

**ASPIRE OF WNY POLICY AND PROCEDURE**

<p><b>ASPIRE POLICY MANUAL</b></p> <p>___ Agency</p> <p><input checked="" type="checkbox"/> Multi-Division</p> <p>___ Division</p>	<p><b>TOPIC:</b> Incident Management</p> <p><b>Original By:</b> Agency</p> <p><b>Date Approved:</b></p>	<p><b>SECTION:</b> Incident Reporting</p> <p><b>PAGE</b> 1 of 15</p> <p><b>Revision Dates:</b></p> <p><b>Regulatory Reference:</b> Implementation of the Protection of People with Special Needs Act and Reforms to Incident Management; and Amendments to Parts 624, 633, 687, 33:16 MHL</p>
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**POLICY STATEMENT:** The Agency will manage incidents by ensuring the timely and appropriate reporting, recording, investigation, review, and follow up of all Reportable Incidents of Abuse and Neglect, Reportable Significant Incidents, Serious Notable Occurrences and Minor Notable Occurrences in order to enhance the quality of care provided to persons with developmental disabilities, to protect them (to the extent possible) from harm, and to ensure that such persons are free from abuse and neglect. The Agency shall not take any retaliatory action against an employee or agent who co-operates with the investigation of a report made to the NYS Justice Center Vulnerable Persons Central Registry (JC) or OPWDD.

The President and CEO designates to the Vice President of Quality and designated Quality Assurance personnel (AIM), Division Vice Presidents and Designated Program Administrators the authority to manage the incident reporting process in accordance with regulation and approved Agency policy and procedure.

Incident Reporting, Immediate Protections, Training, Investigations, and Incident Review Committee are addressed in separate policies.

**NOTIFICATIONS**

The Agency will ensure notifications are made as required for all Reportable Incidents and Notable Occurrences by appropriate means.

<b>NOTIFICATIONS</b>	
<b>RESPONSIBILITY</b>	<b>PROCEDURE</b>
Program Supervisor/Designee Statewide Central Register of	Immediately calls CPS for children under 18 years of age, 1-800-342-3720
AIM	Within three working days, faxes the completed 147 to Mental Hygiene Legal Services (MHLS). <b>Note: Only for a report of abuse and neglect involving a person who resides in a facility certified or operated by OPWDD.</b>
Program Supervisor/Designee	Immediately calls 911 for all suicides, homicides, accidental deaths, or deaths due to suspicious, unusual, or unnatural circumstances. <b>Note: This satisfies the requirement to notify the Coroner/Medical Examiner.</b>
All Board of Directors, employees, interns, volunteers, consultants, and contractors	Immediately calls 911 in the event that an emergency response by law enforcement is needed.

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<b>NOTIFICATIONS</b>	
<b>RESPONSIBILITY</b>	<b>PROCEDURE</b>
Program Supervisor/Designee	Within 24 hours of the incident being reported, calls or reports in person to local law enforcement anytime a crime may have been committed against an individual by a custodian.
Program Supervisor/Designee	Within 24 hours calls or reports in person to the Family/Guardian/Advocate. <b>Note: See Special Notifications on page 3.</b>
Program Supervisor/Designee	Within 24 hours calls, emails, or in person reports to the MSC/Plan of Care Support Services Service Coordinator (PCSS)/Willowbrook SC and/or QDIP for individuals who reside in an ICF. <b>Note: Notification must include a description of immediate protections.</b>
Program Supervisor/Designee	Within 24 hours calls, emails, or in person reports to any other agency from which the person receives services. <b>Note: All Reportable Incidents or Notable Occurrences if the incident or occurrence resulted in visible evidence of injury to the person, may be of concern to another agency, or may have an impact upon programming or activities provided by another agency.</b>
AIM	Within 24 hours or before close of the next business day emails the Agency President and CEO and COO.
Program Supervisor/Designee	Immediately calls AIM in a case where the subject of a report of abuse or neglect in a program certified by OPWDD resigns or is terminated from his/her position while an investigation is still open.  1. Justice Center Immediately <b>Note: In a case where a subject of a report of abuse or neglect in a program certified by OPWDD resigns or is terminated from his/her position while under investigation.</b>
AIM	Immediately calls or emails the Justice Center to inform that a subject of a report of abuse or neglect in a program certified by OPWDD resigns or is terminated from his/her position while an investigation is still open.

