

DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN'S SERVICES
DIVISION OF CHILD BEHAVIORAL HEALTH SERVICES

Effective Date: May 1, 2006

Policy and Procedure: # DCBHS-013

Date Issued: April 20, 2006

- I. SUBJECT:** Reporting Unusual Incidents to the Division of Child Behavioral Health Services (DCBHS)
- II. PURPOSE:** To ensure that unusual incidents, as defined in this policy, are promptly reported and tracked in accordance with Department of Human Services (DHS) and DCBHS policy.
- III. AUTHORITY:** There are various statutory authorities governing the reporting of incidents and investigations related to service recipient care. The most commonly referenced are:
- | | |
|--|---------------------------|
| N.J.S.A. 9:6-8.10 | N.J.S.A. 30:11B-1 et seq. |
| N.J.S.A. 30:1-12.1 | N.J.A.C. 10:37-6-108 |
| N.J.S.A. 30:4-160 | N.J.A.C. 10:37-9.9(B)3 |
| N.J.S.A. 9:6-8.10 | N.J.S.A. 52:27g-7.1(a) |
| N.J.S.A. 26:2H-12.23 | |
| N.J.A.C. 8:57-1.3 | |
| P.L. 1997 Chapter 70 | |
| DHS Administrative Order 2:05 | |
| DHS Administrative Order 2:05 Addendum | |
- IV. SCOPE:** This policy and procedure applies to all DCBHS and DCBHS-related entities including, but not limited to: the Contracted Systems Administrator (CSA), Care Management Organizations, Youth Case Management Agencies, Mobile Response Stabilization Services, Family Support Organizations, Residential treatment providers, community-based service providers certified by DCBHS and agencies under contract with DCBHS.
- V. POLICIES:** DHS-operated facilities, institutions, schools and programs shall report unusual incidents and submit subsequent follow-up reports directly to DHS in accordance with DHS Administrative Order 2:05, "Unusual Incident Reporting and Management System (UIRMS)."
- Community-based service providers certified by DCBHS and community-based programs or services contracted, regulated, licensed or subject to investigation by DHS or its Divisions, Bureaus, Offices or Commissions, shall report unusual

incidents and submit subsequent follow-up reports in accordance with this policy and the requirements of the Addendum to DHS Administrative Order 2:05, "Community Reporting: Unusual Incident Reporting and Management System.

The first duty of individuals involved is to ensure the health and safety of the child/youth/young adult. Unusual incidents shall be reported as quickly as safety allows; however, it is the responsibility of all employees of DCBHS, DCBHS-related entities, community-based service providers certified by DCBHS and agencies under contract with DCBHS to report unusual incidents within the time frames established within this policy.

For entities covered by the Scope of this policy, in addition to the reporting requirements of DHS and DCBHS, all reporting required by New Jersey statute and regulation shall be made to the appropriate agencies.

New Jersey statute (N.J.S.A. 9:6-8.10 et seq.) requires that:

Any person having reasonable cause to believe that a child has been subjected to child abuse and/or neglect or acts of child abuse and/or neglect is obligated to report this information to the Division of Youth and Family Services (DYFS) State Central Registry (SCR), also referred to as "Centralized Screening", at:

1-877-NJ ABUSE (1-877-652-2873)

or

1-800-792-8610

Failure to report an unusual incident to DHS, DCBHS and/or appropriate authorities or failure to cooperate in an investigation may result in corrective action being taken.

Appropriate law enforcement authorities shall be advised of any suspected criminal activities.

For DCBHS staff, in addition to the reporting requirements of this policy, incidents that meet the criteria for the Comprehensive Child Abuse/Prevention and Treatment Act (CCAPTA, N.J.S.A. 9:6-8.83 et seq.) shall be reported, followed-up and reviewed in accordance with DHS CCAPTA Critical Incident Notification and Review Procedures.

In accordance with DHS Administrative Order 1:50, Centralized Police Operations, it is the responsibility of the Chief Executive Officer or other persons in charge at each

DHS operated facility, to promptly alert police personnel to any criminal acts, violations of the law, or suspicious acts or incidents that may infringe upon the orderly and proper administration of the facility. (See DHS Administrative Order 2:05 Attachment C for categories that are required to be reported to Human Services Police).

The child's parent shall be informed of all unusual incidents that are child-specific, unless contraindicated.

