (in non-certified settings)

Any incident or allegation of abuse that occurs in a non-certified setting (MSC,SEMP, Clinic, Community Habilitation or Recreation) must be reported to OPWDD within 24 hours. Form OPWDD 150 will be completed for these events:

Categories of Incidents

Physical Abuse; Sexual Abuse; Passive Abuse (failure to intervene); Active Neglect; Self-neglect; Financial Exploitation/Theft, Emotional Abuse and all Deaths.

Specific classifications and definitions for reportable incidents, serious reportable incidents and abuse, as contained in Parts 624 and 625 of NYS Mental Hygiene Law, are summarized in the following section. These should be used as guidelines by all staff. Complete copies of Parts 624 and 625 are available on the agency staff website and can be referred to, when necessary.

There are other types of events which, by this agency's standards, are to be reported as incidents. These include the use of life-saving techniques (Abdominal thrust, CPR), vehicle accidents with no injuries while participants are using agency transportation or staff vehicles, and in some cases, participant-to-participant confrontations or rights violations. Events such as these are to be initially handled, reported, reviewed and then monitored as agency incidents, though not included in Part 624 or 625.

REFERENCE: Part 624.4
DATE: 4/90
REVISED: 10/95, 12/96, 5/99, 6/02, 3/04, 4/06, 9/06, 03/07, 09/08,10/11, 7/13

SECTION 5.8

SUBJECT: Parts 624 and 625 : **INCIDENT REPORTING, MANAGEMENT AND REVIEW**

TOPIC: **Specific Definitions**

REPORTABLE INCIDENTS

Significant Events

An incident other than an incident of abuse or neglect, that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in harm to health, safety, or welfare of a person receiving services and includes, but is not limited to:

Conduct between persons receiving services that would constitute abuse if committed by a custodian. (This must be intentional abuse against a peer.)

Conduct of a custodian that is inconsistent with the plan of service or accepted treatment practices such as:

Seclusion; Unauthorized use of time out; Medication error with adverse effects; inappropriate use of restraints.

Missing person- unexpected absence of the person that based on their history and current condition exposes them to risk or injury.

Choking with known risk- partial or complete blockage of upper airway, leading to partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive that addresses that risk.

Choking with known risk- partial or complete blockage of upper airway, leading to partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive that addresses that risk.

Choking with NO known risk- partial or complete blockage of upper airway, leading to partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive that addresses that risk.

Self-abusive behavior with injury- self-inflicted injury that requires medical care beyond first aid.

Inappropriate use of restraints

Other Mistreatment other conduct on the part of a custodian, inconsistent with an individual's plan of services, generally accepted treatment practices, and or applicable federal or state laws, regulations or policies, and that impairs or creates a reasonably foreseeable potential to impair the health, safety or welfare of an individual receiving

services , except as described in any other provision of this section.

Unauthorized absence

The unexpected or unauthorized absence of a person receiving services from a program location or facility after formal search procedures (calling police) are started. Staff must begin formal search procedures if a person's whereabouts are unknown for 4 hours. A search is started immediately for a person who might be in immediate danger of harm.

Injury

Any injury which results in the admission of a person receiving services to a hospital for treatment or for observation because of the injury. If abuse is suspected, report the abuse, as well.

Theft and Financial Exploitation

Any suspected theft of a person's property or financial exploitation involving a value of more than \$100.00; theft involving a person's credit, debit or benefit card (regardless of amount); or a pattern of theft or financial exploitation involving a person supported.

SERIOUS NOTABLE INCIDENTS

Death

Death when due to other than natural or expected causes, to include suicide, or an unexplained or accidental death. This includes all deaths that occur under the auspices of an agency.

Sensitive Situations

Sensitive Situations

Situations involving a person supported that do not meet the criteria of definitions above, which may be of a delicate nature to the agency and which are reported to ensure awareness of the circumstances. May include Possible Criminal Acts committed by a person supported.

Minor Notable Events

Injury

Any suspected or confirmed harm, hurt or damage to person supported, regardless of cause that requires medical or dental treatment.

Theft and financial exploitation

Any suspected theft of a service recipient's personal property or financial exploitation involving values of more than \$15.00 and less than or equal to \$100.00 that does not involve a credit, debit or benefit card.

Ontario ARC General Event Reports (in Therap) forms will be completed for situations not covered on the OPWDD forms, but for which documentation is important. These situations will be reviewed by the Subcommittee of Incident Review Committee.

Part 625 **Classifications:**

Events occurring NOT under the agency's auspices, will be filed using Form OPW 150. These events would meet the following criteria for preliminary classifications:

Active Neglect:- Deliberate denial of needs, supervision or appropriate services.

Death- **All deaths are to be reported to the NYS justice Center, if the person attends or resides in a certified setting, or has participated within 30 days prior to their death.

Emotional Abuse: with proven harm to individuals

Financial Exploitation: More than \$15.00 or involving an individual's credit, debit or benefit card.

Passive Neglect- failure to provide appropriate needs, services or supervision. Failure to act.

Physical Abuse: any use of physical force not deemed necessary.

Self neglect- person's failure to or inability to provide basic needs or medical/dental or safety precautions.

Sexual Abuse- any contact for purpose of sexual gratification, that is not consenting between the two individuals.

SECTION: 5.8

SUBJECT: Parts 624 and 625: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Specific Definitions, continued:

ABUSE

Physical Abuse

Physical Abuse shall mean conduct by a custodian intentionally causing, by physical contact, physical injury or serious protracted impairment of the physical, mental, or emotionally condition of the individual receiving services, or causing the likelihood of such injury or impairment. Such conduct may include, but shall not be limited to: slapping, hitting, kicking, biting , choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting, or the use of corporal punishment. Physical abuse shall not include reasonable emergency interventions necessary to protect the safety of any party. An unauthorized or unnecessary or improperly used physical intervention (Positive Approaches 3) technique also constitutes abuse.

