Incident Reporting: Completing General Event Reports (GERs) in Therap

*Instructions approved by the Division of Developmental Disabilities 2017*

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Therap® SERVICES
Nebraska DHHS-DDD GER Instructions

Any allegation of abuse, neglect, or exploitation must be reported at HIGH notification.

Abuse or neglect must include event: Other – Complaint and/or Possible Litigation.

All incidents that are reportable to the Division of Developmental Disabilities (DDD) must be reported on Therap using General Event Reports (GERs). Multiple related events can be recorded on one report, as long as all appropriate event types are completed.

Reporting Timelines

<table>
<thead>
<tr>
<th>Notification Level</th>
<th>Timelines for Reporting Incidents</th>
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<tr>
<td><strong>High</strong></td>
<td>• Verbally report to DD service coordination immediately upon becoming aware of the incident.</td>
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<td>• Submit a report in Therap within 24-hours of becoming aware of an incident occurring Monday through Thursday, and by 5 pm Monday for incidents occurring on Friday, Saturday, or Sunday.</td>
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<td>• Approve the report in Therap within 48-hours of submitting.</td>
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<td><strong>Medium &amp; Low</strong></td>
<td>• Medium and Low notification should not be used for any reportable incident.</td>
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<td>• Policies for use should be determined by the provider.</td>
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<td></td>
<td>• This guide offers suggestions for how providers might use for internal tracking.</td>
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<td></td>
<td>• A participant’s ISP team may suggest use for tracking individual-specific concerns, such as falls without injury or property destruction.</td>
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</table>

A provider must document in Therap any allegation of abuse or neglect as soon as possible. At a minimum this must be done within 24-hours of the provider becoming aware of the incident. A written summary of the provider’s investigation and action taken must be submitted on Therap within 14-days of the GER.

DDD definitions for abuse and neglect are provided in Appendix A of this document.
Reportable Incidents

The Division of Developmental Disabilities (DDD) defines reportable incidents as allegations or occurrences of abuse, neglect, and exploitation; events that cause harm to a participant; and events that serve as indicators of risk to a participant’s health and welfare.

The following incidents are reportable and should be reported at a **high notification**:

1. Allegation of abuse and/or neglect.
3. Allegation of sexual exploitation.
4. Injury to participant which requires medical attention and treatment by physician.
5. Injury to participant related to incidents involving emergency safety intervention (ESI).
6. Discovery of injury of unknown origin.
7. Injury or displacement of participant as a result of fire.
8. Medication error resulting in injury, serious illness, or hospitalization.
10. Use of prohibited practices such as chemical or mechanical restraint for any reason.
11. Injury which requires medical attention to staff persons and others, resulting from the behavior of a participant.
12. Participant leaving supervision where the safety of the participant or others is potentially threatened.
13. Use of an emergency room or an urgent care facility for treatment or admission.
14. Possible criminal activity by a participant or by a staff person suspected of engaging in criminal activity towards a participant.
15. Missing person.
16. Property damage caused by participant or staff person.
17. Seizure that lasts over five minutes or over the time set by the participant’s physician, or which requires treatment at an urgent care center, emergency room (ER), or hospital.
18. Death of participant.
20. Law enforcement contacts, such as visits to assess or control situations, due to the behavior of a participant.

A quick guide for determining if an incident is reportable and choosing the correct event types is available in Appendix B of this document.
Initiating a GER on Therap

1. Login to your Therap account.

2. Once logged in, you will see your provider dashboard.
3. The GER menu is under the “Individual” tab.
4. To begin a GER click on “New.”
5. Select the program of the participant for whom you are completing the report.
   • Program selected is the service being provided at the time of the incident.
   • For those incidents (such as death) that must be reported regardless of the provider being present, the program that provides the largest-funded service is responsible and should be selected.

![Select Program For GER](image)

6. Select the last name of the participant for whom you are completing the report.
   • A GER can only report an incident for one participant.
   • Participant should be referred to by the first name listed here throughout the GER unless clarification is provided. Do not assume that all readers will be aware of a shortened name or nickname that the participant prefers. For example, if Jane Smith goes by Sarah, GER should state “Jane Smith goes by Sarah and is called Sarah throughout GER.”
   • If multiple participants are involved in a single incident, each participant must have a separate GER completed.
   • When there is reason to include information about another participant, use initials only.