Where the parent of the child is not the legal guardian, the legal guardian shall be informed of all unusual incidents that are child-specific.

The child's caregiver shall be informed of all unusual incidents that are child-specific, unless contra-indicated.

DCBHS shall review all reports of unusual incidents and the corrective action plans to prevent their reoccurrence. DCBHS and/or DHS may require subsequent actions by any entity covered by the scope of this policy to address the issues reviewed.

DCBHS shall maintain each Unusual Incident Report (UIR) in accordance with the State Record Retention Schedules and State and Federal confidentiality laws, including, but not limited to, the Federal Health Information Portability and Accountability Act (HIPAA, 42 USC 1301 et seq.).

VI. GENERAL STANDARDS:

A. DEFINITIONS:

The following terms, when used in this policy, shall have the meanings as indicated below:

1. The definitions of **abuse and neglect** are divided into two sections.
2. Section 1 definitions apply to DCBHS service recipients' ages 18 to 21 years.
3. Section 2 definitions, as codified in N.J.S.A. 9:6-8.21, apply to DCBHS service recipients less than age 18 and the Institutional Abuse Investigation Unit (IAIU) only.
4. Section 3 definitions apply to all reporting entities.

Section 1: Abuse/Neglect Definitions for DCBHS Service Recipients ages 18 to 21 years

Physical Abuse

As defined in Administrative Order 4:08, Supplement 1, refers to a physical act directed at a service recipient by a DHS employee, volunteer, intern, or consultant/contractor of a type that could tend to cause pain, injury, anguish, and/or suffering. Such acts include but are not limited to the service recipient being kicked, pinched, bitten, punched, slapped, hit, pushed, dragged, and/or struck with a thrown or held object.

Sexual Abuse

Acts or attempted acts such as rape, exposure of genital body parts, sexual molestation, sexual exploitation, or inappropriate touching of an individual by a DHS employee, volunteer, intern, or consultant/contractor. Any form of sexual contact or activity between a DHS employee, volunteer, or intern and a service recipient is abuse, regardless of whether the service recipient gives consent or the employee, volunteer, or intern is on or off duty.

Verbal/Psychological Abuse/Mistreatment

Any verbal or non-verbal acts or omissions by a DHS employee, volunteer, intern, or consultant/contractor which inflicts emotional harm, mental distress, invocation of fear and/or humiliation, intimidation, degradation, or demeaning a service recipient. Examples include, but are not limited to: teasing, bullying, ignoring need, favoritism, verbal assault, or use of racial slurs, or intimidating gestures (i.e., shaking a fist at a service recipient).

Neglect

The failure of a caregiver (person responsible for the service recipient's welfare) to provide the needed services and supports to ensure the health, safety, and welfare of the service recipient. These supports and services may or may not be defined in the service recipient's plan or otherwise required by law or regulation. This includes acts that are intentional, unintentional, or careless regardless of the incidence of harm. Examples include, but are not limited to, the failure to provide needed care such as shelter, food, clothing, supervision, personal hygiene, medical care, and protection from health and safety hazards.

Exploitation

Any willful, unjust, or improper use of a service recipient or his/her property/funds, for the benefit or advantage of another; condoning and/or encouraging the exploitation of a service recipient by another person. Examples of exploitation include, but are not limited to, appropriating, borrowing, or taking without authorization, personal property/funds belonging to a service recipient, or requiring him/her to perform functions/activities that are normally conducted by staff or are solely for the staff's convenience.

Section 2: Abuse/Neglect Definitions for DCBHS for a child less than 18 years of age and IAIU Only

Child Physical Abuse

As defined in N.J.S.A. 9:6-8.21, means a child less than 18 years of age whose guardian (or person responsible for the child's welfare—i.e., staff person or person

having his custody and control) inflicts or allows to be inflicted, physical injury by other than accidental means which causes or creates a substantial risk of death, serious/protracted disfigurement, protracted impairment of physical health, protracted loss or impairment of the function of a bodily organ, or a substantial or ongoing risk of physical injury or harm; or a child upon whom excessive physical restraint has been used under circumstances which do not indicate that the child's behavior is harmful to himself, others, or property.