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**SPECIAL NOTIFICATIONS**

For all reportable incidents and notable occurrences:

SPECIAL NOTIFICATIONS	
RESPONSIBILITY	
Program Supervisor/Designee	1. Within 24 hours makes telephone or in person contact with the Guardian, Parent, Spouse, Adult Child, Advocate or Correspondent to report the details of the incident and the immediate corrective actions taken.
<p><b>Note: The following exceptions may apply:</b></p> <ul style="list-style-type: none"> <li>i. <b>There is written advice from the guardian, parent, spouse or adult child (qualified person) that he/she objects to being notified (notice shall then be provided to another qualified person if they exist)</b></li> <li>ii. <b>If the person receiving services is a capable adult who objects to such notification being made to all qualified persons, the capable adult shall be provided the notice.</b></li> <li>iii. <b>The guardian, parent, spouse, or adult child is the alleged abuser.</b></li> </ul>	
Program Supervisor/Designee	2. The telephone notice must include the following: <ul style="list-style-type: none"> <li>• A description of the incident and a description of the initial actions taken as written on the 147 (The description cannot include names of employees or other individuals.)</li> <li>• An offer to meet with the CEO/Designee to further discuss the incident</li> <li>• For reports of abuse and neglect, an offer to provide information on the status/or finding of the report.</li> <li>• <b>Refer to Agency form “Jonathan’s Law Page” for detailed instructions.</b></li> </ul>

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**SPECIAL NOTIFICATIONS**

Note: The complete telephone notice may be comprised of more than one call, as long as the initial call includes a description of the event or situation and is within 24 hours. Follow up calls with additional required information can be made within a reasonable timeframe after the initial call.

- Notice may be made in person.
- Notice may be provided by other methods at the request of the party receiving the notice.
- If the person does not have a guardian, parent, spouse or adult child, or if such parties are not reasonably available, the Program Supervisor/Designee will provide notice to the following parties as specified below:
  - ✓ The person receiving services, if a capable adult; and
  - ✓ The person’s advocate or correspondent if one exists

**Exception: If attempts to provide telephone notice fail after 24 hours of the initial attempt, the Program Supervisor/Designee will document the number of attempts to make contact and then send the notification by mail. Refer to form cover letter “148 with Notification.”**

<b>RESPONSIBILITY</b>	<b>PROCEDURE</b>
Program Supervisor/Designee	3. Mails the Report on Actions Taken (OPW 148) to all appropriate parties (Guardian, Parent, Spouse, Adult Child, Advocate or Correspondent) within 10 days of the date the incident was reported.  <b>Note: If the individual does not have any involved family, advocate, or correspondent, the OPW 148 will be mailed to the MSC.)</b>

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**PROCESS FOR REQUESTS**

<b>RESPONSIBILITY</b>	<b>PROCEDURE</b>
Program Supervisor/Designee	<ol style="list-style-type: none"> <li>1. Records all requests for meetings and/or the status/finding of Abuse or Neglect allegations on the Agency form "Jonathan's Law Page."</li> <li>2. If requests are made for a copy of the 147 or for a copy of the investigation report (Reportable Abuse and Neglect only), advises the qualified person that the request must be submitted in writing to the Vice President of Quality and documents the request as indicated on the Agency form "Jonathan's Law Page."</li> </ol>
Administrative Assistant to the VP of Quality	<ol style="list-style-type: none"> <li>3. Tracks requests, notifies the VP of Quality of requests, and monitors to ensure that requests are completed according to regulation.</li> </ol>
VP of Quality/Designee	<ol style="list-style-type: none"> <li>4. Facilitates meetings upon request, generates meeting minutes which are maintained in the investigation file.</li> <li>5. Forwards written requests to the Administrative Assistant to the VP of Quality.</li> </ol>
Administrative Assistant to the VP of Quality	<ol style="list-style-type: none"> <li>6. Records written requests.</li> <li>7. Redacts reports by removing the names of employees or persons receiving services (or who were formerly employed or receiving services) who are involved in the incident, who are interviewed as part of the investigation, and any information tending to identify such employees or persons. Redaction will be waived if the employee or person authorizes the disclosure, unless redaction of specific information is necessary because it will identify others.</li> <li>8. Forwards to the VP of Quality/Designee for review.</li> </ol>
VP of Quality	<ol style="list-style-type: none"> <li>9. Reviews reports and mails to qualified person within the required time frames.                             <ul style="list-style-type: none"> <li>• 147-within 10 days of the written request, accompanied by a cover letter that explains the contents of the report are preliminary and have not been substantiated.</li> <li>• 149 for Abuse or Neglect only-within 21 days of the closure of the incident or if the incident is closed, 21 days after the written request is received.</li> </ul> </li> </ol>