![Individual List for GER](image)

7. Do not change anything on the “Profile Information”.

Entering Event Information

1. Enter the event date. The form automatically reflects the current date.
   - If you are completing the report on the day of the event, you may leave the default date.
   - Change the date by clicking on the calendar icon and selecting the date on which the event occurred.
   - Or type the date in MM/DD/YYYY format.

2. Enter what happened before the event. This is a required field.
   - Include what the participant was doing prior to the reportable incident.
   - Include what staff were doing.
   - When applicable to understanding the incident, include what other participants were doing. When including information about another participant, use initials only.
   - Information included in this section does not imply causation, but may be helpful in identifying trends.
   - This section should not be the same information entered to describe the event.

3. Enter where the event occurred:
   - If event occurred at the program selected, select “Same as program address.”
   - If the incident did not occur at the program listed, provide location information.
   - Do not leave this section blank.
Choosing Event Types

After event information is entered, you must select the event type from Therap’s options. Event buttons open the appropriate forms to enter information, based on the event selected.

You are expected to follow all physicians’ orders. If a participant has a physician’s order that conflicts with regulations or expectations in this guide, you should discuss with the participant’s ISP team and must provide orders upon request by the Department.

To record multiple related events on one report:
- Event types must be entered one at a time;
- Choose the highest notification event to begin;
- Once information is entered for the first event, select “Add;”
- Choose the next event type; and
- Repeat as needed.

Witness Section(s)

For each event entered you will have the opportunity to enter witnesses. Witnesses are provider staff present at the time of the incident, other than the writer of the GER.
- The writer of the report is never listed as a witness.
- Agency providers can require completion of the witness section. When a witness is entered a notice appears on the witness’s Therap dashboard. The witness must complete a witness report before the GER can be approved by the provider.
- If a provider chooses not to utilize the witness function, the names of witnesses should be listed in the GER summary section.
**Injury:**
This section should be used when a participant is injured. Injury means harm, pain, illness, impairment of physical function, or damage to body tissue.

An injury may not be noticed immediately. A provider should consider multiple factors, such as verbal, physical, and expressive (facial) indicators.

Injury types and high notification guidelines are provided in Appendix C of this document.
- Injury types that do not have clarification in the left column are not reportable based solely on the type of injury. They may be reportable if they meet other requirements.
- For example, bleeding is reportable, if it is treated by a doctor.

Injury causes and high notification guidelines are provided in Appendix D of this document.
- Injury causes that do not have clarification in the left column are not reportable based solely on the cause of injury. They may be reportable if they meet other requirements.
- For example, an accident motor vehicle is reportable if injury is treated by paramedic.

![Injury Information Form](image)
High notification is used for Injuries when:

- Injury requires medical attention to participant by a medical professional (physician, PA, nurse practitioner, etc); medical attention may be sought later, rather than immediately or
- Injury type (which would generally require medical attention): airway obstruction, choking, concussion, dislocation, fracture, loss of consciousness, poisoning, or pressure ulcer or
- Injury related to incident involving emergency safety intervention (complete event ESI) or
- Injury caused by fall (do not complete event Other - Fall without Injury) or
- Seizure that lasts over five minutes or over the time set by the participant’s physician or
- Seizure which requires treatment at an urgent care center or hospital or
- Discovery of injury of unknown origin.

An injury should be reported as an injury of unknown origin when:

- The source of the injury was not witnessed by any person and the source of the injury could not be explained by the participant; and/or
- The injury raises suspicions of possible abuse or neglect because of the:
  - Extent of the injury;
  - Location of the injury (for example, the injury is located in an area not generally vulnerable to trauma);
  - Number of injuries observed at one particular point in time; or
  - Incidence of injuries over time.

Therap options for injury severity:

- Very minor (no treatment) – Not high notification.
- Minor (first aid) – High notification when involving ESI or unknown origin.
- Moderate (nurse/physician treatment) – High notification.
- Severe (hospital, ER/admission) – High notification. Complete event Other - Hospital.
- Death – High notification. Complete event Death.

Using the body diagram:

- Select body part(s) by clicking on them on an outline of a person.
- Drop down boxes will auto-populate based on the selections made on the diagram.
When abuse or neglect is suspected:
  • Injury photo should be attached.
  • Complete event Other - Complaint and/or Possible Litigation.

Provider may use low or medium notification for internal tracking and analysis of injuries that:
  • Do not require medical attention or treatment from a physician and
  • Do not involve emergency safety interventions and
  • Have a known origin.
**Medication Error:**
A medication error has occurred if one of the five rights of medication administration is not followed. This would result in:

- The wrong person was given a medication;
- The wrong medication was given;
- The wrong dose was given;
- The medication was given at the wrong time or not at all;
- The medication was given by the wrong route.