Sexual Abuse

Any sexual contact between a person receiving services and staff, consultant, contractor or volunteer;. Sexual contact includes touching or fondling of the sexual or other intimate parts of a person receiving services directly or through clothing for the purpose of sexual arousal or sexual gratification. Also, causing a person receiving services to engage in any act considered sexual in nature.

Psychological Abuse (Emotional Abuse)

The use of language or gestures either privately or in the presence of other persons receiving services which subjects a person to ridicule, humiliation, scorn or dehumanization. The tone of voice, such as yelling or shouting at or in the presence of other persons may constitute psychological abuse. Swearing at or in the presence of a person who receives services may also be abusive.

Under 624, agency auspices allegations of Psychological Abuse can only be substantiated with an examination by a clinician during which harm to the individual or potential harm is noted, due to the event. It should be noted that offensive treatment regardless of the criteria set forth in this definition, may result in supervisory action.

Seclusion

Placement of a person in a secured room or area from which he or she cannot leave at will is considered to be a form of abuse.

SECTION: 5.8

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Specific Definitions, continued:

**ABUSE (All types of abuse are Serious Reportable), continued:
Deliberate inappropriate Use of Restraint**

The use of a mechanical device to restrain an individual without the written, prior authorization of a physician; or the program administrator if the physician cannot be present within 30 minutes. The intentional use of medication to control an individual's behavior that has not been prescribed by a physician for that purpose is considered to be an unauthorized use of restraint. Inappropriate use of a restraint shall include, but not be limited to, the use of a device(s) or medication for the convenience of staff, as a substitute for programming, or for disciplinary purposes.

Unlawful use or administration of a controlled substance

Use of controlled substance without a prescription, or other medication not approved for any use by the FDA. Any custodian unlawfully using or distributing a controlled substance while on duty. Use of medication not prescribed for that person, or prescribed for other circumstances.

Obstruction of reports of reportable incidents.

Conduct by a custodian that impedes the discover, reporting or investigation of the treatment of a service recipient by falsifying records related to the safety, treatment or supervision of an individual; actively persuading a custodian or other mandated reporter from making a report to the Justice Center or OPWDD. Intentionally making a false statement or intentionally withholding information; intentional failure of a supervisor or manager to act upon such a report.

Use of Aversive Conditioning

The use of aversive conditioning is defined as use without appropriate permission is the unauthorized use of aversive conditioning. Aversive conditioning involves the use of a physical stimulus, such as water sprays, noxious smells, noxious tastes, electric shocks or other to modify or change behavior. Inappropriate use of aversive conditioning shall include, but not be limited to, the use of the technique for the convenience of staff, as a substitute for programming, or for disciplinary purposes. Ontario ARC does not condone or tolerate any use of Aversive Conditioning. Any reports of Aversive Conditioning will be filed as allegations of abuse.

Unauthorized or Inappropriate Use of Time-Out

The use of time-out (planned ignoring) without appropriate permissions. Inappropriate use of time-out shall include, but not be limited to the use of the technique for the convenience of staff, as a substitute for programming or for disciplinary purposes. Time-out always incorporates the principle of denying the opportunity to obtain positive reinforcement. Ontario ARC does not condone or tolerate any instances of Time –Out use.

Other Mistreatment

The deliberate or willful determination on the part of the agency's administration or staff to follow treatment practices which are contradictory to a person's Individual Service Plan (ISP) or that violate an individual's human rights, or do not follow accepted treatment practices.

Neglect

Any condition of deprivation in which a person receiving services receives insufficient, inconsistent or inappropriate services, treatment or care to meet his/her needs. Failure to provide a safe and/or appropriate environment for a person receiving services. Failure to provide appropriate services, error in judgment, inattention or ignoring may also be considered a form of neglect.

REFERENCE: Part 624.4
DATE: 4/90
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SECTION: 5.8

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Specific Definitions, continued:

POLICY

There are other events that may occur, which do not constitute an incident or allegation of abuse per Part 624, but which the agency administration has determined should be reported as **AGENCY ONLY** reportable incidents.

AGENCY-ONLY INCIDENTS

Notable Occurrences

Events/occurrences not covered by the categories on OPWDD 147 or 150 and that are reportable internally, will be recorded on the Ontario ARC Therap Services (GER) General Event Reporting. These would include participant confrontations; unusual behavior; and other notable events that the agency deems reportable and significant for tracking and follow up purposes.

Vehicle Accidents

Accidents involving agency or staff vehicles at which time a ticket is issued to a staff member or accidents while transporting persons receiving services where no injuries occur. The Transportation Department requires a MV-104 or accident report to be completed, if it is not completed at the scene of the accident by the responding officer. A motor vehicle accident, by definition is damage to a vehicle due to the movement of a motor vehicle. These will be reported in Therap under General Event Reporting (GER).

Use of Life-Saving Techniques

Application of CPR or use of the AED or abdominal thrusts (formerly called the Heimlich Maneuver) to assist a person receiving services, staff or volunteer.

SECTION: 5.9

SUBJECT: Parts 624 and 625: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Handling of Incidents and Allegations of Abuse

POLICY:

All reportable incidents and allegations of abuse must be documented, investigated and reported according to established agency procedures; must be reviewed by this agency's Incident Review Committee; and must be acted upon in a timely and appropriate manner to bring such matters to closure and to ensure participant safety.

VALUES:

Quality
Quality of Life

PROCEDURE:

Person (s)

Responsibility

Staff person on the scene or the first to discover the event.

Protects the person involved and takes what action is necessary to stop the incident and ensure the safety and welfare of that person.

Reports the event **immediately** to the Program Supervisor/On-Call.

