

**COMMONWEALTH OF MASSACHUSETTS**  
**EXECUTIVE OFFICE OF HEALTH AND HUMAN**  
**SERVICES**

Massachusetts Rehabilitation Commission (MRC)  
Department of Developmental Services (DDS)



Home and Community Services Information System (HCSIS)  
Incident Management Module  
**Revised Incident Categories**



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## 1. Introduction to Incident Category Revisions, April 2014

In June, 2013 the Department of Developmental Services made major changes to the incident categories and definitions based on an ongoing review of incidents submitted. The changes grew out of an analysis of incident reports that highlighted inconsistency in categorization, which affects the validity of available data. These data are used in reporting to the federal waivers and analyzing findings to enhance services on an individual, agency and state level. Changes were made to enhance the consistency and validity of the information.

Since initiating these changes, the Department of Developmental Services (DDS) entered into a collaboration with the Massachusetts Rehabilitation Commission (MRC) under the terms of the Hutchinson Settlement Agreement concerning services and supports to individuals with acquired brain injury (ABI) and “Money Follows the Person (MFP).” Under the terms of the agreement DDS assumed responsibility for individuals receiving residential support in the Acquired Brain Injury and Money Follows the Person HCBS Waiver, while MRC retained responsibility for individuals receiving supports in the ABI and MFP non-residential waivers. DDS also assumed the responsibility for the QMIS for all 4 waivers.

In preparation for this transfer of responsibility, DDS has been working with MRC to determine needed changes in the HCSIS Incident Management System, which will continue to be used for DDS funded individuals currently using the system as well as individuals supported both residentially and non-residentially through the four ABI and MFP waivers. This work will continue in reviewing other DDS systems including investigations.

Since so many providers engaged in services to DDS individuals and individuals with ABI are the same, a guiding principal for this work was to develop a comparable system for DDS funded individuals and all individuals served in the four HCBS waivers, enabling one incident reporting system to be utilized across all populations. The changes made meet the needs of the Hutchinson Agreements as well as strengthen information gathered for DDS funded individuals.

Changes to the Incident Management System do not involve any changes to either the primary or secondary incident categories. Rather, definitions of a few existing categories were revised and additional universal questions were added to the incident report to better track activities that could be a component of a reportable incident. The following outlines the changes made to the system:

### **Category Definition Revisions**

Category: Inappropriate Sexual Behavior – This category has been revised to now also include credible threats of sexual violence towards another individual, such as threatening to rape



another person or in other ways to violently sexually victimize another person. If these threats are considered serious so that a psychiatric evaluation, additional staffing, or a crisis meeting, as examples, are initiated, these threats should be reported as “Inappropriate Sexual Behavior” with a secondary category of “Aggressive Sexual Behavior – Alleged Perpetrator.”

Category: Medical or Psychiatric Intervention Not Requiring a Hospital Visit – This category has the most significant definition changes. There are those events that by their very definition should result in a hospital visit or consultation with medical personnel. In June the ingestion of any non-food item not requiring a hospital visit was added to the definition for that reason.

With these revisions, two other events should result in an incident report under this category if the individual is not taken to the hospital. These other events are: 1. Non-compliance with medication, which is not currently tracked through a plan, which could result in a potential health concern of a serious and immediate nature and 2. Whenever the Heimlich is performed. If the individual is taken to the hospital as a result of these events, the category would be “Unexpected Hospital Visit.”

These events, along with the ingestion of non-food item should, at a minimum, trigger a call to medical or poison control, or psychiatric personnel to determine how to address the situation.

Category: Suspected Mistreatment – Alleged Victim of Physical Abuse – The use of restraint is not allowed for individuals served through the ABI and MFP waivers. If restraint is used for any individual served through these waivers, other than to protect the individual from imminent, serious physical harm such as preventing the individual from running into traffic, an incident report of “suspected mistreatment” with a secondary category of “alleged victim of physical abuse” needs to be filed. Restraint when meeting previous requirements is still allowed for DDS funded individuals.