**High notification when error results in:**

- Injury (must complete event Injury; cause is medical procedure) or
- Serious illness (must complete event Other - Serious Illness) or
- Hospital visit (must complete event Other - Hospital) or
- Another high notification incident (must complete other appropriate event).

In addition to the fields which Therap requires, you must complete “person responsible.”

Therap options for medication error type:

- Charting error
- Omission
- Order expired
- Transcription wrong dose
- Transcription wrong individual
- Transcription wrong medication
- Transcription omission
- Transcription wrong route
- Transcription wrong time
- Wrong dose
- Wrong individual
- Wrong medication
- Wrong route
- Wrong time

Therap options for severity are a scale from 1-10, with 10 being the highest.

- If a medication error meets high notification requirements, the severity should be scored at least an eight.
- The following numbers are recommended for consistency:
  - 1-6 A non-reportable error.
  - 7 A non-reportable error with a nurse notified; this is medium notification.
  - 8 An error with treatment at a doctor’s office or Urgent Care Center.
  - 9 An error required a hospital or emergency room visit.
  - 10 An error resulted in death.
The “As Ordered” section is for medication information as it appears on a participant’s prescription. The “Look Up” button will link to a list of medications for the participant within Therap. When you add from this list, many of the blanks in this section will automatically fill.

The “Copy to As Given” button will copy information from the “As Ordered” section to the “As Given” section. You will need to make changes to reflect what was actually given.

The difference between “As Ordered” and “As Given” shows the error that occurred. Once both sections are completed, you must click on “Add Error” button for the information to be added to the chart.
Therap options for cause of error:
- Forgot to send to program
- Forgot to take on activity
- Medication refused
- Medication not available
- Omission unavoidable
- Pharmacy error
- Staff action/inaction
- Other

Therap options for medical attention required:
- Consult with nurse
- Consult with physician
- Consult with emergency room
- Consult with poison control center
- Immediate physician’s visit
- Immediate emergency room visit – **High notification.** Complete event Other - Hospital.
- Observe and report only
- None

Provider may use low or medium notification for internal tracking and analysis of medication errors which do not require high notification. Information regarding medication errors must be made available when requested by DHHS.
**Emergency Safety Intervention:**
Emergency safety intervention (ESI) means the use of physical restraint or separation as an immediate response to an emergency safety situation. The provider must specify and define approved intervention procedures for a participant. Employees must receive training before using any emergency safety interventions.

*Always high notification.* GER must indicate if ESI is part of a safety plan or was unplanned.

If an injury is caused by intervention, complete event Injury.
If more than one staff is present at the start or end of intervention, additional names may be listed in the “if other” box.

The person who completes the trauma check within 24-hours should explain the results of their check in the “Review/Comments” section upon completion.
**Restraint Other:**
*Subtypes: Chemical, Mechanical, Physical, Other.*

Restraint means any physical hold, device, or chemical substance that restricts, or is meant to restrict, the movement or normal function of a portion of a participant’s body, or to control the behavior of a participant.

Devices used to provide support for the achievement of functional body position or proper balance, and devices used for specific medical and surgical (as distinguished from behavioral) treatment are not to be considered as a restraint, such as side rails while transporting a patient to a surgical suite.

**Always high notification.**
- Restraints of any kind are prohibited.
- Should a restraint occur, reporting is mandatory.
- All fields on the form must be completed.
- This category is not to be used for ESI.

You are responsible for reporting anytime a participant in your services is restrained. This may include, but is not limited to:
- Chemical restraint, such as receiving medication in ER to deescalate (complete event Other - Hospital)
- Mechanical restraint, such as being handcuffed by law enforcement (complete event Other - Law Enforcement Involvement)
- Physical restraint, such as non-approved physical hold by provider staff (complete event Other - Complaint and/or Possible Litigation)
Death:
You are responsible for reporting anytime a participant in your services dies. A GER is required regardless of where the death occurred and whether provider staff were present at time of death.

Always high notification.
- In addition to Therap-required fields, complete “specific location,” “date of last medical exam,” and “death determined by.”
- Give summary of event in the comments section.
- Include any provider staff who were present at time of death in the comments section.
- If the provider is not present at time of death, the comments section must include who notified the provider and any information given.
**Other:**
Other event type should only be used when the incident does not fit into one of the labeled event types. As a general rule, event type Other has fewer details requested.