Program Supervisor/On-Call

Directs the staff person how to respond to the event. Instructs staff to complete the standardized reporting form, and appropriate notifications.

Direct Support Staff

Completes OPW 147 or 150 and Notification Sheet(s) prior to end of shift. Notifies the NYS Justice Center by telephone or email after discussion with supervisor/on-call. Follows supervisory direction on what to do/where to send. Forms are available on Ontario ARC website under button marked "FORMS" in the Quality Assurance section.

Program Supervisor

Notifies the Program Director of the incident/allegation as soon as possible.

Program Director

Verifies facts known with staff. Clarifies with staff if situation is reportable ,serious reportable or notable occurrence, or an allegation of abuse. Notifies Director, Quality Assurance.

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Handling of Incidents and Allegations of Abuse (continued)

PROCEDURE:

Person(s)

Responsibility

Program Supervisor

reportable incident or allegation of abuse. Completes Jonathan's Law notifications as appropriate. If a person receiving services requests a parent, correspondent/advocate not be contacted, a determination will be made whether the person requesting no contact is able to make that decision. If so, it will be honored. Legal guardians of persons receiving services must always be contacted. Completes Willowbrook notifications for class members

Director, Quality Assurance
Program Director (In the absence of the Director, Quality Assurance)
Associate Executive Director
Sr. Associate Executive Director

Makes final decision regarding reporting level of the event. Reports all deaths, serious reportable incidents and allegations of abuse by telephone to the Finger Lakes DDRO through the Incident Management Unit 241-5707 or after hours to the DDRO IMU at 1-888-479-6763. Account of the event must then be sent through IRMA (Incident Reporting Management Application) to the Finger Lakes DDRO within 24 hours or the next business day of occurrence.

Program Supervisor

The entire procedure for the initial phase of reporting, recording, and initial investigation and review of any and all incidents should be completed within 24 hours of the incident or its discovery.

Notifies parents, guardians, correspondents, advocates and service coordinators as appropriate, of any reportable or serious

Verifies with reporting staff the ACCURACY of facts known:
1. Who was involved?
2. What is reported to have occurred?
3. When did the event occur? Or was it discovered?
4. Where did the event occur?

SECTION: 5.9

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Handling of Incidents and Allegations of Abuse, continued:

PROCEDURE:

Person(s)

Responsibility

Program Supervisor:

5. Other relevant facts
6. Secures any evidence/documents.
7. Actions taken to protect the person endangered.

Ensures NYS Justice Dept. was notified by staff who witnessed, as well as supervisor incident was reported to.

A number of agency programs, however, operate or sponsor events in the evening and on weekends, when agency offices are closed, including residential services, off-site supported employment contracts, as well as recreational activities, transportation and service coordination.

If an incident is **reportable only**, up to 48 hours will be permitted for completing an investigation and review and forwarding paperwork. Reporting of events at all sites must meet Part 624 and 625 regulations. In all cases, program supervisory staff should be notified of any and all incidents without delay, in keeping with agency and program specific procedures. These are outlined below.

Ensure all measures have been taken to provide prompt care and to protect persons receiving services from further harm or injury.

Determine whether the incident could have been avoided.

Recommend further follow-up:

- a. Programmatic or clinical follow-up;
- b. Administrative actions;
- c. Disciplinary actions.

Program Supervisor
Program Director

Program Director
Program Supervisor

Contacts outside agency (Ontario County Department of Social Services: Child

Protective or Adult Protective agencies, law enforcement) to initiate an investigation if it appears they will be the lead agency, NYS

Justice Center for all occurrences under the agency's auspices.

SECTION: 5.9

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Handling of Incidents and Allegations of Abuse, continued:

PROCEDURE:

Person(s)

Responsibility

Director, Quality Assurance

For **serious reportable incidents** and for **allegations of abuse**, asks that an investigator be assigned.

Reportable events will generally be investigated by supervisory staff in the program, with direction from Quality Assurance.

Contacts investigator from the agency Investigative Team and informs them of the event. The investigator will generally not be assigned from the same program area or service that is making the initial report.

Completes the Investigative Report (IW149) and forwards it to the Director, Quality Assurance within five (5) working days. Discusses the results of the investigation with the Director, Quality Assurance or if unavailable, Program Director, Executive or Sr./ Associate Executive Director. Conducts a more in-depth investigation as necessary.

Investigator

Thoroughly reviews the event and completes an Investigative Report. The report contains:

1. Description of information received on initial notification;
2. Description of investigative procedures;
3. Summary of evidence;
4. Conclusions based on evidence
5. Attaches interviews conducted.

5. Preliminary corrective/preventative recommendations.

6. Ensures follow up for corrective action is implemented and maintained.

SECTION: 5.9

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Handling of Incidents and Allegations of Abuse, continued:

PROCEDURE:

Person(s)

Responsibility

Investigator

Investigations of serious reportable events and allegations of abuse in program will generally be investigated by a designated agency investigator. Clinical staff may be asked to contribute to an on-going investigation if the situation warrants.

Service Coordinator

Functions as primary agency liaison, coordinator and reporter of outcomes for most events occurring in the community. Works with community resources having authority and jurisdiction (Child Protective Services, Adult Protective Services, law enforcement, or others).

Executive Director
Senior Associate Executive Director
Associate Executive Director

Reviews, signs, and returns the OPW147 to the Director, Quality Assurance prior to outside notifications.

Director, Quality Assurance

Submits information from form OPW147 to Finger Lakes DDRO within 24 hours of observation, occurrence or discovery of a serious reportable incident or allegation of abuse, containing as much information as is known at the time.

Does further investigation as warranted.

Forwards allegations of abuse with cover letter from the Executive Director, Sr. Associate Executive Director or Associate Executive Director to the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD), within IRMA database. Faxes reports to MHLS if occurred under agency auspices..

