

**INDIANA STATE DEPARTMENT OF HEALTH
Division of Long Term Care**

POLICY NUMBER: n/a

EFFECTIVE DATE: 07/15/15

CANCELS: REPORTABLE INCIDENT POLICY AND ISDH REPORTABLE UNUSUAL OCCURRENCE POLICY

REVISED: n/a

TITLE: INCIDENT REPORTING POLICY

PURPOSE: *To provide guidance on the type of incidents to be reported; the timeline for reporting; and the information to be included in the report.*

POLICY: *Incidents required to be reported by federal and/or state law will be submitted to the Indiana State Department of Health.*

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PROCEDURE:

I. COMPREHENSIVE CARE FACILITIES

A. Federal and State Rules related to incident reporting

1. Federal Regulations

a. **42 CFR 483.13(c)(2) states:** The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State Survey and Certification Agency).

Note: "Alleged violation" in the above regulation is defined as a situation or occurrence (incident) that is observed or reported but has not yet been investigated.

- b. **42 CFR 483.13(c)(4) states:** The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

2. State Rules

- a. **410 IAC 16.2-3.1-28(c) states:** The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property, are reported immediately to the administrator of the facility and other officials in accordance with state law through established procedures, including to the state survey and certification agency.
- b. **410 IAC 16.2-3.1-13(g)(1) states:** Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any:
- (A) Epidemic outbreaks
 - (B) Poisonings
 - (C) Fires; or
 - (D) Major accidents.

B. Types of incidents reportable under Federal and State rules

1. **ABUSE** -- Willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish.

Note: The word "willful" means that the individual's action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm.

- a. **PHYSICAL ABUSE** – a **willful** act against a resident by another resident, staff, or other individuals.

Examples: hitting, beating, slapping, punching, shoving, spitting, striking with an object, pulling/twisting, squeezing, pinching, scratching, tripping, biting, burning, using overly hot/cold water, and/or improper use of restraints

- b. **SEXUAL ABUSE**— Sexual harassment, sexual coercion, or sexual assault, including, but not limited to:
- i. Nonconsensual sexual contact with a resident by another resident or visitor
 - ii. Any staff to resident sexual contact

iii. Any sexual contact involving a resident who lacks the ability to give consent because of cognitive impairment

Examples: fondling, touching, rubbing, exposing, licking, biting, kissing, gestures, sharing pornography, assault, rape, harassment, seduction, coercion, photographing resident's rectal, genital or breast areas, and/or exhibitionism

c. VERBAL ABUSE – Oral, written, and/or gestured language that includes disparaging and/or derogatory terms to residents or their families, either directly or within their hearing.

i. Resident to resident verbal threats of harm.

Note: Does not include random statements of a cognitively impaired resident such as repetitive name calling or nonsensical language.

ii. Staff to resident - any episode

d. MENTAL ABUSE – Verbal or nonverbal infliction of anguish, pain, or distress that results in psychological or emotional suffering.

i. Staff to resident - any episode

ii. Resident to resident, if it appears to be willfully directed toward a specific resident

Examples: humiliation, harassment, threats of punishment or deprivation, bullying

e. INVOLUNTARY SECLUSION – Separation of a resident from other residents or from his/her room or confinement to his/her room (with or without roommates) against the resident's will, or the will of the resident's legal representative.

Note: Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

2. MISTREATMENT – staff treating a resident inappropriately or exploiting a resident.

Examples: rough treatment; taking unauthorized photos or recordings of residents; romantic and/or inappropriate relationship between staff and resident that does not involve physical intimacy; acceptance from a resident or attempts to

gain from a resident personal items or money through persuasion, coercion, or solicitation

Note: Signs that the relationship between staff and a resident has become romantic and/or inappropriate may include a staff person giving a resident special treatment; bringing him/her gifts; spending time with a resident while ignoring other residents; providing care for a resident behind a closed door while off shift or when not assigned to that resident; and writing or texting romantic notes to a resident.

