



Human Resources Center, Inc. Incident Management Policy

The Human Resources Center, Inc. Incident Management Policy has been updated to be in accordance with the Office of Developmental Programs (ODP) Bulletin number 00-21-02 (Attachment A), issued March 1, 2021. This policy change will take effect July 1, 2021.

SCOPE

This policy applies to all HRC employees, any additional contractors, interns, and volunteers.

PURPOSE

It is our mission at the Human Resources Center, Inc. (HRC) "Through our diverse program offerings, we empower those we serve to make meaningful life choices, encourage self-advocacy, and promote independence while breaking down the barriers that hinder community inclusion."

The HRC provides Quality services and supports and in accordance with ODP's guiding principles, *Everyday Lives, Value in Action*. We will follow operating procedures and direction for the incident management process as directed in the ODP Bulletin # 00-21-02 on Incident Management (IM). (Attachment A)

Individuals who receive services through programs administered by the HRC are assured the response to incidents will protect and promote their health, safety, and rights. The HRC will take action to prevent the risk of reoccurrence of incidents through their reporting, investigation, and risk management processes.

When the HRC becomes aware of an incident outside of the scope of responsibility, prompt action will be taken to protect the individual's health, safety, and rights. HRC will work with the Supports Coordination Organization (SCO) providing necessary information for the incident to be filed by the SCO in the Department approved Enterprise Incident Management System (EIM) and to implement corrective actions as applicable to services provided by the HRC.

DEFINITIONS AND ROLES

(Definitions of each Reportable Incident, listed below, may be found in ODP Bulletin # 00-21-02 on IM-Attachment A)

Incident: An event with potential to adversely impact an individual's health, safety, or rights.

Incident Discovery/Recognition: Immediate action must be taken to protect the health, safety, and rights and well-being of the individual following the initial knowledge or notice of an incident, alleged incident, or suspected incident. (55 PA. Code 2380.17, 2390.18, 6100.402, 6400.18, 6500.20)

Individual: A person registered with the County Intellectual Disability (ID) Program; enrolled in a Waiver program; enrolled in ACAP; or who receives base-funded services, TSM or services that comply with 55 Pa. Code Chapters 2380, 2390, 6400, or 6500.

Individual Incident Report: A type of report entered in the Department's electronic incident management system (EIM) that exists to manage specific incident categories.

Corrective Action: An action implemented to increase protections to individuals from similar incidents. It can be implemented for a single individual or related to organizational change to prevent similar incidents to all individuals.

Incidents to be reported within 24 hours after the discovery or recognition of the incident:
Incidents to be Investigated by a Department Certified Investigator (CI), identified as Critical Incidents, are highlighted. A copy of all critical incidents is kept in the individual’s record.

Abuse	Passive Neglect
Behavioral Crisis Event	Rights Violation
Death	Self-Neglect
Exploitation	Serious Illness
Fire	Serious Injury
Law Enforcement Activity	Sexual Abuse
Missing Individual	Site Closure
Neglect	Suicide Attempt

ODP requires the following incidents to be reported within 72 hours after the discovery or recognition of the incident, however HRC requires ALL categories be reported within 24 hours after the discovery or recognition of an incident.

- Physical Restraint
- Medication Error

Listed below are Incidents reported in timeframes specific to the nature of the event as directed by ODP.

- Declared Emergency (Declared by Federal, State, County, or Municipal officials)
- Public Health Emergency (Declared by Federal and State officials)

When an incident can be classified under multiple categories this sequence of reporting is to be used as a guide in selecting the most appropriate category. Incidents are listed in priority:

1. Sexual Abuse
2. Abuse
3. Neglect
4. Exploitation
5. Rights Violation
6. Suicide Attempt
7. Serious Injury
8. Serious Illness
9. Behavioral Health Crisis Event
10. Missing Person
11. Law Enforcement Activity
12. Site Closure
13. Fire
14. Passive Neglect
15. Self-Neglect.

Site closures – An emergency closure of a licensed or provider operated site for one or more days. Reported as a site incident and does not apply to individuals who reside in homes owned, rented, or leased solely by the individual or family member. Examples of site closures can include infestation, loss of utilities, natural disaster/weather related, structural, other.