#### Questions added to the Incident Classification Screen

1. Did the incident involve the unauthorized use of drugs or alcohol – *This question should be answered “yes” for any unauthorized use of drugs or alcohol. No judgment is needed as to whether this use affected the incident. This will be determined by reviewing the facts of the incident.*
2. Did the incident involve suicidal threat/ideation – *The question should be answered “yes” for any verbalization of threatening suicide or suicidal ideation. No judgment is needed as to how these threats affected the incident. This will be determined by reviewing the facts of the incident.*
3. Did the incident involve non-compliance with a medical directive – *“Medical directive” has a broad definition including the taking of prescription medication at specific times as well as directives from the doctor, such as refusing to check blood sugar levels at specified times during the day. No judgment is needed as to whether this failure to follow*



*a medical directive affected the incident. This will be determined by reviewing the facts of the incident.*

4. Did the incident involve non-compliance with medication – *The answer should be “yes” for any medication non-compliance. Non judgment is needed as to whether this non-compliance affected the incident. This will be determined by reviewing the facts of the incident.*

#### Questions added to the Notification Screen

1. Was the on-call person notified? – *This refers to the on-call person for the agency. For example, this could be a house manager or someone on call for the entire agency.*
2. Name of on-call person notified – *Name of person contacted*
3. Has executive office of elder affairs been notified of this incident? – *Elder affairs is responsible for investigating allegations of abuse for individuals over 59 years of age. DDS requires that DPPC be notified about every concern about abuse of individuals served by DDS. Elder Affairs should also be notified if the individual is over 59 years of age.*

#### Verification of Time and Categorization Screen

All of the questions outlined above are again asked on the verification screen to confirm or edit the answers before final submission.

**These changes go into effect on April 14, 2014.**



## 2. Guidelines for Determining an Incident Category

Events should be reported in HCSIS when they compromise the safety and wellbeing of an individual. When these events occur, certain parties need to be notified for planning and support of the individual. In addition, notified parties must respond in order to protect the individual and minimize risk.

- Correct categorization is essential for planning and response purposes throughout the system. Choose carefully!
- **If an individual goes to the hospital as part of the reportable event, the category must always be “hospital visit”,** unless the appropriate category is “unexpected/suspicious death” or “suicide attempt”. Reporters are required to identify what led to the hospital visit, such as a significant behavioral incident or a transportation accident. It is important to note that if the reason for the hospital visit is an incident category that automatically defaults for a major level of review, the staff member entering the incident into HCSIS will notice that the system will automatically escalate the incident for a major review.
- When determining an incident category, the user should **choose the category that best fits the most serious issue associated with the incident.** For example, if an individual has a “significant behavioral incident” but is also the perpetrator of “other criminal activity,” which involves law enforcement, the category should be “other criminal activity”, since this could have more serious implications for the individual.
- **If there is confusion about what category to use – ask;** e.g. your supervisor, agency staff, agency management
- **When determining if an event rises to the level of a reportable incident, use available decision trees** embedded within definitions for some categories or the separate “significant behavioral incident” decision tree to help determine whether an event needs to be reported through HCSIS incident reporting or not.
- **Reportable events should meet the criteria outlined in the following incident categories:**

## 3. Incident Categories

### 3.1 Unexpected/ Suspicious Death (*MAJOR LEVEL OF REVIEW*)

- Unanticipated due to current health status of individual. Individual has no identified health needs or may have health needs, such as diabetes, that are being managed so death is not anticipated.
- Excludes expected death such as someone in hospice care.

- **Accidental** (*MAJOR LEVEL OF REVIEW*)
  - *Accidental causes such as car accident, choking*
- **Suicide** (*MAJOR LEVEL OF REVIEW*)



- *Death resulting from conscious act to take one's own life.*
- *Putting oneself in harm's way without full intent to die does not constitute suicide.*  
*In reviewing the following examples:*
  - a. *If an individual causes their death by jumping out of a moving van because s/he is mad at other passengers and not because they want to die, the more appropriate secondary category would be "accidental."*
  - b. *If an individual causes their death by jumping out of a moving van because they want to die, "suicide" would be the appropriate secondary category.*
- **Unusual Circumstances (MAJOR LEVEL OF REVIEW)**
  - *Suspicious death such as suspected foul play or accidental drug overdose*
- **Other Unexpected/Sudden Death (MAJOR LEVEL OF REVIEW)**
  - *Any other unexpected/suspicious death that does not fit in one of the identified secondary categories.*