SECTION: 5.9

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Handling of Incidents and Allegations of Abuse, continued:

PROCEDURE

Person(s)

Responsibility

Director, Quality Assurance

Sends MHLS (Mental Hygiene Legal Service) a written report of an allegation of abuse occurring in program within (3) three working days.

Prepares information to be sent to the District Attorney's office for contacting law enforcement in the event of a possible criminal act occurring within three (3) working days.

REVISED: 9/08,10/11,3/12,7/13

Associate Executive Director

Calls Ontario County District Attorney and faxes copy of 147 and any supporting documents for his review.

REFERENCE: Part 624.5
DATE: 5/05

REVISED 1/2016

SECTION: 5.9.1

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Handling of Incidents and Allegations of Abuse, Outside investigations

POLICY:

All reportable incidents and allegations of abuse must be documented, investigated and reported according to established agency procedures; must be reviewed by this agency's Incident Review Committee; and must be acted upon in a timely and appropriate manner to bring such matters to closure and to ensure participant safety.

The NYS Justice Center or OPWDD Office of Investigations and Internal Affairs (OIIA) as well as Law Enforcement agencies, may conduct investigations into allegations and significant incidents as well. It is the policy of Ontario ARC to cooperate fully with these agencies, lending assistance in gathering information and contacting staff and individuals supported to facilitate a timely investigative process.

PROCEDURE

Person(s)

Responsibility

Director, Quality Assurance

Will receive information about assignment of investigation through IRMA (Incident Reporting Management Application) on the OPWDD.data base. Will contact Executive Director; Associate Executive Directors and Program Director to inform them of the agency who will be investigating.

Ensures all documentation and evidence are secured for the investigator, and assists in coordinating meetings and access to other pertinent to event.

Informs MSC or Program personnel if individuals supported will be interviewed and needs support in this process.

Program Director/Director , QA

Ensures recommendations and corrective are implemented as soon as possible.

Incident Review Committee

Reviews investigative report for corrective actions/recommendations only. No determination of finding will be challenged if investigation is done by OPWDD or NYS Justice Center.

SECTION: 5.10

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Follow-up Activities Subsequent to an Allegation of Abuse Involving a Staff Member

POLICY:

A complete and thorough investigation of any and all serious reportable incidents and allegations of abuse will be conducted by this agency.

VALUES:

Quality

Quality of Life

PROCEDURE:

Person(s)

Program Director

Program Supervisor

Responsibility

Evaluates each situation and requests an assigned investigator or determines event will be investigated by an outside lead agency. Preserves evidence. Causes as little disruption as possible to the daily operation of the program and routine of the person receiving services. Ensures health and safety shall be the primary concern.

Consults with the Executive Director, Senior Associate Executive or Associate Executive Director to select one or more of the following actions to ensure health and safety of the affected individual during an investigation of an allegation of abuse:

1. Removal, reassignment, relocation or suspension of the alleged abuser with or without pay;
2. Increasing the degree of supervision of the alleged abuser;
3. Provision of counseling to the alleged abuser or alleged victim;
4. Provision of increased training to the alleged abuser and staff pertinent to the prevention and remediation of abuse;
5. Investigation or interviewing by other staff, including clinical staff, Applied Behavioral Specialist, LCSW
6. Increasing supervision and support to the affected staff and program participants;
7. Removal or relocation of the allegedly abused individual, consistent with the

SECTION: 5.10

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Follow-up Activities Subsequent to an Allegation of Abuse Involving a Staff Member, continued:

PROCEDURE:

Person(s)

Program Director
Program Supervisor

Incident Review Committee

Program Director
Associate Executive Director
Sr. Associate Executive Director

developmental needs of the individual when it is determined that there is a risk to such an individual if he or she remains in program.

Responsibility

Ensures "due process" will occur in the event an allegation of abuse occurs. Informs staff member they have been named in an allegation. Documents the allegation by letter to the alleged abuser. Receives report on the results of the investigation from the investigator within 5 working days. Discusses follow-up with the Executive Director. Disciplinary actions will be with the approval of the Executive Director, the Sr. Associate Executive Director, or the Associate Executive Directors.

Reviews the initial report, corrective action and results of the investigation within 30 days of occurrence. Communicates the results of the Committee review, substantiated or unsubstantiated to the Program Director, Program Supervisor.

Communicates results to Manager of program. Meets with staff member and if returning to work, arranges reconciliation meeting with individual and subject of investigation. Follows up in writing with preliminary results, pending IRC approval.

Communicates the results of the Incident Review Committee to the alleged abuser and Human Resources in writing.

Takes immediate and appropriate action to exonerate the person against whom the allegation was made when an allegation of abuse is determined to be unfounded.

SECTION: 5.10

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Follow-up Activities Subsequent to an Allegation of Abuse Involving a Staff Member

PROCEDURE: continued

Person(s)

Responsibility

Program Director
Associate Executive Director
Sr. Associate Executive Director

Develops and implements within ten (10) days a plan of action when an allegation of child abuse involving a staff member has been accepted and designated as "indicated" by the NYS Child Abuse and Maltreatment Center. The corrective action plan should include the action to be taken with respect to an individual employee or volunteer to assure the continued health and safety of children and action taken to provide for the prevention of future acts of abuse.

In the event of an allegation of sexual abuse follow agency guidelines on Sexual Interactions which may include:

1. Medical examination of the victim, if allegation severity warrants it;
2. Review of documentation of ability to give consent or determination of the ability to give consent, if needed;
3. Determination if a crime may have been committed;
4. Recommendations for follow-up;
5. Notification to appropriate parties.

In no case will any staff person or other individual directly involved in an incident, or implicated in an allegation of abuse, take part in its investigation.