Child Sexual Abuse

As defined in N.J.S.A. 9:6-8.21, means a child less than 18 years of age whose guardian (or person responsible for the child's welfare—i.e., staff person or person having his custody and control) commits or allows to be committed, an act of sexual abuse against the child. Examples include, but are not limited to, ambiguous or unambiguous verbal statements with sexual connotations or denotations, non-genital or genital contact involving touching, fondling, or kissing, and sexual exploitation.

Child Emotional Abuse

As defined in N.J.S.A. 9:6-8.21, means a child less than 18 years of age whose guardian (or person responsible for the child's welfare - i.e., staff person or person having his custody and control) inflicts or allows to be inflicted, emotional injury (harm), or mental injury (harm), by other than accidental means, which causes or creates protracted impairment of emotional health or a substantial or ongoing risk of emotional injury (harm). Emotional abuse also includes a child who is in an institution and (a) has been placed there inappropriately for a continued period of time with the knowledge that the placement has resulted or may continue to result in harm to the child's mental or physical well being or (b) who has been willfully isolated from ordinary social contact under circumstances which indicate emotional or social deprivation.

Child Neglect

As defined in N.J.S.A. 9:6-8.21, means a child less than 18 years of age whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as the result of the failure of his guardian (or person responsible for the child's welfare- i.e., staff person or person having his custody and control) to exercise a minimum degree of care in supplying the child with adequate food, clothing, shelter, education, medical care, or in providing the child with proper supervision or guardianship, or by willfully isolating the child under circumstances which indicate emotional or social deprivation, or by the continued inappropriate placement of a child in an institution with the knowledge that the placement has resulted or may continue to result in harm to the child's physical, emotional, or mental well-being by other than accidental means.

SECTION 3: Other Definitions

Assault - Physical

Act of touching or striking a victim's body to cause physical harm, which may or may not result in actual injury. The acts perpetrated under the physical assault category could occur between two service recipients, staff to staff, "other" to service recipient or staff, or service recipient to staff or "others." When staff persons charged with the responsibility of supervising or providing direct care

physically strikes a service recipient, the incident is always categorized as abuse and must be reported as such.

Assault - Sexual

Incidents of nonconsensual sexual activity involving penetration, such as vaginal and anal intercourse; the insertion of a hand, finger, or object into the anus or vagina; or cunnilingus and fellatio. (Also see sexual contact definition.)
Reference: NJ Criminal Code - NJSA 2C:14-1

Contraband

Possession or use of an item(s) by a service recipient or an employee that has been designated by the service provider as having the potential to pose danger or harm to others. Examples include, but are not limited to, weapons (commercially manufactured or hand-made) used for offensive or defensive purposes; illegal items such as CDS (Controlled Dangerous Substances) or fireworks; alcohol (for service recipients under the age of 21, with a Mentally Ill Chemical Abuse (MICA) diagnosis, or with potential for pharmacological reaction); or other items identified by the service provider, including, but not limited to, coffee, matches, and aerosol sprays.

Consultant/ Contractor

Refers to a person or company that provides services for DHS facilities on a regular or occasional basis. Examples include, but are not limited to, environmental remediation companies, HVAC repair persons, pharmaceutical delivery service, and medical specialists who come to the facilities to provide care for service recipients (i.e., podiatrist). Consultant/contractors are not DHS employees.

Continuous Quality Improvement Unit (CQI Unit), DCBHS

Refers to the unit within DCBHS which provides continuous quality improvement and quality assurance programs and methodologies for services provided to children enrolled in DCBHS and their families.

Criminal Activity

Refers to the alleged activity of a service recipient, employee, or service provider meeting the thresholds of NJ Criminal Statutes Title 2C, specifically N.J.S.A. 2C: 43-1, the Grading of Offenses (i.e., disorderly persons, aggravated assault) or N.J.S.A. 2C: 24-7 & 8- Neglect of the Elderly and the Disabled. These alleged activities could result in physical injury to another person or damage/loss of property belonging to the State, a service recipient or an employee). [See Attachment __ for reporting levels.]

Criminal Status

Refers to a service recipient with a criminal status of **Not Guilty by Reason of Insanity (NGRI)** or pursuant to **State v. Krol (KROL)** (68 N.J. 236 (1975)); **Incompetent to Stand Trial (IST)**; **Detainer** (a service recipient originally in the legal custody of a correctional facility found to be in need of mental health services); or **Megan's Law** (sex offender). [See definition of Megan's Law Sex Offender].