### 3.2 Suicide Attempt (MAJOR LEVEL OF REVIEW)

- *Serious, intentional, voluntary attempt to take one's own life*
- *Intention must be to die by the attempt. Jumping out of a moving car to get away from someone would not be in and of itself be a suicide attempt, whereas jumping out to kill oneself would.*
- *Does not include self-injurious behavior unless intent was to die by the act.*

- **First Known Attempt (MAJOR LEVEL OF REVIEW)**
- **Repeat Attempt (MAJOR LEVEL OF REVIEW)**

### 3.3 Unexpected Hospital Visit (MINOR LEVEL OF REVIEW)

- *Unplanned emergency room visit to acute care hospital for evaluation and treatment of immediate medical or psychiatric concern.*
- *Does not include planned hospitalization or hospital visit that is a scheduled visit, routine care, or medical treatment protocol, such as a protocol for replacing a feeding tube (even though the timing for this visit may not be planned, it is an identified step in an individual's medical treatment for specific situations.)*
- *Does not include urgent care visits. These should be categorized under "medical or psychiatric treatment not requiring a hospital visit."*
- *The category of "hospital visit" must be used whenever any event meets the criteria for a different incident category but also results in the individual being taken to the hospital for evaluation and treatment.*



- EXAMPLE: if an individual meets the criteria for “missing person” but is taken to the hospital when found to ensure there are no injuries, the category would be “unexpected hospital visit” with the reason for the hospital visit being “missing person.”
- The reason for the hospital visit must be completed. If none of the reasons listed fits the reason the individual went to the hospital, use “other.” All other choices must be ruled out before choosing “other.”

- **Medical Hospitalization** (*MINOR LEVEL OF REVIEW*)

- Individual is admitted as an inpatient for medical treatment.
- The precipitating cause will help determine whether the incident needs a minor or major level of review. An incident report can always be escalated by the Area Office.
- Life threatening or serious injuries or illnesses should be escalated for a major level of review.
- Events that involve the police need to be escalated for a major level of review.

- **Psychiatric Hospitalization** (*MINOR LEVEL OF REVIEW*)

- Individual is admitted as inpatient to psychiatric hospital, psychiatric unit or detoxification center.
- The precipitating cause will help determine whether the incident needs a minor or major level of review. An incident report can always be escalated by the Area Office.
- Events that involve the police need to be escalated for a major level of review.

- **E.R. Visit** (*MINOR LEVEL OF REVIEW*)

- Medical assessment and/or treatment is only provided in the emergency room without admission, regardless of the length of stay.
- The precipitating cause will help determine whether the incident needs a minor or major level of review. An incident report can always be escalated by the Area Office.
- Events that involve the police need to be escalated for a major level of review.

- **Emergency Psychiatric Services Evaluation** (*MINOR LEVEL OF REVIEW*)

- Emergency psychiatric drug or alcohol evaluation without admission regardless of length of stay
- The precipitating cause will help determine whether the incident needs a minor or major level of review. An incident report can always be escalated by the Area Office.



- Events that involve the police need to be escalated for a major level of review.

### 3.4 Inappropriate Sexual Behavior

- Any unwanted sexual advance, contact or activity. Examples include: exposing oneself in a sexual way or in public, inappropriate sexual touching and up to and including rape.
- This category also includes credible threats of rape or violent sexual activity towards another person that requires action, such as obtaining a psychiatric evaluation or a decision to provide additional supervision.
- Separate incident reports must be filed when services are provided to both victim and perpetrator.