REFERENCE: PART 633.9
DATE: 7/90
REVISED: 10/95/12/96,5/99, 6/02, 3/04, 4/06, 9/06, 04/07, 9/08,10/11,7/13

SECTION: 5.11

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: NOTIFICATIONS AND REPORTING REQUIREMENTS

POLICY:

As part of this agency's initial procedure for handling of incidents and allegations of abuse, notification to other individuals or outside agencies is made.

VALUES:

Quality
Quality of Life

PROCEDURE:

Person(s)

Direct support staff, program supervisor(s), program director(s), Director, Quality Assurance and/or Executive/Sr. Associate Executive Director/Associate Executive Directors(s).

Director, Quality Assurance

Responsibility

Notifies Program Director; Director of Quality Assurance and Associate Executive Director(s).

Notifies guardian, parent or correspondent/advocate of any agency reportable, reportable or serious reportable incident or allegation of abuse not covered under Jonathan's Law within 24 hours of completion of the initial report unless the alleged abuser is one of these parties, the involved person is a capable adult and objects to notification being made or there is written advice from the guardian or parent that he or she does not want to be notified.

Makes Jonathan's Law notifications as required. See below.

Utilizes an Incident Notification Sheet and where appropriate Jonathan's Law Notification and attaches it to a completed form OPW-147.

After notification and approval of Executive Director or his designee, telephones Incident coordinator at Incident Management Unit (241-5707) immediately and enters report of any serious reportable incident or allegation of abuse in IRMA database Finger Lakes DDRO within 24 hours of observation or discovery.

SECTION: 5.11

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Notifications and Reporting Requirements, continued:

PROCEDURE:

Person(s)

Director, Quality Assurance

Responsibility

Additional notifications are as follows:

- Mental Hygiene Legal Services (MHLS) is faxed (585 530-3079) a written report of any allegation of abuse occurring under program auspices within three working days.
- For program participants under 18 years of age, notification by telephone must immediately be made to the NYS Child Abuse and Maltreatment Reporting Center (1-800-342-3720) of occurrences attributable to alleged abuse of a child. If the Justice Center is notified, CPS notification is not necessary.

For any deaths, OPWDD and the NYS Justice Center is to be notified immediately and kept informed of information as obtained. The Death reporting number for NYS Justice Center is 1-855-373-2124.

QCC 100 in IRMA (and JCv1) are to be completed along with OPW 147.

- OPWDD policy requires agencies to contact the DDRO within two hours for situations which leave OPWDD vulnerable to criticism and/or adverse publicity.

Notifications should be made for events/situations which involve consumers such as:

- untoward, sudden or unexpected deaths
- assaults and serious injury to
- disappearance of
- criminal acts by
- victimization of

SECTION: 5.11

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Notifications and Reporting Requirements, continued:

PROCEDURE, continued:

Person(s)

Director, Quality Assurance

Responsibility

Or events involving a staff, consultant, volunteer, intern or other such as:

- criminal situations
- potential for public reaction
- potential for media attention

During normal business hours contact is made with the DDRO Incident Coordinator for the **Finger Lakes area at 241-5707. After hours contact should be made with the DDRO IMU at 1-888-479-6763.** The NYS Justice Center can be contacted at **1-855-373- 2122**

- All suicides, homicides, accidental deaths or deaths due to suspicious, unusual or unnatural circumstances must be reported immediately by telephone and later in writing to the coroner/medical examiner.
- Law enforcement officials are notified in the case of any reportable incident, serious reportable incident, or allegation of abuse where a crime may have been committed, either by or against an individual receiving services. Any alleged criminal act must be reported to the district attorney or the appropriate law enforcement officials within three working days.
- Any other program, agency, facility or provider of services with which the program participant is associated, is informed by a designated staff person of any reportable incident or allegation of abuse that has resulted in injury or of an event, that may be of concern to another

program, or that may impact upon programming or activities at another

program.

SECTION: 5.11

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Notifications and Reporting Requirements, continued:

PROCEDURE, continued:

Person:

Responsibility:

Committee Nurse

Program Supervisor, Program Manager,
Program Director

REFERENCE: Part 624.4

Date: 5/05

Revised 09/08,10/11,7/13

On no less than an annual basis reviews injuries (per regulation) of unknown origin, corrective action taken and trends noted. Reports to Director, Quality Assurance.

For WillowBrook Class members all incidents must be reported to :

- Margaret Hinton, Consumer Advisory Board Advocate, Parkside DDRO Office, 585 394-7140 x405
- WillowBrook Hotline, 718 477 8800 , always leave message describing exactly what is occurring, message will be given to Margaret Hinton.
- Service Coordinator
- Residence Manager
- Family

SECTION: 5.11.1

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Notifications and Reporting Requirements, continued:
Notifications Specific to Jonathan's Law

POLICY:

In recognition and compliance with Jonathan's Law expanded notification to "Qualified Persons" (legal guardian, parent, spouse, adult child) are required for all reportable incidents. Service Coordinators are also entitled to follow up information as requested, to ensure service plans meet the needs of the individuals supported.

VALUES

Integrity
Quality

PROCEDURE:

Person(s):

Program Manager, Program Supervisor,
Program Director

Responsibility:

For all reportable incidents and notable occurrences:

Directly contacts "qualified person" (legal guardian, parent, spouse, adult child, advocate) within 24 hours to provide:

1. a description of the event or situation and corrective action/follow-up taken
2. Offer to meet with the Executive Director, Director of Quality Assurance to discuss incident/abuse.
3. Offer to provide written reports of:
Incident/Abuse Report
Investigation upon written request to the Director of Quality Assurance.
4. Notification that a Report of Actions Taken (OPW 148) will be sent in 10 days. Documents notifications completed on Jonathan's Law Notification Sheet and attaches to OPW 147 or 150.