3. NEGLECT – failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Examples: An action or lack of action that actually harms a resident, such as:

- withholding food, fluids resulting in dehydration or weight loss
- failing to provide clothing or shelter resulting in exposure, heat stroke or hypothermia
- failing to provide personal hygiene resulting in embarrassment, depression, poor self-esteem, self-isolation or physical harm that requires medical treatment beyond an ER/physician evaluation
- leaving a resident on the bedpan resulting in a pressure ulcer at Stage 3 or 4 or that is unstageable
- failing to respond to call lights/ medical equipment alarms resulting in medical treatment beyond an ER/physician evaluation
- placing call lights out of reach resulting in anxiety or mental distress

An action or lack of action that places one or more residents in a life-threatening situation, such as:

- Staff intentionally deactivating call lights/door or medical equipment alarms
- Direct care staff abandoning job without notification to any other staff person **and** leaving residents unattended
- Staff failing to identify, assess, monitor, and respond to a resident suffering an acute condition

4. INJURIES OF UNKNOWN SOURCE -- An injury should be classified as an *injury of unknown source* when **BOTH** of the following conditions are met:

- the source of the injury was not observed by any person or the source of the injury could not be explained by the resident; **AND**
- the injury is suspicious because of the extent of the injury or the location

of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

- **Examples of suspicious injuries:**

- black eye
- marks or bruising:
 - in the shape of fingers/hand or an object
 - in genital or breast area
 - on back, buttocks, or neck

5. MISAPPROPRIATION OF RESIDENT FUNDS OR PROPERTY --

deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's property or money without the resident's consent.

Note: Residents' property includes all residents' possessions, regardless of their apparent value since it may hold intrinsic value to the resident.

Note: Includes any medication dispensed in the name of a resident. Does not include medications from an EDK that have not been charged to a resident.

C. Types of incidents reportable under State rules only

1. OCCURRENCE THAT DIRECTLY THREATENS THE WELFARE, SAFETY, OR HEALTH OF A RESIDENT

Examples:

- injuries sustained while a resident is physically restrained
- suicide attempt
- equipment malfunction resulting in resident injury that requires medical treatment beyond an ER/physician evaluation
- elopement of a resident with cognitive deficits who was found outside the facility and whose whereabouts had been unknown or whose return involves law enforcement
- medication errors resulting in outcomes that require medical treatment beyond an ER/physician evaluation or monitoring vital signs
- death of a resident that is unusual, violent, suspicious, or resulted from an accident
- utility interruption of more than four (4) hours in length in one or more major utilities to the facility, (such as fire alarm, sprinkler system, phone services, electrical, water supply, plumbing, i.e., sewage disposal/backup, heat or air conditioning); or any interruption of utility services due to non-payment.

- structural damage due to disasters such as tornadoes, flooding, earthquakes, explosions, or other catastrophes
 - rodent and/or insect infestation
 - robbery or burglary
2. **EPIDEMIC OUTBREAK** – At least 3 residents with the same infection in one defined area (such as hall, unit, neighborhood, street, pod, secured unit, vent unit) in a 48-hour period; or 10% or more of the current building census with the same infection.
 3. **POISONINGS AND/OR BIOTERRORISM**
 4. **FIRES** – within facility due to any cause.
 5. **MAJOR ACCIDENTS** – unexpected or unintentional events resulting in any fracture or other outcomes that require medical treatment beyond basic first aid or ER/physician evaluation.

Note: Includes injuries resulting from improper care techniques.

Examples:

- **ALL** fractures
- burns greater than first degree
- choking requiring hospital treatment
- injury that limits the ability of the resident to perform his/her normal activities

II. RESIDENTIAL CARE FACILITIES

A. State Rules related to incident reporting

410 IAC 16.2-5-1.3(g)(1) states: Informing the division within twenty-four (24) hours of becoming aware of an unusual occurrence that directly threatens the welfare, safety, or health of a resident. Unusual occurrences include, but are not limited to:

- (A) Epidemic outbreaks;
- (B) Poisonings;
- (C) Fires; or
- (D) Major accidents.

B. Types of incidents reportable under Residential State rules

1. **OCCURRENCE THAT DIRECTLY THREATENS THE WELFARE, SAFETY, OR HEALTH OF A RESIDENT, INCLUDING:**

a. Abuse -- Willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish.

Note: The word "willful" means that the individual's action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm.

i. PHYSICAL ABUSE – a willful act against a resident by another resident, staff, or other individuals.