Danielle's Law

Refers to the requirement of staff at a facility for persons with developmental disabilities or a facility for persons with traumatic brain injury, who works directly with persons with developmental disabilities or traumatic brain injury, to call the 911 emergency telephone service for assistance in the event of a life-threatening emergency at the facility, and to report that call to the Department. Life-threatening emergency means a situation in which a prudent person could reasonably believe that immediate intervention is necessary to protect the life of a service recipient, or to protect the lives of other persons at the facility or agency, from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions or dysfunction of a bodily organ or part.

Death - Unexpected

Death of a service recipient that was not medically anticipated. Examples include suicide, homicide and/or unanticipated death due to unforeseen circumstances/complications. Example: A healthy individual goes into the hospital for a routine procedure, develops complications and succumbs to the complications two weeks later.

Death - Expected

Death of a service recipient with a recent (six months or less) medical prognosis of probable or imminent expiration. [See Attachment __ for reporting levels.]

Elopement

Refers to the act of a service recipient with criminal status, leaving the grounds of a facility without authorization and who cannot be located after a diligent and reasonable search of two hours (for a minor under the age of 18 search time is one hour). For service recipients with no criminal status, see "Walk away" definition. Incident reports are required for all occurrences regardless of when an SR is located. [See Attachment __ for reporting levels.]

Employee

Refers to a full-time or part-time employee, volunteer, or student intern of the Department of Human Services.

Entered in Error

Refers to an Unusual Incident Report that has been entered in error into database.

Inappropriate Sexual Conduct

Refers to the act of a service recipient exposing him/herself to another person or masturbating in a public setting. No physical contact between the service recipient and the other person. [See also Sexual Contact].

Injury

Injury refers to the accidental, self-inflicted, or intentional damage to the body by an external force. Levels of injury will be categorized as follows:

- a. **No injury**
Lacking any evidence of injury and/or no complaint of pain as determined by staff assessing the situation and, if possible, as described by the service recipient.

- b. **Minor injury**
Refers to an injury that requires no treatment beyond basic first aid administered by a medical professional or service provider. Examples of minor injuries include, but are not limited to, bruises and abrasions.
- c. **Moderate injury**
Refers to an injury that requires treatment beyond basic first aid and can only be performed by a medical professional at a physician's office, at a hospital emergency room, or by facility physicians. Examples of moderate injuries include, but are not limited to, a laceration requiring sutures or a human bite breaking the skin, injury around the eye such as bruising, swelling or lacerations.
- d. **Major injury**
Refers to an injury that requires treatment that can only be performed at a hospital facility and may or may not include admission to the hospital for additional treatment or observation. Examples of major injuries include, but are not limited to, skull fractures, injuries to the eye (excluding the area around the eye), and broken bones requiring setting and casting. (See Attachment A for reporting levels.)

Due to the subjective nature of this issue there may be some overlapping of categories. Diagnostic tests including, but not limited to, x-rays, may be needed to rule out injuries of a more significant level. In all circumstances the location and extent of the injury should be taken into careful consideration during the initial assessment by the service provider or facility medical personnel before selecting the injury level.

Media Interest

Refers to media (TV, radio) or journalistic (newspaper, magazine/book) attention that has been or is likely to be generated or intensified regarding any reportable incident involving the Department, Divisions, and their service recipients or employees. Said media interest may or may not have an impact on daily facility operations. Media interest replaces the previous "newsworthy" category and can apply to any type of reportable incident. Examples: "Fire, Media Interest" or "Death, Media Interest".

Medical

Medical refers to any incident concerned with choking, disease/illness, or errors in medical treatment and/or the administration of medication categorized as follows:

- a. **Choking**
Means an incident that occurs during swallowing that requires the assistance of another person for relief, as in the application of an abdominal thrust or suctioning.

- b. **Disease**
Refers to the outbreak of a communicable illness that could impact the health, safety, or operation of a facility or program or a single incident of illness reportable to the Department of Health and Senior Services. Reference: N.J.A.C. 8:57-1.3
- c. **Medication/Treatment Error**
Refers to any deviation from prescribed orders that results in, or has the potential to result in, serious effects that require medical intervention as determined by a qualified medical professional (physician, pharmacist). These incidents may involve errors in medical treatment or errors in the administration of medication.