REFERENCE: MHL 33.23, Part 624.3
DATE: MHL 09/08
REVISED: 10/08,10/11,7/13

SECTION: 5.11.1

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Notifications and Reporting Requirements, continued:
Notifications Specific to Jonathan’s Law, continued:

PROCEDURE:

Person(s):

Program Manager, Program Supervisor,
Program Director

Director, Quality Assurance

Responsibility:

Completes Report of Actions Taken (OPW148) and forwards it to Director, Quality Assurance with 10 days of writing OPW 147 Report.

Mails Report of Actions Taken to Qualified Person within 10 days of date Incident report was written.

Receives requests from “qualified persons” (including MSCs) for copies of OPW 147’s concerning all reportable incidents and notable occurrences. Prepares materials for mailing by removing (redacting) all names and any identifying information except information for the subject of the report (Field #8). Sends information to “Qualified Person.” OPW 147’s must be sent within 10 days of the request.

Receives written requests for copies of investigations of allegations of abuse occurring in program. Redacts all investigations. Sends investigations within 21 days of closure of the alleged abuse case. Closure occurs when the standing committee determines no further investigation is necessary and reaches a conclusion whether the allegation is substantiated, disconfirmed or inconclusive.

Records all contacts, requests, disclosures on the Jonathan’s Law Information Log.

SECTION: 5.11.1

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

**TOPIC: Notifications and Reporting Requirements, continued:
Notifications Specific to Jonathan’s Law, continued:**

PROCEDURE:

Person(s):

Program Supervisor, Program Manager,
Program Director

Responsibility:

If there is no guardian, parent, spouse or adult child but there is an advocate or correspondent, advocate/ correspondent is notified of the incident/allegation and offered a meeting and must be sent a report of actions taken. Upon request advocates/correspondents must be sent a redacted OPW 147. They are not eligible to receive a copy of the investigation report and other investigation documents.

If the otherwise eligible requestor is the alleged abuser, he or she is not eligible to receive records.

If the participant is a capable adult and objects to the release of records, the otherwise eligible requestor is not eligible to receive records unless the requestor is the legal guardian.

If there is no legal guardian, parent, spouse, child and the person is a “capable adult,” the person receiving services must be contacted within 24 hours, offered a meeting and must receive a Report on Actions Taken (OPW 148) within 10 days of the OPW 147 being written.

Upon written request releases records pertaining to allegations of abuse which occurred or were discovered on or after May 5, 2007. Until December 31, 2010 releases records pertaining to allegations of abuse covering the period January 1, 2003-May 5, 2007 to qualified persons.

Director, Quality Assurance

REFERENCE: Part 624.8
DATE:5/07
REVISED: 9/08/7/13

SECTION: 5.11.1

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

**TOPIC: Notifications and Reporting Requirements, continued:
Notifications Specific to Jonathan’s Law, continued:**

PROCEDURE:

Person(s):

Responsibility:

Director, Quality Assurance

Redacts names or other information tending to identify people receiving services and employees. For purposes of redaction employees include consultants, contractors, volunteers, family care providers and family care respite, substitute providers and individuals who live in the home of the provider.

Redacts names or other information of anyone who made a report to the Statewide Central Register of Child Abuse and Maltreatment (SCR) or otherwise cooperated in a child abuse/maltreatment investigation.

Program Supervisor, Program Manager,
Program Director

Notifies Consumer Advisory Board of all incidents/allegations covered under Jonathan’s Law.

- Automatically sends copy of OPW 147 to Ms. Antonia Ferguson, Executive Director of CAB via Fax at (718) 477-8805 or by mail at 1050 Forest Hill Road, Staten Island, NY 10314.
- Sends follow-up Report of Actions Taken (OPW 148) within 10 days.
- Sends minutes of Incident Review Meetings reviewing serious reportable incidents and allegations of abuse on a regular and timely basis.

SECTION: 5.11.2

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Notifications and Reporting Requirements,

Effective June 30, 2013

NEW OPWDD Categories/Classifications of Incidents (Part 624)

Category	Classification	Required Reporting					
		State Operated certified and non certified services		Voluntary Operated certified programs		Voluntary Operated non certified services	
		OPWDD	JC	OPWDD	JC	OPWDD	JC
Reportable Incidents	Physical Abuse	Yes	Yes	Yes	Yes	Yes	No
	Sexual Abuse	Yes	Yes	Yes	Yes	Yes	No
Abuse/Neglect	Psychological Abuse	Yes	Yes	Yes	Yes	Yes	No
	Deliberate inappropriate use of restraints	Yes	Yes	Yes	Yes	Yes	No
Immediate Notification and Entry Into IRMA	Aversive conditioning	Yes	Yes	Yes	Yes	Yes	No
	Obstruction of reports of reportable incidents	Yes	Yes	Yes	Yes	Yes	No
	Unlawful use or admin. of a controlled substance	Yes	Yes	Yes	Yes	Yes	No
	Neglect	Yes	Yes	Yes	Yes	Yes	No
Reportable Incidents	Conduct between individuals receiving services	Yes	Yes	Yes	Yes	Yes	No
	Seclusion	Yes	Yes	Yes	Yes	Yes	No
	Unauthorized use of time out	Yes	Yes	Yes	Yes	Yes	No
Significant Incidents	Medication error with adverse effect	Yes	Yes	Yes	Yes	Yes	No
Immediate Notification and Entry Into IRMA	Inappropriate Use of Restraints	Yes	Yes	Yes	Yes	Yes	No
	Other mistreatment	Yes	Yes	Yes	Yes	Yes	No
	Missing Person	Yes	Yes	Yes	Yes	Yes	No
	Choking, with known risk	Yes	Yes	Yes	Yes	Yes	No
	Self-abusive behavior with injury	Yes	Yes	Yes	Yes	Yes	No
Serious Notable Occurrences	Injury	Yes	No	Yes	No	Yes	No
	Unauthorized Absence	Yes	No	Yes	No	Yes	No
	Death	Yes	*Yes	Yes	*Yes	Yes	No
	Choking, no known risk	Yes	No	Yes	No	Yes	No
Immediate Notification and Entry Into IRMA	Theft or financial exploitation	Yes	No	Yes	No	Yes	No
	ICF Violation	Yes	No	Yes	No	Yes	No
	Sensitive Situation	Yes	No	Yes	No	Yes	No
Minor Notable Occurrences	Injury	Yes	No	No	No	No	No
Entry Into IRMA	Theft or financial exploitation	Yes	No	Yes	No	Yes	No