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**Not high notification** means that by itself this event type Other would not be expected to be reportable. If a reportable incident accompanies it, that event type would be selected. The event type Other should only be added if needed to give additional information.

**High notification must always be used if abuse, neglect, or exploitation is suspected, regardless of the instructions below. Abuse/Neglect/Exploitation Suspected must be “yes.”**

Anytime abuse or neglect is suspected, the GER must include event Other – Complaint and/or Possible Litigation.

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**Accident No Apparent Injury**
Not high notification.

**Alcohol/Drug Abuse**
Subtypes: Alcohol, Illegal Drugs, OTC Medication, Prescription Medication.
Not high notification. Alcohol or drug abuse is by a participant. For staff use of alcohol or drugs use Other - Complaint and/or Possible Litigation, at high notification level, as staff use of alcohol or drugs would be suspected abuse or neglect.

**Altercation**
Subtypes: Staff/Individual, Individual/Individual, Other
Not high notification. An altercation between a participant and any other person. An altercation is mutual. If not mutual, use Other - Assault.

**Assault**
Subtypes: Aggressor, Victim
There is an identified victim/aggressor relationship. If a situation is mutual, use Other - Altercation. High notification when:
- Injury requires medical attention to staff or others, resulting from participant’s behavior. Subtype is Aggressor, as the other person is victim. or
- Injury requires medical attention for participant, resulting from a different participant’s behavior. Subtype is Victim. Complete event Injury.

**AWOL/Missing Person**
Participant is not in the presence of provider and their whereabouts are unknown. This may be due to the participant’s behavior or negligence of staff. High notification when:
- Participant leaves supervision and the safety of the participant or others is potentially threatened.
Behavioral Issue
Not high notification. Only use if another event type is not more descriptive of the behavior. Do not add to GERs with additional events selected. Provider may define low or medium notification for internal analysis of behavioral trends.

Change of Condition
High notification when all of the following are met:
- Diagnosis of constipation/under treatment of a physician and
- BM protocol in place with BMs monitored and
- BM protocol has not been effective and
- Participant has not had a BM in 4 days.
Provider may use low or medium notification for other changes in condition.

Complaint and/or Possible Litigation
Include on all GERs that are reporting possible abuse or neglect.
- An allegation may be made by a participant, provider employee, or any person in the community.
- Do not use high notification unless abuse or neglect is suspected.
- The participant is always the victim.
High notification when there is an allegation of abuse or neglect.
Provider may use low or medium notification for internally tracking complaints of participants and/or their families when the complaint does not involve abuse, neglect, or exploitation.

Contraband
*Subtypes: Weapons of Convenience, Manufactured Weapon, Drugs, Other*
Not high notification. Participant is caught with item that is either illegal (use Other – Possible Criminal Activity) or determined dangerous by their ISP team. Provider may use low or medium notification to document item found during team-approved room search.

Exploitation
Participant is exploited by someone. Exploitation definition is provided in Appendix A of this document.
High notification when:
- Allegation of financial exploitation or
- Allegation of sexual exploitation.
   *Exploitation Suspected must be checked “yes.”*

Fall without Injury
Not high notification.
Provider may use low or medium notification for internal tracking. ISP team may request a participant-centered reason for using.
Fire
Subtypes: Attempted/Caused by Individual, Minor/Smoke, Accidental/ Cause Unknown, False Alarm/ Equipment Failure, False Alarm/Caused by Individual
High notification when fire results in:
- Participant is injured (complete event Injury, cause is environmental hazard) or
- Participant is displaced.
Provider may use low or medium notification for fires which do not result in participant being injured or displaced.

Hospital
Subtypes: Admission, ER without Admission
High notification when:
- Hospital admission due to mental health or behavioral concerns or
- Unplanned hospitalization or ER visit or
- Transfer to a different hospital (reported in the same way as a new hospitalization) or
- Unplanned use of an urgent care facility (reported in the same way as an ER visit).
Unplanned use of urgent care facility includes when the primary care physician's office tells a participant to go to Urgent Care. If a participant cannot wait for an opening at their primary care physician’s office, it is unplanned use of an urgent care facility.

Law Enforcement Involvement
Interaction may be initiated by participant, provider employee, or people in the community.
High notification when:
- Police or other law enforcement interaction, such as a visit or ticket, due to a behavior or disruptive action of a participant.
Provider may use low or medium notification for tracking other types of contact with law enforcement.