Megan's Law Sex Offender

Refers to any person convicted, adjudicated delinquent, or acquitted by reason of insanity of designated sex offenses pursuant to N.J.S.A. 2C:7-2b. Refer to AO 3:06, Department of Human Services Implementation of Megan's Law.

Operational Incidents

This category consists of a wide variety of incidents that significantly impact or could potentially affect the general health, safety, and welfare of DHS service recipients or impacts on the daily operation of the facility or program. Examples include, but are not limited to, fires, environmental issues, damage to state or service recipient property, and staff shortages. (See individual sub-category definitions below.)

- a. **Destruction/Damage to State, Service Recipient, or Employee Property**
Refers to an accidental or willful act, perpetrated by any person that damages or destroys state or personal property rendering the item unusable. The incident may or may not impact on service recipient care or facility operations. [Also see Theft/Loss category.]
- b. **State Property**
Examples include, but are not limited to, equipment (vehicle, laptop computer, tools,) or property (structural or land).
- c. **Service Recipient Property**
Examples include, but are not limited to, television, stereo, camera, and clothing. Incidents involving money will be handled under the Theft/Loss category.
- d. **Employee or Other's Property**
Examples include, but are not limited to jewelry, clothing, cell phone, automobile tires, and equipment/tools. (Also see Theft/Loss category.)
- e. **Discharged Service Recipient**
Refers to a service recipient who has been discharged/released/transferred from a DHS facility for six months

or less and is now residing in the community (group, boarding, nursing, or own home).

- f. **Environmental**
Refers to incidents involving spills or illegal dumping of toxic substances on state property or other incidents impacting on air or water quality.
- g. **Fire**
 - 1. **Major event**
Refers to an incident resulting in damage, which renders a facility, or part thereof, unusable or resulting in injuries to staff or service recipients.
 - 2. **Moderate event**
Refers to incidents requiring outside assistance to extinguish or contain.
 - 3. **Minor event**
Refers to incidents that were extinguished or contained utilizing facility staff. [See Attachment __ for reporting levels.]
- h. **Mass disturbance**
Refers to an incident involving five or more people (service recipient or employee) that disrupts services or impacts on facility operations and may pose a threat to the life or safety of others. Example: riot.
- i. **Operational breakdown**
Refers to any utility outage, which may cause a threat to life or safety and impact on facility operations. Examples: loss of electricity to all or part of the facility or loss of telephone service.
- j. **Public Safety issue**
Refers to incidents such as natural disasters flood, hurricane, etc.), terrorist threats or the taking of hostages posing an immediate threat to the life and safety of service recipients and employees.
- k. **Theft/Loss**
Refers to a willful or unexplainable incident, perpetrated by any person, resulting in State, service recipient, or employee property or monetary funds, being stolen or missing. (See Attachment A for reporting levels.)
- l. **Unexpected Staff Shortages**
Refers to incidents resulting from an apparent job action or other situations that may pose a threat to life/safety or impact on facility operations.

m. **Other**

Refers to a person(s) who is not an employee or service recipient such as a visitor (family member or friend) or a consultant/contractor.

Patient Safety Act

Refers to those double coded incidents occurring in DMHS operated psychiatric hospitals that involve an adverse event that is a preventable event and results in death or loss of a body part, or disability or loss of bodily function lasting more than seven days or still present at the time of discharge from a health care facility.

Pica

Refers to the behavior of ingesting inedible substances or objects including, but not limited to soil, paint chips, batteries, or cigarette butts.

Reporting Authority

Refers to the person(s) at a facility/institution charged with the responsibility of submitting the incident report to UIRMS. Each Division utilizes different staff titles for this task. Example: DMHS - Risk Management Unit; DDD - Quality Assurance Coordinator.

Restraint Use

Refers to the restriction of an individual's freedom of movement either partially or totally by physical contact imposed by staff (Personal Control Technique), the application of a physical device (Mechanical Restraint) or through the use of medication (Chemical Restraint). Restraints are further defined as follows:

a. **Approved:**

Refers to restraints implemented with prior approval and written order, in accordance with the administrative regulations of the appropriate division, or as part of an approved behavior treatment plan.

b. **Unapproved:**

Refers to restraints implemented without prior approval/order or not in accordance with the administrative regulations of the appropriate division or without the existence of an approved behavior treatment plan.