*All deaths of any individual who received services operated or certified by OPWDD within thirty days preceding death shall be reported to the Justice Center. This reporting is required regardless of whether the death did or did not occur under the auspices of an agency. Deaths must be reported to the Justice Center within 24 hours to the Death Reporting Line number: 1-855-373-2124 of occurrence or discovery. Subsequent submission of required information is required within 5 working days via IRMA

SECTION: 5.12.1

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Incident Review Committee: Responsibilities

POLICY:

The Incident Review Committee of this agency reviews and monitors all reportable incidents and allegations of abuse, and makes recommendations to the Ontario ARC Board of Directors, Executive Director and other program administrators.

VALUES:

Quality
Quality of Life

PROCEDURE:

Person(s):

Incident Review Committee

Responsibility

- Determines that reportable incidents and allegations of abuse are reported, handled, investigated and documented appropriately and makes recommendations to correct, improve or eliminate inconsistencies.
- Determines that necessary and appropriate corrective, preventive and/or disciplinary action has been taken to protect individuals from further harm and to safeguard against the recurrence of similar incidents or allegations of abuse and to make recommendations to the program administrator to correct, improve or eliminate inconsistencies.
- Determines if further investigation or if additional corrective, preventative and/or disciplinary action is necessary, and if so, makes appropriate recommendations.
- Identifies trends in incidents and/or allegations of abuse and recommends appropriate corrective, preventative and/or supervisory interactions to safeguard against such situations recurring.
- Ascertains and ensures the adequacy of the agency's reporting and review practices, including the monitoring of recommendations for corrective and preventative action.

REFERENCE: Part 624.7
DATE: 05/05
REVISED: 09/08,10/11,7/13

SECTION: 5.12.1

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Incident Review Committee: Responsibilities (continued:)

PROCEDURE

Person(s)

Incident Review Committee

Responsibility

- May eliminate or minimize similar reportable incidents and/or abuse situations in the future.
- Makes recommendations to the program administrator on changes in agency/program policy and procedures to improve conditions contributing to the reportable incidents and/or allegation of abuse.
- Documents that all reportable incidents and allegations of abuse have been reviewed by the committee, and that results have been conveyed to appropriate agency administrator.
- Enters Minutes from IRC meetings into IRMA data base for OPWDD review.
- Forwards findings and recommendations to program administrator within two weeks of meeting.

If Investigation was conducted by OPWDD or NYS Justice Center, IRC Will review OARC actions/notifications and follow up only. All OPW and Justice recommendations must be followed 30 days.

- Reviews and monitors investigation procedures, but does not perform routine investigations.
Makes recommendations, when feasible, to The program administrator .

REFERENCE: 624.7
DATE: 1/92
REVISED: 10/95, 12/96, 5/99, 6/02, 3/04, 9/06, 3/0, 10/08,10/11,7/13

SECTION: 5.12.2

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Incident Review Committee: Membership and Organization

POLICY:

The Ontario ARC Incident Review Committee is organized on an agency-wide basis.

VALUES:

Quality

Quality of Life

PROCEDURE:

Members are appointed by the Executive Director and serve for a term of one year. Members may serve consecutive terms, generally up to three years. The committee consists of staff members from all levels of the agency, supervisory, direct support, administrative, clinical, person supported and representatives from the Board of Directors. The committee is chaired by the Director, Quality Assurance. The Quality Assurance Administrative Assistant serves as recorder for the committee. The Executive Director, Sr. Executive Director and Associate Executive Director(s) shall not serve on this committee. The full committee reviews all serious reportable incidents and allegations of abuse. The committee meets twice a month.

A physician, physician's assistant or nurse practitioner must serve on the committee or be available for consultation to the committee. A staff nurse will serve on the committee.

A staff Licensed Clinician from OARC will serve on the committee.

An individual receiving services as well as a Direct Support Professional must also serve on the committee.

Reportable incidents and agency reportable incidents are reviewed by one member of the full committee, appointed by the Director, Quality Assurance in conjunction with the Executive Director. The Q.A./Staff Development Administrative Assistant serves as recorder for the review.

The Executive Director is consulted when needed.

No committee member may participate in the review of any reportable incident, serious reportable incident or alleged abuse in which he or she was directly involved, in which his or her testimony is incorporated, in which his or her immediate family member was directly involved or which he or she investigated or participated in the investigation. Such person may participate in deliberation regarding appropriate corrective action or preventive action.

REFERENCE: Part 624.7

DATE: 1/92

REVISED: 10/95, 12/96, 5/99, 6/02, 3/04, 9/06, 3/07, 10/08,10/11,7/13

SECTION: 5.12.3

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Incident Review Committee: Case Specific Requirements

POLICY:

For review of all serious reportable incidents and allegations of abuse an invited representative from the program or service area where the event occurred or someone familiar with the persons involved attends.

VALUES:

Quality
Quality of Life

PROCEDURE:

The representative attending presents information about the event to the committee and answers questions.