IM PROCESS ROLES:

Clearly outlined in ODP Bulletin # 00-21-02.

Initial Reporter: A person who witnesses or experiences the incident, is informed of an allegation of an incident, or is first to discover or recognize the signs of an incident.

Point Person: The person that receives the information from an initial reporter and is responsible to manage the incident from beginning to end. The point person is to ensure all IM activities are completed and is available to respond to questions related to the incident.

Incident Management Representative: The person designated by the HRC to have overall responsibility for IM. They must be a Certified Investigator. They must maintain overall responsibility to ensure completion as required by applicable laws, regulations, policies, and procedures.

Certified Investigator (CI): A person who identifies, collects, and assesses evidence as trained and certified by the Department approved CI training program.

Administrative Review Committee: Members are designated by the HRC to participate in the Administrative Review Process, the final step of the investigation process. The member must be familiar with the CI process. The member reviews and evaluates the investigative report, develops preventative and additional corrective actions, and makes the investigation determination.

County ID Program/AE Incident Reviewer: A person designated by the County ID Program/AE who is responsible for completing all required management reviews of incidents.

County ID Program/AE Incident Manager: A person designated by the County ID Program/AE who has overall responsibility for incident management. Also, must complete the Department approved CI training program within 12 months of this role assignment.

Victim: The individual to whom the incident occurred or is alleged to have occurred.

The Target: The person or entity who is alleged to have caused the incident to occur.

REPORTING

- Report if you witness or experience an incident, are informed of an allegation of an incident, or are first to discover or recognize the signs of an incident.
- Take prompt action to protect the individual's health, safety, and rights.
- When the individual's immediate needs are met, you-the initial reporter, notify the HRC Point Person.
 - If medical treatment, law enforcement or fire officials are required, they must be contacted first.
 - After hour Medical Incidents are made to On-Call/Agency Nurse who alerts the Point Person.
- The Point Person will give direction and guidance to the initial reporter. As soon as possible the initial reporter will complete the IM Contingency form (Attachment B) and e-mail to the Point Person. If the incident involves abuse an OPTIMA Assessment (Attachment C) will be completed and forwarded to the Point Person with the contingency form.
- The Point Person enters the incident into a Department approved service system EIM within timelines outlined in IM Bulletin #00-21-02. The Point Person will forward the OPTIMA assessment as requested by the Administrative Entity (AE).

The Point Person may delegate the responsibilities listed below.

- Ensure that all actions are taken to protect the health, safety, and rights and wellbeing of the individual are taken following initial notice of the incident.
(5 PA. Code 2380.17, 2390.18, 6100.402, 6400.18, 6500.20)
- Referral to Victim's assistance is offered and support to access services is provided as requested by the individual.

- If the incident category is Abuse, Suspected Abuse, or Alleged Abuse the target is separated from the victim. (55 Pa. Code 6100.46) Notification is also made to the following as applicable: Adult, Child, or Older Adult protective services, the individual and persons designated by the individual unless designated person is the target, Department of Aging and Department of Human Services, Managing AE, County ID program. (55 Pa. Code 6100.46)
- Separation may include relocation of the target or victim if requested, increased staffing, and risk mitigation/safety planning. Separation continues until the CI is completed, determination made, and corrective actions implemented. (55 Pa. 6100.46).
 - If an employee is the alleged target, they will be immediately suspended pending the outcome of the investigation. If the employee is not responsible, they will be reinstated. If the employee is responsible, they will be terminated. If it is further determined/suspected any laws were violated, law enforcement officials will also be contacted.
- Inform the individual of their rights and options related to contacting enforcement.
- Respond timely to individual and designated persons by the individual to any questions or concerns related to the incident.
- Ensure the report is submitted to EIM within 24 or 72 hours of discovery, depending on the category. However, HRC requires ALL Incident Categories be reported within 24 hours after the discovery or recognition of an incident.
- Finalize the report within 30 calendar days of discovery of the incident.
- File an extension and submit to the Department’s EIM system to include the reason it is needed.
- Follow up on all comments from management reviews to ensure the incident is closed.