Examples: hitting, beating, slapping, punching, shoving, spitting, striking with an object, pulling/twisting, squeezing, pinching, scratching, tripping, biting, burning, using overly hot/cold water, and/or improper use of restraints

ii. SEXUAL ABUSE— Sexual harassment, sexual coercion, or sexual assault, including, but not limited to:

- (A) Nonconsensual sexual contact with a resident by another resident or visitor
- (B) Any staff to resident sexual contact
- (C) Any sexual contact involving a resident who lacks the ability to give consent because of cognitive impairment

Examples: fondling, touching, rubbing, exposing, licking, biting, kissing, gestures, sharing pornography, assault, rape, harassment, seduction, coercion, photographing resident's rectal, genital or breast areas, and/or exhibitionism

iii. VERBAL ABUSE – Oral, written, and/or gestured language that includes disparaging and/or derogatory terms to residents or their families, either directly or within their hearing.

- (A) Resident to resident verbal threats of harm.

Note: Does not include random statements of a cognitively impaired resident such as repetitive name calling or nonsensical language.

- (B) Staff to resident - any episode

iv. MENTAL ABUSE – Verbal or nonverbal infliction of anguish, pain, or distress that results in psychological or emotional suffering.

- (A) Staff to resident - any episode

(B) Resident to resident, if it appears to be willfully directed toward a specific resident

Examples: humiliation, harassment, threats of punishment or deprivation, bullying

v. INVOLUNTARY SECLUSION –Separation of a resident from other residents or from his/her room or confinement to his/her room (with or without roommates) against the resident's will, or the will of the resident's legal representative.

Note: Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

b. Neglect – failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Examples: An action or lack of action that actually harms a resident, such as:

- withholding food, fluids resulting in dehydration or weight loss
- failing to provide clothing or shelter resulting in exposure, heat stroke or hypothermia
- failing to provide personal hygiene resulting in embarrassment, depression, poor self-esteem, self-isolation or physical harm that requires medical treatment beyond an ER/physician evaluation
- leaving a resident on the bedpan resulting in a pressure ulcer at Stage 3 or 4 or that is unstageable
- failing to respond to call lights/ medical equipment alarms resulting in medical treatment beyond an ER/physician evaluation
- placing call lights out of reach resulting in anxiety or mental distress

An action or lack of action that places one or more residents in a life-threatening situation, such as:

- Staff intentionally deactivating call lights/door or medical equipment alarms
- Direct care staff abandoning job without notification to any other staff person and leaving residents unattended

- Staff failing to identify, assess, monitor, and respond to a resident suffering an acute condition

c. Mistreatment – staff treating a resident inappropriately or exploiting a resident.

Examples: rough treatment; taking unauthorized photos or recordings of residents; romantic and/or inappropriate relationship between staff and resident that does not involve physical intimacy; acceptance from a resident or attempts to gain from a resident personal items or money through persuasion, coercion, or solicitation

Note: Signs that the relationship between staff and a resident has become romantic and/or inappropriate may include a staff person giving a resident special treatment, bringing him/her gifts, spending time with a resident while ignoring other residents, providing care for a resident behind a closed door while off shift or when not assigned to that resident, and writing or texting romantic notes to a resident.

d. Misappropriation of resident property – deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's property or money without the resident's consent.

Note: Residents' property includes all residents' possessions, regardless of their apparent value since it may hold intrinsic value to the resident.

Note: Includes any medication dispensed in the name of a resident. Does not include medications from an EDK that have not been charged to a resident.

- e. Injuries sustained while a resident is physically restrained;
- f. Suicide attempt
- g. Equipment malfunction resulting in resident injury that requires medical treatment beyond an ER/physician evaluation
- h. Elopement of a resident with cognitive deficits who was found outside the facility and whose whereabouts had been unknown or whose return involves law enforcement
- i. Medication errors resulting in outcomes that require medical treatment beyond an ER/physician evaluation or monitoring vital signs
- j. Death of a resident that is unusual, violent, suspicious, or resulted from an accident
- k. Utility interruption of more than four (4) hours in length in one or more major utilities to the facility, (such as fire alarm, sprinkler

system, phone services, electrical, water supply, plumbing, i.e., sewage disposal/backup, heat or air conditioning); or any interruption of utility services due to non-payment.

- I. Structural damage due to disasters such as tornadoes, flooding, earthquakes, explosions, or other catastrophes.
- m. Rodent and/or insect infestation
- n. Robbery or burglary

2. EPIDEMIC OUTBREAKS - At least 3 residents with the same infection in one defined area (such as hall, unit, neighborhood, street, pod, secured unit, vent unit) in a 48-hour period; or 10% or more of the current building census with the same infection.

3. POISONINGS AND/OR BIOTERRORISM

4. FIRES – within facility due to any cause

5. MAJOR ACCIDENTS – unexpected or unintentional events resulting in any fracture or other outcomes that require medical treatment beyond basic first aid or ER/physician evaluation.