For reportable incidents it will not be necessary for a program representative to attend the review. The initial report and follow-up may be submitted in writing. Program supervisors wishing to present at a review may contact the reviewer.

Written minutes are maintained as a record of each Incident Review Committee Meeting and contain committee findings. The Director, Quality Assurance, is responsible for seeing that minutes are kept.

Minutes provide a brief summary of every reportable or serious reportable incident and any allegation of abuse reviewed, identifying the program participant by name (if involved), the report by number, the incident by date, type and description, and committee discussion, findings or recommendations, if any. Corrective actions initially taken, as well as any to be taken as a result of committee review, shall be incorporated into the minutes.

All information contained and conveyed in committee meetings and incident/abuse reports will be treated as confidential.

Complete sets of minutes are maintained on the agency server in a Shared Drive.. Complete sets of minutes are distributed to the Executive Director, Senior Associate Executive Director, Associate Executive Director for Community Services, Associate Executive Director for Support Services and to all committee members. Minutes of reviews of individual incidents are sent to the program representative assigned to attend Incident Review Meetings. Original Incident reports will be maintained by the Director, Quality Assurance in a confidential manner and in a secure area. Minutes are reported to OPWDD through IRMA data base

Members of the Board of Directors, who sit on the Incident Review Committee, will inform the Board of Directors of committee proceedings.

REFERENCE: Part 624.7
DATE: 1/92
REVISED: 10/95, 12/96, 5/99, 6/02, 5/03, 3/04, 9/06, 3/0, 10/08,10/11,7/13

SECTION: 5.12.4

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Incident Review Committee: Annual Trend Report

POLICY:

Ontario ARC will complete all reporting required by the Finger Lakes DDRO and regulation.

VALUES:

Quality

Quality of Life

PROCEDURE:

An annual Trend Report shall be prepared by the Director, Quality Assurance, with the assistance of Program Directors and Program Supervisors and the Incident Review Committee. The report shall identify trends by type, person, site, employee involvement, time, date and circumstance, etc. This report shall be completed by the end of the first quarter of each year. The report shall be reviewed by the Incident Review Committee and forwarded to the Executive Director for review and approval of the Board of Directors. Directors shall also receive a copy of the report. A copy shall be forwarded to the Finger Lakes DDRO Incident Management Unit by April 15th.

REFERENCE: Part 624.7(b)(4)

DATE: 1/92

REVISED: 10/95, 12/96, 5/99, 6/02, 3/04, 4/06, 9/06,3/07, 10/08,10/11,7/13

SECTION: 5.12.5

SUBJECT: Part 624: INCIDENT REPORTING, MANAGEMENT AND REVIEW

TOPIC: Incident Review Committee: Requests for Information

POLICY:

Ontario ARC is committed to forthrightly sharing information regarding reports of incidents and abuse which occur under the auspices of this agency. Ontario ARC is also committed to protecting the privacy of PHI “protected health information” as specified under HIPAA regulations.

VALUES:

Quality
Quality of Life

PROCEDURE:

Person(s)

Responsibility

Director, Quality Assurance

Receives and responds to requests for information in accordance with the provisions of Jonathan’s Law specified above and in accordance with HIPAA policies contained in the Ontario ARC HIPAA Manual.

SECTION: 5.13

SUBJECT: PARTS 624 and 625 : INCIDENT REPORTING AND MANAGEMENT

TOPIC: Discovery of Incidents/Allegations of Abuse (not witnessed)

POLICY:

Ontario ARC is committed to protecting persons who attend our programs or receive support.. Parts 624 NYCRR and NYCRR Part 625 describe the requirements for reporting, documenting, investigating and reviewing events that affect the safety and welfare of people we support. Adherence to these regulations is required of all staff members at all times.

In addition, Social Services law 702 requires that all staff, volunteers, and contractors are “custodians” and mandated to report any allegations of abuse or significant incidents to the New York State Justice Center for the protection of people with Special Needs.

VALUES

Quality

Quality of Life

PROCEDURE:

Person(s)

Responsibility

Staff Person

Upon discovery of event or allegation of abuse, ensures safety of individual. Reports allegation of account of event to Supervisor immediately.

If program/Agency is certified setting, notifies the New York State Justice Center within 24 hours.

For Ontario ARC programs, notifies program Director and in cooperation, completes necessary Incident Report Form.

Program Supervisor

Consults with Program director and Director, Quality Assurance to determine the location of allegation or reported event.

Staff Person/Supervisor

Completes Irregular Situation form and forwards to Director, QA.

Director, Quality Assurance

Notifies Sr. Management, OPWDD IMU Coordinator by telephone. Faxes Irregular

Situation form to IMTU at OPWDD as well as program/agency situation allegedly occurred in.

Outside Program/Agency

Completes Part II of Irregular Situation form with follow up and faxes to Director, QA.

Program Director/Supervisor

Provides follow-up and referrals for Incidents based on programs that support individual. See hierarchy below:

RESIDENTIAL SERVICES
CERTIFIED DAY PROGRAM
MEDICAID SERVICE COORDINATION//pcss
HCBS WAIVER SERVICES
COMMUNITY RESIDENTIAL HABILITATION
VOCATIONAL SERVICES
ARTICLE 16 CLINICAL SERVICES
FSS OR ISS SERVICES

INCIDENT REVIEW COMMITTEE

CURRENT MEMBERS 2014

Kim Boyd-Gysel	Director, Quality Assurance, Chairperson
Yvonne Truchon	Residential Nurse
Lauren Steenburn	Community Services Manager
Tonya Finn	Certified Social Worker
Jamie Buttaccio	Program Manager, Eberhardt DH
Marie O'Horo	Board of Directors
JoAnn Greco	Parent Representative
Mike Clark	Program Manager, Transportation,
Diane VanDerwater	Clinic Manager
Mary Lou Potter	Residential Services