Out of Home Placement
Subtypes: Crisis Placement, Developmental Center, Hospice Facility, Hospital, ICF, Jail, Nursing Home, Rehab, Respite.
This should not be used to report a hospitalization; use other event, Hospital. An out of home placement would be one where community-based DD services may not be offered.
High notification when:
- Participant is admitted to a more restrictive setting, such as a regional center or jail, due to their behaviors or mental health or
- Participant is admitted to a more restrictive setting, such as a nursing or hospice facility, due to their health.

Possible Criminal Activity
Participant, provider employee, or other person suspected of engaging in criminal activity involving participant. Should only be used if another event type is not more descriptive.
High notification when:
- Participant is involved in possible criminal activity or
- Provider, or provider staff, is involved in, or suspected of, possible criminal activity toward a participant; must also complete Event Type Other – Complaint and/or Possible Litigation.
Potential Incident/ Near Miss
Not high notification. Provider may use low or medium notification to record and track when reportable incidents are prevented. Examples: a participant attempts to elope but staff intervene or a behavior is de-escalated before it results in a reportable incident.

PRN Psychotropic Use
Participant may receive PRN psychotropic medications as prescribed by a licensed clinical medical practitioner functioning within their scope of practice.

High notification when:
- Participant received in hospital or ER or medical clinic or
- Participant does not have a current prescription for the medication or
- Side effects are observed.

Property Damage
Damage to property may be caused by a participant or provider. Provider may use low or medium notification for documenting and tracking when an ISP team has agreed to restitution.

High notification when:
- Participant causes damage to property, which is not owned by their self or their provider, while in the community or a public place or
- Provider willfully causes damage to property of a participant.

Security Breach
Not high notification. Security of participant has been compromised. Provider may use low or medium notification for HIPPA violations and loss of participant’s property (excluding exploitation).

Sensitive Situation
Not high notification. Should not be added to GERs with another event type selected. Provider may define low or medium notification.

Serious Illness
Not high notification. If illness leads to hospitalization or ER visit, use Other - Hospital.

Suicide
Subtypes: Attempt or Threat

High notification when:
- Participant attempts suicide.

Not high notification for suicidal ideation or suicidal threats. Provider may use low or medium notification for internal tracking. ISP team may request a participant-centered reason for using at lower notification, such as tracking for therapy.

Theft/ Larceny Attempt
Subtypes: Perpetrator or Victim

Not high notification.

Threatening Behavior
Not high notification.
Completing and Submitting a GER

Abuse, Neglect, and Exploitation Reporting Expectations
If yes is checked for suspected abuse, neglect, or exploitation, you **must** select high notification.

It is required by law that you report any suspected abuse or neglect to proper authorities. Reports can be made to local law enforcement or to the Abuse and Neglect hotline.

People with disabilities are protected under the law from abuse and neglect. Definitions are provided in Appendix A of this document.

All GERs with suspected Abuse or Neglect must have event Other - Complaint and/or Possible Litigation completed along with any pertinent event types.

All GERs with suspected exploitation must have event Other - Exploitation completed along with any pertinent event types.

**Notification**
When a GER is high notification, you must notify your agency provider administration, the participant’s DD coordinator, and the participant’s guardian. Your agency provider may require additional notifications, which will be listed in this section.

Notification section must include calls to APS/CPS, as applicable.
Actions Taken or Planned
- **Corrective Action Taken** - This is required. Include how the incident was resolved.
- **Plan of Future Corrective Action** - This is required. Include how repeat incidents will be avoided.

![Actions Taken or Planned](image)

Review/Follow-up Comments
This section is completed by any employee who reviews GERs for the provider. One GER may have multiple reviews. The section should include:
- If provider policies and procedures were followed and
- How similar situations will be handled in the future and
- Any team discussions that will be initiated for a participant.

External Attachment(s)
Up to 10 MB of attachments can be included. It is recommended that pictures of injury be included when abuse or neglect is suspected.

Editing a GER
You may need to edit a GER to add clarification. A provider reviewer may request this of the person completing a report in order to ensure these guidelines are followed.

To edit a GER:
1. Open GER in “Work List”
2. Scroll to the bottom
3. Click “edit this GER”
4. Save changes when editing is complete.

A GER cannot be edited once it has been approved.

GER Approval
A high notification GER must be approved by the provider before it is reviewed by DHHS-DDD. The report must be approved within 48-hours of submission.

DDD Service Coordination Review
A DD service coordination supervisor is notified electronically when an allegation of abuse and/or neglect is entered into the system. They review to determine the appropriate response, which depends upon the type and frequency of the incident.