- **Aggressive Sexual Behavior – Alleged Victim and/or Alleged Perpetrator** (*MAJOR LEVEL OF REVIEW*)

- Separate incident report must be filed for both victim and perpetrator if both receive services.
- Incident report is required for the perpetrator even if there is a behavior plan to address the aggressive sexual behavior.
- If the perpetrator is an individual receiving services and the victim is a member of the larger community the incident must be categorized as “aggressive sexual behavior.”
- If the incident involves a threat to sexually violate or victimize another person such as threatening to rape someone or aggressively force sexual contact. This threat needs to go beyond verbalizing a wish for sexual contact to a threat to do harm so that further action is warranted, such as obtaining a psychiatric evaluation.
- If the incident involves the police, the incident must be categorized as “aggressive sexual behavior.”
- **EXAMPLES** of incidents of aggressive sexual behavior include:
  - i. Events with police involvement
  - ii. Any incident where the staff is the alleged perpetrator, regardless of degree of sexual act
  - iii. Victims or perpetrators are members of the broader community
  - iv. Rape or attempted rape
  - v. Use of physical force over resistance
  - vi. Direct sexual touching inside of clothes of another person’s private areas
  - vii. Sexual touching outside the victim’s clothes with active force over resistance or signs of significant discomfort by the victim.
  - viii. Sexual touching in a public place
  - ix. Threatening to tie up and rape another person



- **Sexual Misbehavior – alleged victim and/or perpetrator (MINOR LEVEL OF REVIEW)**
  - Minor, limited nonconsensual sexual touching by one individual receiving services of another individual receiving services or staff with no force. For example, sexual touching over the victim’s clothes of short duration that is discontinued if there is any resistance or signs of discomfort.
  - An incident report is not required for the alleged perpetrator receiving services if the incident is being addressed and tracked through a behavior plan unless the individual is a registered sex offender.
  - An incident report is always required if the victim is another individual receiving services.

### 3.5 Victim of Physical Altercation (MINOR LEVEL OF REVIEW)

- Category is used only when an individual who is supported by DDS/MRC is the victim of a physical attack.
- Category is used when a physical altercation is perpetrated by one individual against another individual supported by DDS/MRC
- Category does not include a physical altercation perpetrated by someone other than another individual, such as by staff or other community person. Appropriate categories in this situation would be “mistreatment” if the altercation is perpetrated by a caretaker or “other criminal activity” if perpetrated by a community member such as a boyfriend
- Individual is a victim of a physical attack that presents a risk of or results in physical or emotional harm.
- The physical attack is willful, purposeful, and intended to do harm to the victim.
- An attack includes but is not limited to intentional or willful attempts to punch, shove, slap, shake, drag, hit, kick, choke, pinch, or bite another individual.

### 3.6 Significant Behavioral Incident (MINOR LEVEL OF REVIEW)

- This category includes individuals receiving supports who are the perpetrators of physical altercations directed at another person, which could be another individual receiving supports, staff or community person that presents a serious risk of physical harm or results in physical injury
- This category also includes any behavioral episode of an individual that could have purposefully or accidentally resulted in imminent, serious physical harm to him or herself if not for immediate intervention



- This category covers behavioral events that might not result in physical harm but the behaviors create a public scene that would affect the community's view of the individual. Examples include begging for money in a store, yelling at store employees, screaming at staff in a public place, walking into a stranger's home, etc.
- This category covers events with police involvement in any capacity or when the event requires additional staff support to ensure safety that is beyond staff currently supporting the individual. Examples: if staff on duty call for help from another program because they cannot manage the individual's behavior safely without additional help, this should be reported. However, if staff on duty calls the house manager only because the individual has a strong relationship with the manager and can discuss concerns more easily; this would not automatically need to be reported.

- **Involves a physical altercation** – event includes a physical attack on another individual, staff or community person. (*MINOR LEVEL OF REVIEW*)
  - If the victim is another individual receiving supports, a separate incident report of “victim of physical altercation” must be completed.
  - Questions on the incident classification page relating to victims and injuries must be completed.
  - Includes any event involving willful physical contact with a community person such as forcefully shoving a patron in a grocery line.
  - Physical altercation with staff should only be included when there is a purposeful attack and not as a result of staff intervention and/or physical injury to the involved staff.
  - The event includes a physical altercation as a component of a significant behavioral incident.
- **Does not involve a physical altercation** – the event does not include a physical attack on another individual, staff or community person. (*MINOR LEVEL OF REVIEW*)
  - Includes events that put the individual him or herself at risk of serious physical harm.
  - Includes events that occur in public and have the potential to cause a negative public scene.
  - Includes events that require additional staff assistance beyond the regularly scheduled staff to address the incident.
  - Includes events that involve the police in any capacity, such as staff, the individual, or a community member calling the police as well as police who may happen upon the scene of the incident.