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**INCIDENT FORMS/RECORDING OF INCIDENTS**

For all reportable incidents and notable occurrences:

<b>INCIDENT FORMS/RECORDING OF INCIDENTS</b>		
<b>RESPONSIBILITY</b>	<b>FORM</b>	<b>PROCEDURE</b>
Staff or volunteer with firsthand knowledge of the incident	Minor Incident Report or Therap General Event Report (GER)	1. Documents the incident on a Minor Incident Report or in Therap as a GER.
Program Supervisor/Designee	OPWDD 147 When applicable: 147 pg 3 147 Item 29 additional notifications	2. Consults with AIM to confirm classification and category. 3. Completes the 147 within 18 hours after the discovery date during regular business hours, or by noon of the next business day if the event is discovered after regular business hours, on a weekend, or on a holiday. 4. E-mails the completed report to AIM on its fillable form. 5. Immediately notifies AIM if additional corrective actions are taken, additional notifications are made, or there is new information to report.
AIM	147 and other applicable incident forms	6. Reviews all incident forms. 7. Sends forms back to division for correction if incomplete or incorrect. 8. Enters name as the party who reviewed the form. 9. Enters/Updates information into IRMA.

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**INCIDENT FORMS/RECORDING OF INCIDENTS**

<b>RESPONSIBILITY</b>	<b>FORM</b>	<b>PROCEDURE</b>
Program Supervisor/Designee	147 Jonathan's Law Notification When applicable 147 Item 29 additional notifications	10. Completes within 24 hours of the completed 147. 11. E-mails the completed report to AIM on its fillable form.
AIM	147 Jonathan's Law Notification When applicable 147 Item 29 additional notifications	12. Reviews all incident forms. 13. Sends forms back to division for correction if incomplete or incorrect. 14. Enters/Updates information into IRMA.
AIM	147, 147 Jonathan's Law Notification and all applicable incident forms	15. E-mails final forms to the Assistant to the VP of Quality and the Division Administrator.
Program Supervisor/Designee	148	16. Completes appropriate 148 and cover letter. 17. Ensures the 148 has been mailed within 10 days of the report date. 18. Scans a copy of the signed 148 and cover letter to AIM the day it is placed in the mail.
AIM	148	19. Enters/Updates information into IRMA

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**INCIDENT FORMS/RECORDING OF INCIDENTS**

<b>RESPONSIBILITY</b>	<b>FORM</b>	<b>PROCEDURE</b>
Assistant to the VP of Quality	147, 147 Jonathan’s Law Notification, 148 and all applicable incident forms and notifications	<ol style="list-style-type: none"> <li>20. Creates an Incident file for each Reportable Incident and Notable Occurrence filed</li> <li>21. Ensures Aspire’s Special Incident Review Committee (SIRC) or RIC minute is generated for each Reportable Incident and Notable Occurrence.</li> <li>22. Ensures all required forms are complete.</li> <li>23. Ensures copies of all required forms are attached to the appropriate meeting minute and available for SIRC or RIC review.</li> <li>24. Ensures all incident paperwork is filed separately by Incident number.</li> </ol>
<p align="center"><b>Only applies to Serious Notable Occurrences- Reports of Death</b></p>		
Program Supervisor/Designee	N/A	<ol style="list-style-type: none"> <li>1. Secures all records and</li> </ol>



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RN Manager/Designee	N/A	<p>medications.</p> <ol style="list-style-type: none"> <li>2. Reviews MAR and verifies medications were administered as ordered.</li> <li>3. Takes custody of records.</li> </ol>
RN Manager/Designee	Report of Death	<ol style="list-style-type: none"> <li>4. Completes the Report of Death within 4 business days of the event date or discovery date, whichever is later.</li> <li>5. E-mails the completed Report of Death to AIM.</li> <li>6. Notifies AIM if new information is discovered.</li> </ol>
Assistant to the VP of Quality	Report of Death	<ol style="list-style-type: none"> <li>7. Enters information into IRMA within 5 business days.</li> <li>8. Updates IRMA within 24 hours of receiving new information.</li> </ol>

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**AIM RESPONSIBILITIES and IRMA**