All reports involving health and safety concerns require follow-up from the DD coordinator.
Incidents with law enforcement activity are followed-up to ensure the participant and/or their guardian is aware of the possible consequences, including legal consequences, of the participant’s actions, if found competent. If the participant is not deemed competent, there must be appropriate supports in place for safety.

**DDD Nursing Review**
A DD nurse is notified electronically when a GER involving Death is submitted to Therap. The nurse may:

- Contact DD coordination when not all necessary information is included and/or
- Forward to Public Health when a concern is noted about DD services received.

A DD nurse may review when an individual request is received or when writing a report regarding a participant.

**DDD Quality Review**
GERs are reviewed by the DDD Quality Improvement Team. Reviews confirm GERs are completed, reported, processed, and approved according to the DHHS GER Instruction Guide and the HCBS Waivers. As part of DDD’s Continuous Quality Improvement process (CQI), the Quality Team prepares a summary of all the High Notification incidents; the Quality Improvement Committee reviews the incident summary, along with provider efforts to address incidents, to identify systemic issues that need additional intervention.

**Division of Public Health (DPH) Review**
A surveyor from Public Health may review a GER for regulation compliance and complaint follow-up. The surveyor ensures a provider is following pertinent regulations and/or provider policies and procedures.

A surveyor will request additional information when the GER does not contain all necessary and pertinent information. A provider should clearly document on the GER, as appropriate to the incident:

- Required notifications were made to DD service coordination, the family or guardian, and Protective Services (APS/CPS);
- There was immediate action to protect any and all participants;
- An internal investigation is being completed;
- Law enforcement was contacted about observation or discovery of illegal activity; and
- Appropriate actions taken to address the incident.

As a result of a surveyor’s review, they may decide that further investigation is required. A surveyor may complete a complaint investigation, a focused review, or a full certification review.
Appendix A: DDD Definitions

The following definitions apply to adults age 18 and older:

**Abuse** is defined as:
1) The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or personal anguish; and/or
2) Any knowing or intentional act which results in physical injury, unreasonable confinement, cruel punishment, sexual abuse, or sexual exploitation.

**Exploitation** means the taking of property of a vulnerable adult by any person by means of undue influence, breach of a fiduciary relationship, deception, or extortion or by any unlawful means.

**Neglect** is defined as:
1) Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Staff failure to intervene appropriately to prevent self-injurious behavior may constitute neglect. Staff failure to implement facility safeguards, once client to client aggression is identified, may also constitute neglect; and/or
2) Any knowing or intentional act or omission on the part of a caregiver to provide essential services, or the failure of a vulnerable adult, due to physical or mental impairments, to perform self-care or obtain essential services to such an extent that there is actual physical injury to a vulnerable adult or imminent danger of the vulnerable adult suffering physical injury or death.

**Physical injury** means damage to bodily tissue caused by nontherapeutic conduct, including, but not limited to, fractures, bruises, lacerations, internal injuries, or dislocations, and shall include, but not be limited to, physical pain, illness, or impairment of physical function.

The following definitions apply to child maltreatment which occurs when a child age birth through age 17 is physically, emotionally, or sexually harmed.

**Abuse** can be physical, emotional or sexual and is defined as:
- **Physical**: Information indicates the existence of an injury that is unexplained; not consistent with the explanation given or is non-accidental. The information may also only indicate a substantial risk of bodily injury.
- **Emotional**: Information indicates psychopathological or disturbed behavior in a child who is documented by a psychiatrist, psychologist or licensed mental health practitioner to be the result of continual scapegoating, rejection or exposure to violence by the child’s parent/caretaker.
Sexual: Information indicates any sexually oriented act, practice, contact, or interaction in which the child is or has been used for the sexual stimulation of a parent, the child, or other person.

Neglect can be emotional or physical and is defined as:

Emotional: Information indicates that the child is suffering or has suffered severe negative emotional effects due to a parent's failure to provide opportunities for normal experience that produce feelings of being loved, wanted, secure and worthy. Lack of such opportunities may impair the child's ability to form healthy relationships with others.

Physical: Information indicates the failure of the parent to provide basic needs or a safe and sanitary living environment for the child. Parent includes guardian, custodian and caretaker.