Note: Includes injuries resulting from improper care techniques.

Examples:

- ALL fractures
- burns greater than first degree
- choking requiring hospital treatment
- injury that limits the ability of the resident to perform his/her normal activities

III. INSTRUCTIONS FOR REPORTING

A. Incident Reporting and Timeframes:

1. Comprehensive Care Facilities

a. An incident identified as mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property must be reported immediately after providing care and protection for the resident(s) and determining the incident meets the reporting criteria.

Note: If a resident states that his or her belongings are missing, the facility must determine whether the item ever existed in the facility and/or do a quick search. As soon as it is determined that the item did exist within the facility but was not found during the initial search, the facility must make a report of misappropriation of resident property.

- b. Other incidents must be reported within 24 hours after discovery of the incident.
- c. Follow up report (if not included with initial information) must be submitted within 5 working days after the initial report.

2. Residential Care Facilities

- a. An incident must be reported within 24 hours after discovery of the incident.
- b. Follow up report (if not included with the initial information) must be submitted within 5 working days after the initial report.

B. Report information:

1. The Initial Report information should include the following:
 - a. Facility information
 - b. Name and job title of staff completing the report
 - c. Actual or Identified Date and Time of the Incident
 - d. Name(s) of resident(s) involved
 - e. Name and title of staff involved
 - f. Brief description of event
 - g. Type of injury(s) sustained
 - h. Immediate action taken to respond to the event and protect the resident
 - i. Preventive measures taken while the investigation is in process
2. The Follow Up Report information should include the following:
 - a. Results of the investigation
 - b. Interventions implemented or corrective action taken
 - c. Method in which facility will continue to monitor efficacy of plan/interventions
 - d. Other persons or agencies to which the incident was reported.
3. Initial and Follow Up Report can be submitted together if all of the necessary information has been obtained within the timeframe for initial reporting.

C. Report submission :

1. Online Incident Reporting System through the ISDH Gateway:
 - a. **All** incident report information must be submitted through the Online Incident Reporting System effective July 1, 2015.
 - b. Information submitted by fax or voice mail will not be accepted after July 1, 2015.
 - c. The link to the Online Incident Reporting System is: <https://gateway.isdh.in.gov/>. (Quick Guide – Instructions for the Online Incident Reporting System & Frequently Asked Questions are available for assistance.)
2. Submission of the *Report of Reasonable Suspicion of a Crime Against a Resident Form*.
 - a. If an incident being reported also constitutes a suspicion of a crime, the Report of Reasonable Suspicion of a Crime Against a Resident form located at <http://www.in.gov/isdh/25766.htm> can be submitted simultaneously through the document upload feature in the Online Incident Reporting System.
 - b. If the reasonable suspicion of a crime against a resident is not associated with an incident, the form can be submitted through email at incidents@isdh.in.gov. The form should indicate it is **not** a reportable incident.
3. Information related to an evacuation or an event involving the Emergency Management Agency must be reported to 317-460-7287 at any time.

IV. REPORTING WHEN ONLINE SYSTEM IS NONOPERATIONAL

- A. If the Online Incident Reporting System is nonoperational, the Incident Reporting Form located at <http://www.in.gov/isdh/23638.htm> must be completed and emailed to incidents@isdh.in.gov.
- B. Within 24 hours of emailing the Incident Reporting Form, the complete information about the incident **MUST BE** entered into the Online Incident Reporting System and include the date and time the Incident Reporting Form was emailed.
- C. If both the Online Incident Reporting System and the email system is not available, the information can be reported by calling **317-460-7287** and leaving a voicemail message that includes the following information:

1. Name & Title of Reporter
2. Name of Facility
3. Address of Facility
4. Type of Incident (examples on Incident Reporting Form)
5. Injury
6. Name of Resident(s)
7. Name of Staff Involved

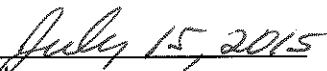
Note: The voicemail option is only to be used when both the online and email systems are nonoperational.

- D. When the Online Incident Reporting System becomes available, the complete information about the incident **MUST BE** entered into the Online Incident Reporting System and include the date and time of the email or voicemail message.

Note: Failure to make a report in the Online Incident Reporting System after an email or voicemail message may result in an unreported incident.



Kim Rhoades
Director, Division of Long Term Care



Date