Rights Violation

Any act or omission that deprives a service recipient of human or civil rights, including those rights which are specifically mandated under applicable regulations. Court ordered restrictions, clinically justified restrictions that are appropriately documented, or licensing regulations subject to a waiver are not considered rights violations within the meaning of this policy. Examples include, but are not limited to, unauthorized removal of personal property, refusal of access to the telephone, privacy violations, breach of confidentiality, or any failure to inform, respect, or assist a service recipient in exercising his or her rights.

Service Recipient -

Refers to a child (birth to 17 years of age) enrolled in DCBHS or a young adult (18 to 21 years of age), who had been receiving mental/behavioral health services under DCBHS (formerly the Partnership for Children) prior to becoming 18 years of age, or who is currently receiving services in the child-serving system and who demonstrates a clinical need for the continuation of such services as part of the process of transitioning into the adult service system. This term replaces the previously used terms of consumer, patient, or client.

Sexual Contact

Refers to the intentional, nonconsensual touching of the victim's breast, genital, or anal area, over or under clothing, with the purpose of sexual arousal and/or gratification of the perpetrator. **Any act perpetrated by staff upon/involving a service recipient is considered abuse and must be reported as such.** (Also see **Assault: Sexual.**) Reference: N.J.S.A. Criminal Code 2C:14-1.

Suicide Attempt

Refers to an attempt to intentionally kill one's self regardless if the act resulted in injury. (See Attachment A for reporting levels.)

Unusual Incident

An occurrence involving the care, supervision, or actions of a service recipient that is adverse in nature or has the potential to have an adverse impact on the health, safety, and welfare of the service recipient or others. Unusual incidents also include situations occurring with DHS staff or contractors or affecting the operations of a facility/institution/school. Examples include, but are not limited to, allegations of abuse and neglect, service recipient to service recipient assault, and medication errors. An unusual incident may also involve the conduct of employees (while on- or off-duty) or others who may come in contact with service recipients who reside in DHS operated facilities, regardless of the place of occurrence of the incident. Examples include, but are not limited to, a service recipient receiving medical care in a local hospital or an incident occurring while service recipient is on brief visit.

Unusual Incident Report Coordinator (UIR Coordinator), DCBHS

An individual assigned by the Director, DCBHS or his or her designee to carry out the unusual incident reporting system.

Walk away (No Criminal Status)

Refers to the act of a service recipient who leaves the grounds of a facility without authorization and who can not be located after a diligent and reasonable search of two hours (**for minors under the age of 18 search time is one hour.**) This incident category applies to service recipients who:

- a. May be considered dangerous to self or others but have no prior documented criminal status,
- b. Are under age 18 or over age 60,
- c. May be at-risk due to disability (medical or cognitive); or

- B. In accordance with DHS Administrative Order 2:05, all facilities, institutions, schools, and programs that are operated by a respective Division, Office, or Commission of DHS shall report unusual incidents directly to DHS utilizing the Unusual Incident Reporting & Management System (UIRMS).
- C. Community-based service providers certified by DCBHS and agencies under contract with DCBHS shall submit reports of unusual incidents and subsequent follow-up reports on incident report forms designated by DCBHS.
- D. The Director, DCBHS or his or her designee shall identify certain staff that is available both during and after business hours, to serve as the UIR Coordinator, DCBHS.
- E. Entities covered by the Scope of this policy shall have internal policies and procedures for:
 - 1. The initial reporting of unusual incidents,
 - 2. Follow-up investigation of unusual incidents,
 - 3. Follow-up reporting of unusual incidents, and
 - 4. Notification of the child's parent or legal guardian and caregiver of all child-specific unusual incidents, unless contraindicated.
- F. Each service provider certified by DCBHS and agency under contract with DCBHS shall identify an individual who has overall responsibility for incident management.
- G. The results of a service provider or agency investigation and the follow-up UIR report shall be provided to the UIR Coordinator, DCBHS within established timeframes.
- H. The Director, DCBHS or his or her designee reserve the right to initiate an internal investigation of an unusual incident at his or her discretion.
- I. Accidents involving State vehicles in which there is no personal injury shall be reported according to Treasury Circular 3-87 and are not addressed in this policy and procedure.