Death report: If an individual is deceased, information is sent to the County ID Program/AE, when applicable, and the ODP regional office or is uploaded to be included as part of the electronic IM report. The information may include the individual’s; lifetime medical history, copy of the death certificate, autopsy report as applicable, discharge summary from the final hospitalization if the individual dies in the hospital, results of the most recent physical examination, most recent medical and health assessments, and a copy of the investigation file in its entirety.

If an individual or family member observes or suspects any health or safety concerns and inappropriate conduct related to a service/support received by the individual in or out of home, they should contact the provider and the SC. In the event of Death of an individual, the family should contact the provider and SC. The individual and family may also utilize the ODP Customer Service hotline @ 1-888-565-9435. When this occurs, the procedures outlined in Bulletin# 00-21-02 should be implemented.

Vendor/Fiscal/Employer Agent Management Services (VF/EA FMS)

When an individual or their representative arrange services through a VF/EA FMS, and an incident is discovered or recognized, the common law employer (CLE) must inform the SC. The CLE must work with the SC to ensure prompt action is taken, ensure the SC has the information needed to enter an incident report into EIM, and work with the SC to develop and implement preventative and additional corrective actions as a result of the incident if needed.

Reporting Communicable Diseases to PA Health & Wellness: The HRC is responsible to report and communicable diseases and reportable conditions in accordance with PA Code Title 28 Ch. 27. Health & Wellness has designated a single point of contact for reportable conditions, who can be reached by calling 717-809-7035 or 1-866-535-2545 or by faxing to 1-844-873-7451. A copy of this policy can be found on PAHealthWellness.com. (Attachment D – list of reportable diseases)

Law enforcement in accordance with the protective services law requirements.
(23 Pa. C.S. 6312, 35 P>S> 10210.501(b), 10225.710(b))

Notification must occur if there is reasonable cause to suspect: The individual is an alleged victim of sexual abuse, considered missing person whose health and safety may be compromised, is a victim of serious bodily injury, is deceased and circumstances of the death are suspicious, or a crime has been committed. Inform the individual they can request assistance from local law enforcement. Assist the individual to notify or access local law enforcement, when requested, regardless of the nature of the incident. Neither agency policy nor ODP bulletin precludes investigation by law enforcement if warranted.

The HRC is a recipient of funds through the Office of Developmental Programs. We provide and secure supports or services for individuals authorized by a County ID Program. The agency and our employees, contractors, interns, and volunteers are mandated to report incidents as defined within this policy and IM Bulletin# 00-21-02.

Mandated Reporting: Any act of suspected abuse, neglect, exploitation or abandonment or a suspicious death that constitutes criminal conduct is to be reported in accordance with Child Protective Services, if applicable, and/or Protective Services for older adults, and/or law enforcement. The mandatory abuse reporting hotline for Adult Protective Services (age 18-59) is 1-800-490-8505. Within 48 hours of making the oral report, a written report is to be faxed to 1-484-434-1590 or emailed to Liberty Healthcare @ RA-PWAPSMandatoryRon@pa.gov. The form, PB-22 with instruction can be found on the Department's website. To report suspicious of abuse and/or neglect of children call ChildLine @ 1-800-932-0313. Any person who believes that an older adult is being abused, neglected, exploited, or abandoned may call the elder abuse hotline @ 1-800-490-8505.

INVESTIGATION/CERTIFICATION

The HRC has trained Certified Investigator's (CI) through the ODP CI Course. A CI identifies, collects, and assesses evidence as trained by the Department approved CI training program. The final step in the CI process is the Administrative Review where the investigative report is evaluated. The Administrative Review Committee develops preventative and additional corrective actions and makes the final investigation determination which can be confirmed, not confirmed, or inconclusive. Certified Investigator Peer Reviews (CIPRs) are conducted to evaluate the quality of investigations by providing feedback to the CI. To maintain certification the CI must conduct 3 investigations or participate in 3 CIPRs during a three-year certification cycle AND successfully complete the Recertification class. HRC investigation files which consists of the contingency form, incident report, evidence, witness statements, and certified investigation report are stored in a secured IM Managers office.
(2017 ODP Certified Investigation Peer Review Manual)

If the incident requires an investigation the IM Representative, designated by the HRC to have overall responsibility for IM, will assign an CI to investigate as outlined in the Department approved CI Certification Course. The IM Representative may delegate the responsibilities below within the HRC or contract/agreement with another organization but must maintain overall responsibility to ensure completion as required by applicable laws, regulations, policies, and procedures. Incidents involving the CEO will be investigated by the County.