IRMA-REVIEW AND INITIAL ENTRY	
RESPONSIBILITY	PROCEDURE
AIM	<ol style="list-style-type: none"> <li>1. Logs into IRMA daily on working days, or by the close of the next working day, whichever is later to determine if any reports were made to the VPCR.</li> <li>2. Reviews the “Summary of Incidents” tab for correspondence from OPWDD IMU.</li> <li>3. Ensures follow up and response to all IMU inquiries.</li> <li>4. Notifies the appropriate Division if any new incidents are discovered or IMU requests information or follow up.</li> <li>5. When a report of a Reportable Incident or Serious Notable Occurrence has been made to the VPCR-enters missing information or discrepant information within 24 hours of the occurrence or discovery date or by close of the next business day, whichever is later.</li> <li>6. When a report of a Reportable Incident or Serious Notable Occurrence has NOT been made to the VPCR-enters missing information or discrepant information within 24 hours of the occurrence or discovery date or by close of the next business day, whichever is later.</li> <li>7. Assigns Investigator immediately, but no longer than 24 hours upon discovery. (All Reportable Incidents and Notable Occurrences assigned to the Agency.)</li> </ol>
REPORTING SUBSEQUENT INFORMATION IN IRMA	
AIM	<ol style="list-style-type: none"> <li>1. Enters subsequent information by the close of the fifth working day after the action is taken or the information becomes available, except as follows: <ol style="list-style-type: none"> <li>i. Subsequent information about immediate protections shall be entered within 24 hours.</li> <li>ii. Subsequent information about a death shall be entered within five working days</li> <li>iii. Information about the report to appropriate law enforcement officials shall be entered within 24 hours of the report being made.</li> </ol> </li> </ol>
Assistant to the VP of Quality	<ol style="list-style-type: none"> <li>1. Completes 30 day updates.</li> <li>2. Enters the Incident Investigation upon completion.</li> <li>3. Enters SIRC meeting minutes.</li> <li>4. Closes incidents as appropriate.</li> </ol>

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**REPORTING SUBSEQUENT INFORMATION TO THE MSC**

Assistant to the VP of Quality

1. Sends written information identifying the investigative conclusions (including the findings of a report of abuse or neglect) and recommendations pertaining to the individual's care, protection, and treatment. The information must exclude information that identifies employees or other individuals.
  - i. 10 days after the completion of investigations assigned to the Agency
  - ii. 10 days after the Agency receives notice of the results of an investigation completed by the JC or OPWDD
  - iii. 3 weeks if SIRC review results in additional findings, conclusions, or recommendations regarding the individual's care, protection, and treatment.
  - iv. 10 days if the JC review of the Agency's investigation results in additional findings, conclusions, or recommendations regarding the individual's care, protection, and treatment.

**Note: If the MSC is the subject of the investigation or a witness to a reportable incident or notable occurrence, the information will be provided to the MSC's supervisor.**

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**APPROVAL AND NOTIFICATION OF INCIDENT MANAGEMENT POLICIES AND PROCEDURES AND INCIDENT TRAINING**

POLICIES AND PROCEDURES	
RESPONSIBILITY	PROCEDURE
VP of Quality	<ol style="list-style-type: none"> <li>1. Ensures Incident Management policies and procedures are current.</li> <li>2. Presents newly developed or amended Policies and Procedures to the Board of Directors for approval.</li> <li>3. Posts policies in Sharepoint and on Aspire's Website.</li> <li>4. Notifies Aspire's Administration of approved policies.</li> <li>5. Approves all Incident Management Training Curriculum and Materials.</li> </ol>
Designated Program Administrator/Designee	<ol style="list-style-type: none"> <li>6. Upon commencement of service provision and annually thereafter, offers to make available written information developed by OPWDD and a copy of the Agency's policies and procedures to persons receiving services who have capacity to understand the information and to the parents, guardians, and correspondents. Also:               <ol style="list-style-type: none"> <li>i. Provides instructions on how to access OPWDD's Part 624 regulations</li> </ol> <p><b>Note: Paper copies of such information will be provided upon request.</b></p> </li> </ol>
Director of HR/Designee	<ol style="list-style-type: none"> <li>7. Upon employment shall make Agency policies and procedures known in conjunction with required training.</li> <li>8. Upon employment shall provide Code of Conduct adopted by the Justice Center to all custodians.</li> <li>9. Tracks and produces proof that information was provided and training occurred.</li> </ol>
Division Vice President/Designee	<ol style="list-style-type: none"> <li>10. Initially and annually thereafter, makes Agency policies and procedures known in conjunction with required training to all interns, volunteers, consultants and contractors.</li> <li>11. Tracks and produces proof that information was provided and training occurred.</li> </ol>
Director of HR/Designee	<ol style="list-style-type: none"> <li>12. Distributes annual Incident Management training materials and policies and JC Code of Conduct to Program Supervisors.</li> <li>13. Tracks and produces proof that information was provided and training occurred.</li> </ol>
Designated Program Administrator/Designee	<ol style="list-style-type: none"> <li>14. Annually provides Incident Management policies, training and the JC code of conduct to employees.</li> <li>15. Sends proof to HR that training occurred and materials were received.</li> </ol>