VII. PROCEDURES:

- A. Unusual incidents shall be categorized as follows:
 - a. For community-based programs or services contracted, regulated, licensed or subject to investigation by DHS or its Divisions, Bureaus, Offices or Commissions, unusual incidents shall be categorized as described in Appendix A of this policy.

- b. For all facilities, institutions, schools and programs that are operated by a respective Division, Office, or Commission of DHS unusual incidents shall be categorized as described in Appendix B of this policy. (Appendix B of this policy is the DHS-DCBHS UIRMS Incident Category List.)

- B. **ALL** medication errors require, at a minimum, a consultation by a medical professional (i.e. physician, pharmacist) other than the individual(s) involved the medication error.
 - 1. Documentation of this consultation and the condition of the child/youth/young adult shall be made in the child's/youth's/young adult's medical chart.
 - 2. Where medical intervention is required, documentation of the intervention and the condition of the child/youth/young adult shall be made in the child's/youth's/young adult's chart.

- C. Service providers certified by DCBHS and agencies under contract with DCBHS shall verbally report unusual incidents to DCBHS in accordance section VII. F. 1 of this policy.

- D. Service providers certified by DCBHS and agencies under contract with DCBHS shall submit written reports to the UIR Coordinator, DCBHS in accordance with sections VII. G. 1 through 3 of this policy.

- E. Telephone Notification
 - 1. **IMMEDIATE:**
 - a. Community A+ level incidents shall be reported immediately by telephone to the UIR Coordinator, DCBHS.
 - b. DHS-operated institution, facility, school and program A+ and A level incidents shall be reported immediately by telephone to the UIR Coordinator, DCBHS.
 - c. The UIR Coordinator, DCBHS shall immediately notify the Director, DCBHS or his or her designee by telephone of each A+ and A level incident.
 - d. Immediately upon notification that an A+ level incident has occurred, the Director, DCBHS or his or her designee shall notify the Deputy Commissioner, Office of Children's Services, the DHS Office of Public Information and appropriate DHS personnel or their designees of the incident, regardless of the hour of the day, by telephone.
 - 2. Telephone notification is not required for B and C level incidents.

G. Written Notification: Via Email, Fax or Hard Copy

1. A+ Level Incidents - Information regarding A+ level incidents occurring during normal business hours shall be submitted in writing to the UIR Coordinator, DCBHS on the DCBHS Initial report form immediately after obtaining the details required to complete the initial incident report. Submission of an A+ level UIRs shall not be delayed if information is unknown. Missing information shall be submitted as soon as possible via a follow-up incident report.

A+ level incidents occurring after normal business hours shall be submitted in writing to the UIR Coordinator, DCBHS as soon as possible on the next business day. Following weekends and holidays, the submission of A+ level UIRs shall be made a priority.

2. A Level Incidents - Information regarding an A level incident occurring during regular business hours shall be submitted by the end of that working day to the UIR Coordinator, DCBHS utilizing the DCBHS Initial Report Form. Submission of an A level incident shall not be delayed if information is unknown. Information shall be submitted as soon as possible via a follow-up incident report.

A level incidents occurring after normal business hours shall be submitted in writing to UIR Coordinator, DCBHS as soon as possible on the next business day.

3. B Level Incidents - Information regarding B level incidents shall be submitted to the UIR Coordinator, DCBHS, in writing by the end of the next working day utilizing the DCBHS Initial Report Form.
4. C Level Incidents - For DHS-operated institutions, facilities, schools and programs, information regarding C level incidents must be submitted to DHS via UIRMS on a quarterly basis.

- H. The UIR Coordinator, DCBHS shall develop a system for logging, tracking and filing UIRS. The coordinator's review, at a minimum, shall indicate a DCBHS review of the incident report, level of reporting, actions needed, actions taken, and administrative and regulatory notifications.

- I. The UIR Coordinator, DCBHS shall monitor compliance with time frames of initial and incident follow-up reports.

- J. Follow-Up Reporting for all A+, A, and B Level Incidents shall be submitted to the UIR Coordinator, DCBHS utilizing the DCBHS Follow-Up Report Form when:

1. Additional critical information becomes available, particularly when the reporting category of the incident was an A+ or is being upgraded from an A level incident to an A+ level incident,
2. An internal investigation is completed, or

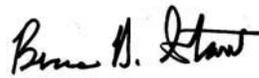
The incident is considered closed.