Medical Neglect of Handicapped Infant: The withholding of medically indicated treatment (including appropriate nutrition, hydration, and medication) from disabled infants with life-threatening conditions. Exceptions include those situations in which:

1) The infant is chronically and irreversibly comatose;
2) The provision of this treatment would merely prolong dying or not be effective in ameliorating or correcting all the infant's life-threatening conditions; or
3) The provision of this treatment and the treatment itself under these conditions would be inhumane.
Appendix B: Categorizing Reportable Events

All reportable incidents are always high notification. There may be additional event types completed on Therap which are not identified in this chart. These event type columns are intended to ensure incidents are reported using the same event types across DD providers.

<table>
<thead>
<tr>
<th>DHHS Reportable Incident</th>
<th>Primary Therap Event Type</th>
<th>Secondary Therap Event Type(s)</th>
</tr>
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<tbody>
<tr>
<td>1. Allegation of abuse and/or neglect</td>
<td>Other - Complaint and/or Possible Litigation</td>
<td></td>
</tr>
<tr>
<td>2. Allegation of financial exploitation</td>
<td>Other - Complaint and/or Possible Litigation</td>
<td>Other - Exploitation</td>
</tr>
<tr>
<td>3. Allegation of sexual exploitation</td>
<td>Other - Complaint and/or Possible Litigation</td>
<td>Other - Exploitation</td>
</tr>
<tr>
<td>4. Injury to participant which requires medical attention and treatment by physician</td>
<td>Injury</td>
<td></td>
</tr>
<tr>
<td>5. Injury to participant involving emergency safety intervention (ESI)</td>
<td>Injury</td>
<td>ESI</td>
</tr>
<tr>
<td>6. Discovery of injury of unknown origin</td>
<td>Injury</td>
<td></td>
</tr>
<tr>
<td>7. Injury or displacement of participant as a result of fire</td>
<td>Other - Fire</td>
<td>Injury and/or Other - Property Damage</td>
</tr>
<tr>
<td>8. Medication error resulting in injury, serious illness, or hospitalization</td>
<td>Medication Error</td>
<td>Injury or Other - Serious Illness or Other - Hospital</td>
</tr>
<tr>
<td>9. Use of emergency safety intervention (ESI)</td>
<td>Emergency Safety Intervention</td>
<td></td>
</tr>
<tr>
<td>10. Use of prohibited practice, such as chemical or mechanical restraint for any reason</td>
<td>Other - Complaint and/or Possible Litigation</td>
<td>Restraint Other</td>
</tr>
<tr>
<td>11. Injury which requires medical attention to staff persons and others, resulting from the behavior of a participant</td>
<td>Assault (Aggressor)</td>
<td></td>
</tr>
<tr>
<td>12. Participant leaving supervision where the safety of participant or others is potentially threatened</td>
<td>Other - AWOL/ Missing Person</td>
<td></td>
</tr>
<tr>
<td>13. Use of an emergency room or an urgent care facility for treatment or admission</td>
<td>Other - Hospital</td>
<td></td>
</tr>
<tr>
<td>14. Possible criminal activity by a participant or by a staff person suspected of engaging in criminal activity toward a participant</td>
<td>Other - Possible Criminal Activity</td>
<td></td>
</tr>
<tr>
<td>15. Missing Person</td>
<td>Other - AWOL/ Missing Person</td>
<td></td>
</tr>
<tr>
<td>16. Property damage caused by participant or staff person</td>
<td>Other - Property Damage</td>
<td></td>
</tr>
<tr>
<td>17. Seizure that lasts over five minutes or over the time set by the participant’s physician, or which requires treatment at an urgent care center, ER, or hospital</td>
<td>Injury (cause is seizure)</td>
<td>Other - Hospital</td>
</tr>
<tr>
<td>18. Death of participant</td>
<td>Death</td>
<td></td>
</tr>
<tr>
<td>19. Hospitalization</td>
<td>Other - Hospital</td>
<td></td>
</tr>
<tr>
<td>20. Law enforcement contact, such as visit to assess or control situations, due to the behavior of a participant</td>
<td>Other - Law Enforcement Involvement</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix C: Defining Injury Types