IM Representative is responsible to:

- Ensure the point person completes all responsibilities as required.
- Corrective actions are implemented and monitored.
- Quality/Risk Management activities occur to include monitoring of data & trend analysis.
- Administrative Reviews conducted for all investigated incidents.
- Investigative files and evidence are securely maintained and available to oversight entities.
- CIPR process is followed, and feedback is provided to the CI who conducted the investigation. Corrective actions implemented. CI retraining, suspension of duties, removal of CI certification, all required persons are trained on applicable regulations., laws pertaining to services provided, and HRC IM policies and procedures.
- Individuals receiving services and persons designated by the individual are offered education, training, and info. about the IM Policies and procedures in a format that meets their communication needs.
- Roles are managed in the Department's EIM system to include list of active CIs recert dates, managing roles based on QM and feedback from oversight entities, remove previous staff from access to the departments EIM system.
- Ensure there is timely response to complaints regarding the IM or investigation process.

Provider Review:

The HRC is responsible to review incident reports prior to finalizing to ensure it contains all the required elements as per the IM Bulletin #00-21-02.

Evidence of the implementation of corrective actions are available upon request by oversight entities. If an incident is disapproved by the County ID Program/AE or ODP Management review HRC has 10 days to respond and re-submit the final section of the incident report and investigative documents as appropriate.

Notification/Education:

Person(s) identified by the individual to be notified about an incident and for what type of incident should be made are listed in the Individual Support Plan (ISP). The ISP is a document containing a description of services and supports authorized for an individual. The HRC also ensures persons designated by the individual are offered education/information on HRC IM policies and procedures in a format that meets their communication needs.

Upon request by the individual HRC will release of the incident report or summary of the incident, the findings and actions taken, excluding information about another individual or reporter, unless the reporter is the individual requesting the report.

(55 PA. Code 2380.17, 2390.18, 6100.401, 6400.18, 6500.20)

Education of the individual, staff, and others is provided based of the circumstance of the incident. (55 PA. Code 2380.19, 2390.19, 6100.405, 6400.20, 6500.22)

Trend analysis:

HRC Quality, Risk, and Incident Management practices include monitoring of data, acting to mitigate risk, preventing recurring incidents and implementing corrective actions. Data is monitored monthly and is reviewed and analyzed at least every three months. Based on trend analysis, we will implement and document risk mitigation activities for the individual and agency. (55 PA. Code 2380.17, 2390.18, 6100.402, 6400.18, 6500.20)

Complaints:

Employees of the HRC are trained during orientation and annually thereafter of the HRC Complaint Procedure. Documents and complaints related to IM or the IM process will go through our company Complaint Procedure.

Explain to the individual and other persons, not employees, designated by the individual, the HRC IM Complaint procedure includes assurances no retaliation or threat of intimidation relating to the filing of a complaint or during the investigation of a complaint.

Training

The HRC ensures staff orientation and annual training requirements are met as per 55 PA. Code 2380.38-2380.39, 2390.48-2390.49, 6100.142-6100.143, 6400.52, 6500.47-6500.48.

References: 55 PA. Code 2380, 2390, 6100, 6400, 6500
2017 ODP Certified Investigation Peer Review Manuel
23 Pa. C.S. 6312, 35 P>S> 10210.501(b), 10225.710(b)
PA Code Title 28 Ch. 27

Attachments: (A) IM Bulletin 00-21-02 with attachments
(B) OPTIMA Assessment
(C) IM Contingency Form
(D) List of reportable diseases PA Code Title 28 Ch. 27