3. Where none of the above has occurred by the **30th calendar day** after the report of the initial incident, a follow-up report shall be submitted to the UIR Coordinator, DCBHS to document the reason(s) for the delay.
 4. Follow-up reporting shall occur at **45 calendar day** intervals until the incident is closed.
- K. Closing Criteria - **All** of the following criteria shall be met for an incident to be closed:
1. A thorough investigation and/or evaluation of the incident by an objective party has been completed in accordance with applicable statutory, regulatory, and/or policy-related timeframes.
 2. An objective conclusion, known as the finding, is formulated based upon the corroboration of evidence and facts. There are two types of findings:
 - a. Substantiated: There is a preponderance of credible evidence that the allegation or situation is true and/or occurred.
 - b. Unfounded: There is no credible evidence, information or facts to support the allegation or situation is true and/or occurred.
 3. Recommendation(s) are made that delineate the scope of the required corrective action plan, identify those individuals responsible for carrying out the plan, and designate timeframes for the plan's implementation to prevent reoccurrences of the incident.
 4. All relevant facts, conclusions, and recommendations are presented to the administration of the DHS-operated institution, facility, school or program, DCBHS, and DHS as applicable.
- L. Any incident, once closed, may be re-opened by the administration of the facility, agency or service provider, DCBHS or DHS. Subsequent recommendations may be needed to address the issues reviewed.
- M. DHS shall exercise final discretion when the need for additional review is disputed.
- N. Where a DCBHS staff member receives a written or verbal report of an unusual incident from any source (anonymous or known), DCBHS staff shall:
1. At a minimum, obtain the following:
 - a. Child's name,

- b. Date of incident,
 - c. Agency/provider involved,
 - d. Nature of incident, and
 - e. Identity and telephone number of individual making verbal report (where available).
- 2. Inform the individual of his or her obligation to immediately report the incident to the SCR at 1-877-NJ ABUSE (1-877-652-2873) or 1-800-792-8610.
- 3. Inform the individual of his or her obligation to submit an initial UIR via fax or email to the UIR Coordinator, DCBHS. The DCBHS Initial UIR template is located on the DCBHS web-page. <http://www.state.nj.us/>
- 4. Where abuse or neglect is alleged contact the SCR, state that a verbal report of an unusual incident was received and provide all available information.
- 5. Via email, contact the UIR Coordinator, DCBHS and provide:
 - a. All information obtained within N.1 above,
 - b. Date and time DCBHS staff member reported the incident to SCR, and the
 - c. Identity and telephone number of the individual who will provide the written Initial UIR to DCBHS.
- O. The UIR Coordinator, DCBHS shall ensure that all applicable statutory and regulatory agencies are notified of the unusual incident, including but not limited to DYFS, DMHS, DDD, DMAHS (Medicaid) and DHS OPIA and Office of Licensing (OOL).
- P. As directed by the Director, DCBHS or his or her designee, the UIR Coordinator, DCBHS shall notify the CSA of UIRs regarding service providers certified by DCBHS and agencies under contract with DCBHS for the purpose of tracking and quality management.
- Q. In accordance with DCBHS CQI practices, all UIRs shall be reviewed by the CQI Unit, DCBHS for the purpose of tracking and quality management.
- R. At the discretion of the Director, DCBHS or his or her designee, UIRs shall be investigated by the CQI Unit, DCBHS and/or other DCBHS staff as assigned.
- S. Where, as the result of an investigation conducted by the CQI Unit, DCBHS and/or DSBHS staff, an adverse finding regarding an individual, service provider, or agency under contract with DCBHS is indicated, the final DCBHS investigative report shall be forwarded by the DCBHS UIR Coordinator to the appropriate regulatory and statutory authorities.

- T. At the discretion of the Assistant Director, DCBHS and/or his or her designee, the CQI Unit, DCBHS shall assist the regulatory authority with investigations and follow-up of plans of correction.

- U. At the discretion of the Assistant Director, DCBHS and/or his or her designee, where DCBHS becomes aware of an adverse regulatory or licensing action involving a service provider certified by DCBHS or agency under contract with DCBHS, the UIR Coordinator, DCBHS shall notify Systems Partners including, but not limited to, the CSA, CMO, YCM, MRSS and FSO.



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Services