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**INCIDENT RECORDS**

RECORD RETENTION	
RESPONSIBILITY	PROCEDURE
Vice President of Quality/Designee	<ol style="list-style-type: none"> <li>1. Retains evidence and materials obtained or accessed during the investigative process, copies of all documents generated as required by part 624 regulations, and documentation regarding compliance with part 624 regulations.</li> <li>2. Records shall be retained according to the Agency's Record Retention Policy, which is 10 years. However, when there is a pending audit or litigation concerning an incident or occurrence, the Agency shall retain the pertinent records during the pendency of the audit or litigation.</li> </ol>
Vice President of Quality/Designee	<ol style="list-style-type: none"> <li>3. Ensures records, reports, and documentation are retrievable by the Master Incident Number as assigned by IRMA and the person's name.</li> </ol>
All employees	<ol style="list-style-type: none"> <li>4. Shall keep records generated in accordance with the requirements of part 624 regulations confidential.</li> </ol>
Vice President of Quality/Designee	<ol style="list-style-type: none"> <li>5. Shall only disclose records authorized by law or regulation.</li> </ol>

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**RELEASE OF RECORDS**

<b>RESPONSIBILITY</b>	<b>PROCEDURE</b>
<p>Vice President of Quality/Designee</p>	<ol style="list-style-type: none"> <li>1. Is authorized to receive requests for records related to incidents and occurrences.</li> <li>2. Is authorized to release records related to incidents and occurrences.</li> <li>3. Records will only be released to those persons who are eligible. They are persons receiving services or who formally received services, and guardians, parents, spouses, and adult children, pursuant to paragraph (a)(6) of section 33.16 of Mental Hygiene Law. The following restrictions apply:               <ol style="list-style-type: none"> <li>i. The eligible requestor is the alleged abuser.</li> <li>ii. The person receiving services or who formerly received services is a capable adult and objects.</li> </ol> </li> <li>4. Records will be released in accordance with the requirements of part 624.8 (c), (d), and (e).</li> <li>5. Prior to the release of records, the Agency will redact names of employees who are involved in the incident or the investigation or who were interviewed as part of the investigation, persons receiving services (or who formerly received services), and any information tending to identify such employees or persons. Redaction shall be waived if the employee or person authorizes disclosure, unless redaction of this specific information will identify another person or employee.</li> <li>6. The release of records will be accompanied by a cover letter to the recipient which will include the following statement “pursuant to section 33.25 of Mental Hygiene Law, the enclosed records and reports shall not be further disseminated, except that you may share with a health care provider, a behavioral health care provider, law enforcement, if you believe a crime has been committed; or your attorney.”</li> <li>7. If requests for records are denied, the reason for denial will be provided to the requestor in writing.</li> </ol>
<p>Vice President of Quality/Designee</p>	<ol style="list-style-type: none"> <li>8. Maintains the written request in the incident file and documents the time the request was received.</li> <li>9. Maintains a copy of the redacted records that were released and the time the records were provided will be documented.</li> </ol>

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*Thomas Sy* *December 2014*  
**President and CEO** **Date**

**Attachments:**

**Jonathan's Law Page:**

<http://sharepoint/Agency%20Wide%20Forms/Incident%20Forms/147%20Jonathan%27s%20Law%20Notification%20effective%2006-30-2013%20Revised%206-2014.doc>

**NYS Justice Center Code of Conduct:**

<http://sharepoint/Agency%20Wide%20Forms/Incident%20Forms/Incident%20Training%20Tools/JC Code of Conduct%206-10-13%20FINAL.pdf>

**NYS Justice Center Mandated Reporter Guidelines:**

<http://sharepoint/Agency%20Wide%20Forms/Incident%20Forms/Incident%20Training%20Tools/Notice to Mandated Reporters%2006-11-2013.pdf>

**Incident Forms:**

<http://sharepoint/Agency%20Wide%20Forms/Forms/AllItems.aspx?RootFolder=%2fAgency%20Wide%20Forms%2fIncident%20Forms&FolderCTID=0x012000E9C9BD5126D8D345B96474C8C00E4B7A&View=%7b5F94FC2D%2dBD29%2d4C05%2d849A%2dB6E2720CD35E%7d>