<table>
<thead>
<tr>
<th>When Reportable</th>
<th>Therap Options for Injury Type</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regardless of Injury Type, if participant goes to ER/Hospital for treatment or admission, always high notification.</td>
<td></td>
<td>These are intended to assist person filling out GER to determine correct injury type. These do not define high notification.</td>
</tr>
<tr>
<td>Abrasion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airway obstruction</td>
<td>Symptoms may include: unable to breathe, turning blue, no coughing (unable to cough). May require thrusts.</td>
<td></td>
</tr>
<tr>
<td>Allergic reaction</td>
<td>May require use of epi-pen.</td>
<td></td>
</tr>
<tr>
<td>Bite/sting</td>
<td>Includes human bite.</td>
<td></td>
</tr>
<tr>
<td>Bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIGH notification when: Suspicious in appearance, such as: unusual patterns appearing as handprint or shape consistent with an object like a cord or belt, or bruising of face, buttocks, breasts, or groin.</td>
<td>Bruise</td>
<td></td>
</tr>
<tr>
<td>Burn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Choking</td>
<td>Symptoms may include: excessive coughing or gagging with meals (more than normal for the person) or difficulty breathing during or after meals. If used for another person putting hands on neck and strangling; injury cause is Assault.</td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Concussion</td>
<td>Diagnosed by medical professional.</td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Cut</td>
<td>Minor enough to not require doctor level of care. If stitches are required see Laceration below.</td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Dislocation</td>
<td>Diagnosed by medical professional.</td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Fracture</td>
<td>Diagnosed by medical professional.</td>
</tr>
<tr>
<td>Frostbite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematoma</td>
<td>This is a term generally used by a medical professional. Provider may not want to use this term unless determined by a medical professional.</td>
<td></td>
</tr>
<tr>
<td>Hypothermia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laceration</td>
<td>This is a term generally used by a medical professional. Provider may not want to use this term unless determined by a medical professional.</td>
<td></td>
</tr>
<tr>
<td>Lesion</td>
<td>Localized wound usually originating from within the body tissue. Examples include boils, cold sores, or patches of psoriasis.</td>
<td></td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Loss of consciousness</td>
<td>Includes fainting if the person is unable to be aroused.</td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Pain</td>
<td></td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Poisoning</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix C: Defining Injury Types

<table>
<thead>
<tr>
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<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regardless of Injury Type, if participant goes to ER/Hospital for treatment or admission, always high notification.</td>
<td>Pressure ulcer</td>
<td>These are intended to assist person filling out GER to determine correct injury type. These do not define high notification.</td>
</tr>
<tr>
<td></td>
<td>Puncture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rash/hives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Redness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scrape</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scratch</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sprain/strain</td>
<td>Determined by medical professional.</td>
</tr>
<tr>
<td></td>
<td>Sunburn</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Swelling/edema</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix D: Defining Injury Causes

<table>
<thead>
<tr>
<th>When Reportable</th>
<th>Therap Options for Injury Cause</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regardless of Injury Cause, if participant goes to ER/Hospital for treatment or admission, always high notification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ALWAYS HIGH notification.</strong></td>
<td>Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accident motor vehicle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accident other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adaptive equipment</td>
<td></td>
</tr>
<tr>
<td><strong>ALWAYS HIGH notification.</strong></td>
<td>Assault</td>
<td>When injury occurs to participant as a result of assault as defined in these GER instructions.</td>
</tr>
<tr>
<td></td>
<td>Bumped into</td>
<td>If results in a fall, should be recorded under “fall”.</td>
</tr>
<tr>
<td></td>
<td>Eating behavior</td>
<td></td>
</tr>
<tr>
<td><strong>HIGH notification when:</strong></td>
<td>Environmental hazard</td>
<td>This includes fire.</td>
</tr>
<tr>
<td>Injury caused by fire</td>
<td>Exposure</td>
<td></td>
</tr>
<tr>
<td><strong>HIGH notification when:</strong></td>
<td>Fall</td>
<td>Physical injury means harm, pain, illness, impairment of physical function, or damage to body tissue.</td>
</tr>
<tr>
<td>Injury occurs</td>
<td>Ingestion of foreign material (PICA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insect</td>
<td></td>
</tr>
<tr>
<td><strong>High notification when:</strong></td>
<td>Medical condition</td>
<td>This includes medication administration error.</td>
</tr>
<tr>
<td>Injury caused by medication error</td>
<td>Medical procedure</td>
<td></td>
</tr>
<tr>
<td><strong>ALWAYS HIGH notification.</strong></td>
<td>Restrained</td>
<td></td>
</tr>
<tr>
<td><strong>HIGH notification when:</strong></td>
<td>Seizure</td>
<td></td>
</tr>
<tr>
<td>- ER/Hospital for treatment or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lasts over 5 minutes (or maximum time set by participant’s physician)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIGH notification when:</strong></td>
<td>Self-injurious behavior</td>
<td></td>
</tr>
<tr>
<td>Injury of unknown origin</td>
<td>Undetermined</td>
<td>Should only be used if no other category is applicable.</td>
</tr>
</tbody>
</table>