### 3.7 Missing Person

- Covers any individual who is missing and considered at risk.
- The key is the person being at risk whatever the amount of time the person is missing.



- **Law Enforcement Contacted (MAJOR LEVEL OF REVIEW)**
- **Law Enforcement Not Contacted (MINOR LEVEL OF REVIEW)**

### **3.8 Medical or Psychiatric Intervention Not Requiring a Hospital Visit (MINOR LEVEL OF REVIEW)**

- Covers emergency medical and/or psychiatric situations
- Covers when there is needed emergency medical treatment beyond first aid but is provided outside of a hospital setting.
- Covers when emergency psychiatric services are provided in a non-hospital setting
- Covers events involving the ingestion of non-edibles but not needing a hospital visit.
- Covers medication refusals not tracked through a plan that could potentially present a potential health concern of a serious and immediate nature to the individual and require medical consultation outside of a hospital setting.
- Covers medical emergencies that are treated in urgent care settings and not emergency rooms.

- **Medical** – Applies when an individual has solely an emergency medical need requiring treatment beyond first aid but is treated outside of an emergency room. (**MINOR LEVEL OF REVIEW**)
  - Medical need such as wound closure by a medical professional or other treatment in a setting such as on-site medical or nursing personnel or health care practitioner's office.
  - Includes evaluation of a possible injury by emergency personnel in response to a 911 call that is deemed not to need a visit to an E.R.
  - Includes events involving ingestion of non-edibles when consultation with medical staff or poison control determines an emergency hospital visit is not needed.
  - Involves medication refusals that pose a potential health concern of a serious and immediate nature.
- **Psychiatric** – Applies when an individual has a psychiatric emergency which may or may not also include a medical need. (**MINOR LEVEL OF REVIEW**)
  - Includes such things as the crisis team consulting over the phone or coming on site to evaluate an individual and determining further treatment is not needed.

### **3.9 Fire (MINOR LEVEL OF REVIEW)**



- Includes any incident involving a fire in an individual's environment that requires active involvement of fire personnel or the use of a fire extinguisher.
- An event is reportable if the smoke detectors go off because of smoke or malfunctioning fire or carbon monoxide detectors and the fire department comes even if there is no fire.
- If there is smoke but it is addressed immediately without needing to use a fire extinguisher and the smoke detectors do not sound, this would not need to be reported.

- **Alleged Started by Individual** (*MINOR LEVEL OF REVIEW*)

- Fire or smoke caused allegedly by individual
- Event could be intentional or accidental, such as while cooking.

- **Not Started by Individual – Fire of Known Origin** (*MINOR LEVEL OF REVIEW*)

- The origin of the fire, smoke or smoke or carbon monoxide detectors sounding is known and was not started by the individual.
- Cause of fire or smoke could be intentionally or accidentally set by someone
- Smoke detectors sounding could be caused by something other than an individual such as a faulty wiring fire

- **Fire of Unknown Origin** (*MINOR LEVEL OF REVIEW*)

- Origin of fire, smoke or smoke or carbon monoxide detectors sounding is not known

### 3.10 Suspected Mistreatment (*MINOR LEVEL OF REVIEW*)

- Includes intentional or negligent action or omission that causes or exposes an individual to a serious risk of physical or emotional harm.
- The action or omission must be committed by an individual or individuals in a caretaker role at the time of the event.
- Actions not committed by a caretaker such as a boyfriend or stranger would fall under another category such as “other criminal activity.”
- Includes the unauthorized use of restraints for individuals receiving ABI/MFP services, unless the restraints are used to protect the individual from imminent, serious harm.

