

## GENERAL EVENT REPORT (GER)

### Reference Guide

8/1/11

“HIGH” Category			
SERIOUS EVENTS	Verbal Report to P&A	Refer to...	For...
<p><b>Events that result in medical treatment or care, for physical or mental health, <u>BEYOND</u> first aid.</b>                      *fractures, sutures, burns (including sunburn), heat exhaustion, frostbite, ingestion of harmful substances dislocations, bites, internal bleeding,                      *Self injurious behaviors                      *Suicide attempts                      *Unplanned hospital admissions, including psychiatric, requiring an overnight stay (<u>does not include</u> chronic conditions which result in treatment consistent with a person’s plan of care OR conditions/symptoms that are being monitored)</p>	<p>Required within <b><u>8 hours</u></b> of the event occurring</p>	<p>Serious Events Policy Statement (titled “SERIOUS EVENTS”)</p>	<p>Definitions and reporting process/timelines</p>
<p><b>Unauthorized use of seclusion, chemical, or physical restraint, including emergency use.</b>                      *Authorized = written into plan <i>and</i> approved by Human Rights/Behavior Intervention Committees</p>		<p>Serious Events Frequently Asked Questions (FAQ’s)</p>	<p>Clarifications of definitions and process</p>
<p><b>Alleged Sexual Abuse or inappropriate sexual contact</b></p>		<p>PI-10-16</p>	<p>DD licensure requirements</p>
<p><b>Death</b></p>		<p>PI-10-16</p>	<p>DD licensure requirements</p>
ALLEGATIONS OF ABUSE/NEGLECT/EXPLOITATION	Verbal Report to P&A	Refer to...	For...
<p><b>Abuse, Neglect, Exploitation</b></p>	<p>Prior to approving the GER</p>	<p>Reporting Determination Guidelines (RDG’s)</p>	<p>Guidance in determining whether to report</p>
		<p>ND Century Code 25-01.3-01</p>	<p>Statutory definitions</p>
		<p>PI-10-16</p>	<p>DD licensure requirements</p>

Always take immediate risk management steps to ensure individual safety!

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### “MEDIUM” Category

EVENT TYPE and Examples	DOCUMENT ON A GER IF...
<b>INJURY</b> <ul style="list-style-type: none"> <li>• Falls</li> <li>• Sprains, strains</li> <li>• Minor bruises</li> <li>• Superficial scratches, scrapes, cuts</li> <li>• Reddened areas on the skin</li> <li>• Choking</li> </ul>	<p>There is no treatment beyond first aid <b>AND/OR</b> no ER visit <b>AND</b> no hospitalization</p> <p>ER visit occurred but there was no treatment beyond first aid</p>
<b>MEDICATION ERROR</b>	<p>The medication error is not reportable to P&amp;A (does not meet an RDG)</p>
<b>SEIZURE</b> <ul style="list-style-type: none"> <li>• Diagnosis and/or history present</li> </ul>	<p>It is not already documented the person-centered plan section of the overall service plan, health monitoring documentation, or other location as defined by the agency</p>
<b>ILLNESS</b> <ul style="list-style-type: none"> <li>• Refusing to eat/vomiting</li> <li>• Fever</li> <li>• Complaint of pain</li> </ul>	<p>Staff provide observation/monitoring with or without first aid</p> <p>It is not already documented in health monitoring documentation or other location as defined by the agency</p>
<b>ELOPEMENT</b> <ul style="list-style-type: none"> <li>• Missing person/police involvement</li> <li>• Missing person/found right away</li> </ul>	<p>It is not already documented in the person-centered plan section of the overall service plan</p>
<b>PROPERTY DESTRUCTION</b> <ul style="list-style-type: none"> <li>• Destroying belongings of self or others without history</li> <li>• Documented history of property destruction</li> <li>• Setting fires with or without history</li> </ul>	<p>It is not already documented in the person-centered plan section of the overall service plan</p>
<b>RESTRAINT</b> <ul style="list-style-type: none"> <li>• Initiated by medical/dental professional in a clinic or hospital setting</li> </ul>	<p>It is not already documented in the person-centered plan section of the overall service plan</p>
<b>SELF INJURIOUS BEHAVIOR</b> <ul style="list-style-type: none"> <li>• Cutting, hitting, biting, pulling hair, banging without history</li> <li>• Suicidal talk</li> <li>• Medication overdose</li> <li>• Alcohol/drug abuse</li> </ul>	<p>It is not already documented in the person-centered plan section of the overall service plan</p> <p>There is no treatment beyond first aid <b>AND/OR</b> no ER visit <b>AND</b> no hospitalization</p> <p>ER visit occurred but there was no treatment beyond first aid</p>

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<b>“LOW” Category</b>	
<b>EVENT TYPE and Examples</b>	<b>DOCUMENT ON A GER IF...</b>
<b>INJURY</b> <ul style="list-style-type: none"> <li>• Accident with no apparent or lasting injury</li> <li>• Injury reported to have occurred when not in provider’s care</li> </ul>	Documentation is needed for “information only” purposes
<b>SEIZURE</b> <ul style="list-style-type: none"> <li>• Routine occurrence/diagnosis present</li> </ul>	Tracking of seizure type, duration, severity, etc. is needed and is not otherwise documented in the person’s plan
<b>ILLNESS</b> <ul style="list-style-type: none"> <li>• Cold symptoms</li> <li>• Minor Indigestion</li> <li>• PRN medications given</li> </ul>	Documentation is needed for “information only” purposes
<b>BEHAVIOR</b> <ul style="list-style-type: none"> <li>• Out of character behavior observed (minor)</li> <li>• Mild anxiety</li> <li>• Mild or fleeting sadness</li> <li>• Minor fear</li> <li>• Unusual extreme happiness</li> <li>• Minor paranoia</li> <li>• Mild anger</li> </ul>	Documentation is needed to assure awareness by all staff
<b>MISCELLANEOUS</b> <ul style="list-style-type: none"> <li>• Events not fitting an already identified Event Type</li> </ul>	Documentation is needed for “information only” purposes regarding more typical/day-to-day occurrences