- **Alleged Victim of Psychological Abuse** (*MINOR LEVEL OF REVIEW*)

- Alleged action committed by a caretaker.
- Does not include physical or verbal abuse.



- Includes acts that may inflict serious emotional harm, invoke fear or humiliate or intimate an individual such as hiding something of value from the person
- **Alleged Victim of Verbal Abuse (MINOR LEVEL OF REVIEW)**
  - Alleged action committed by a caretaker.
  - Covers use of words that are demeaning to the individual, such as using profanity or using devaluing labels such as “retard” when talking to the individual.
- **Alleged Victim of Physical Abuse (MINOR LEVEL OF REVIEW)**
  - Alleged action committed by a caretaker
  - Covers physical aggression towards an individual that could or does cause serious physical or emotional harm by virtue of the physical act.
  - Includes the unauthorized use of restraints for individuals receiving ABI/MFP services, unless restraints are used to protect the individual from imminent and serious harm.
  - This secondary category must include actual or potential physical harm.
  - The contact may be intentional such as hitting an individual or accidental such as scalding an individual during a shower.
- **Alleged Omission – Failure to Provide Needed Supports (MINOR LEVEL OF REVIEW)**
  - Alleged omission committed by a caretaker
  - Covers when there is a failure to provide services and supports necessary and/or required by law, regulation or contract, such as getting a defective bed shaker or fire detection system necessary for safe evacuation repaired in a timely manner.
  - Covers not providing needed protection for safety such as an individual being regularly targeted for assault by a housemate.
- **Alleged Omission – Failure to Provide Needed Supervision (MINOR LEVEL OF REVIEW)**
  - Alleged omission committed by a caretaker
  - Covers when there is a failure to provide necessary and/or required supervision, such as leaving an individual who requires ongoing supervision alone in a van.

### 3.11 Property Damage (MINOR LEVEL OF REVIEW)

- |  |
|--|
| ➤ Individual is either the perpetrator or victim of property damage. |
|--|



- Charges are not being filed for the property damage
- Value of the damage exceeds \$200 or has significant intrinsic value to the owner, such as a family heirloom, causing significant distress.
- Destruction needs to be deliberate
- If another individual is the owner of the property that is damaged, there needs to be 2 incident reports – one for the perpetrator and one for the victim.

- **Alleged Victim** (*MINOR LEVEL OF REVIEW*)
- **Alleged Perpetrator** (*MINOR LEVEL OF REVIEW*)

### 3.12 Theft

- Individual is the victim or perpetrator of the unlawful taking of money, other financial assets and/or personal property
- Incident is reported to DPPC and/or law enforcement

- **Alleged Victim** (*MINOR LEVEL OF REVIEW*)
  - Examples include theft of an individual's banking passbook, television or money.
- **Alleged Perpetrator** (*MAJOR LEVEL OF REVIEW*)
  - Examples include an individual being arrested for shoplifting.

### 3.13 Other Criminal Activity (*MAJOR LEVEL OF REVIEW*)

- Any criminal activity reported to law enforcement and is not covered under the incident category of "theft."

- **Alleged Victim** (*MAJOR LEVEL OF REVIEW*)
  - Individual receiving supports is the victim of the criminal activity.
  - Examples include an individual being harassed, threatened and/or physical assaulted by someone other than a caregiver.
- **Alleged Perpetrator** (*MAJOR LEVEL OF REVIEW*)
  - Individual receiving supports is the perpetrator of the criminal activity
  - Examples include an individual that is arrested for drug possession, stalking or property destruction.



### 3.14 Transportation Accident (*MINOR LEVE OF REVIEW*)

- Categories covers traffic accidents involving individuals receiving supports when the police are involved.
- Category does not cover minor fender benders with no police involvement
- Incident could be a site based incident when the incident affects all individuals involved the same, such as an accident when the police are called and the effect on all involved individuals is the same.

- **Pedestrian** (*MINOR LEVEL OF REVIEW*)

- Individual receiving supports is a pedestrian involved in a traffic accident.
- Examples include an individual being slightly touched by a car while crossing the street but does not require medical assistance.

- **Motor Vehicle Accident** (*MINOR LEVEL OF REVIEW*)

- Individual(s) is a passenger at the time of an accident.
- Examples include the van being struck while waiting to enter traffic. Individual is not hurt but the police are called.

- **Other** (*MINOR LEVEL OF REVIEW*)

- Individual is involved in an accident other than being a pedestrian or being involved in a motor vehicle accident.
- Examples include an accident not requiring a hospital visit while an individual is riding a bicycle or being a passenger on a boat and the police are involved.

### 3.15 Emergency Relocation (*MINOR LEVEL OF REVIEW*)

- Individual(s) need to be relocated on an emergency basis for more than 24 hours.
- Relocation can be for any emergency such as fire, weather conditions, local disaster
- Incident could be a site based incident when the incident affects all individuals involved the same, such as an accident when the police are called and the effect on all involved individuals is the same

### 3.16 Unplanned Transportation Restraint (*MINOR LEVEL OF REVIEW*)



- Individual requires the use of physical holding or a mechanical device to keep him or her safe during transportation that has not been planned for the individual's ISP
- A restraint form is not required in these circumstances but an incident report is required if the intervention is not written into an individual's ISP.
- Examples include a staff needing to hold down an individual to fasten his or her seatbelt so s/he does not grab the steering wheel.

### 3.17 Other (*MINOR LEVEL OF REVIEW*)

- Category is for incidents that do not easily fit into one of the other incident types
- This incident category should be **rarely used**
- Event needs to fit other requirements for reporting in HCSIS that include:
  - \*Identify an event that puts an individual at risk
  - \*Key people involved in planning & support need timely notification
  - \*Response needed for protection and to minimize risk
- Events that do not rise to the level of an incident should be documented by different means such as through individual notes

## 4. Appendix

### 4.1 Incident Classification Chart

\*Incidents in bold require a **major** level of review.



<b>Incident Classifications</b>	
<b>DDS Incident Classification</b>	
<b>Primary Category</b>	<b>Secondary Category</b>
<b>Unexpected/Suspicious Death</b>	<b>Accident</b>
	<b>Suicide</b>
	<b>Unusual Circumstances</b>
	<b>Other Unexpected/Sudden Death</b>
<b>Suicide Attempt</b>	<b>First Known Attempt</b>
	<b>Repeat Attempt</b>
<b>Unexpected Hospital Visit</b>	Medical Hospitalization
	Psychiatric Hospitalization
	E.R. Visit
	Emergency Psychiatric Services Evaluation
<b>Inappropriate Sexual Behavior</b>	<b>Aggressive Sexual Behavior - Alleged Victim</b>
	<b>Aggressive Sexual Behavior - Alleged Perpetrator</b>
	Sexual Misbehavior – Alleged Victim
	Sexual Misbehavior – Alleged Perpetrator
<b>Missing Person</b>	<b>Law Enforcement Contacted</b>
	Law Enforcement Not Contacted
<b>Medical or Psychiatric Intervention Not Requiring Hospital Visit</b>	Medical
	Psychiatric
<b>Fire</b>	Fire – Source Unknown
	Known Origin - Allegedly started by Individual
	Known Origin - Not started by Individual
<b>Suspected Mistreatment</b>	Alleged Victim of Psychological Abuse
	Alleged Victim of Verbal Abuse
	Alleged Victim of Physical Abuse
	Alleged Omission – Failure to Provide Needed Supports
	Alleged Omission – Failure to Provide Needed Supervision
<b>Victim of Physical Altercation</b>	None
<b>Property Damage</b>	Alleged Victim
	Alleged Perpetrator
<b>Theft</b>	Alleged Victim
	<b>Alleged Perpetrator</b>
<b>Other Criminal Activity</b>	<b>Alleged Victim</b>
	<b>Alleged Perpetrator</b>
<b>Transportation Accident</b>	Motor Vehicle Accident
	Pedestrian
	Other
<b>Emergency Relocation</b>	None
<b>Unplanned Transportation Restraint</b>	None
<b>Significant Behavioral Incident</b>	Involving a Physical Altercation
	Not Involving a Physical Altercation
<b>Other</b>	Other