

DEPARTMENT OF HUMAN SERVICES

**DATE ORIGINALLY ISSUED:** April 28, 1997

**LATEST REVISION:** August 18, 2004

**DATE PROMULGATED:**

**EFFECTIVE DATE:** October 1, 2004

**SUBJECT:** Unusual Incident Reporting and Management System (UIRMS)

**I. PREAMBLE**

This Administrative Order establishes policy for the reporting of unusual incidents affecting the health, safety and welfare of the Department's service recipients. Standard expectations and procedures for the reporting of unusual incidents are established by this policy in order to promote and improve confidence, reliability, and program integrity throughout the Department's various service entities and programs. This policy is designed to:

1. Standardize the identification of reportable incidents.
2. Ensure the immediate and appropriate response to reported incidents.
3. Provide accurate and timely alert to Executive Management Staff.
4. Ensure timely and appropriate investigative activities.
5. Facilitate the analysis of trends and the identification of factors associated with the occurrence of unusual incidents.
6. Enable the integration of intradepartmental service delivery.
7. Promote the collaboration of effective and efficient management of services.

**II. PURPOSE**

The purpose of this Administrative Order is to establish policy and procedures for the reporting of incidents to the Department of Human Services utilizing the Unusual Incident Reporting & Management System (UIRMS).

This policy has been designed to alert Executive Management staff of unusual incidents. In addition, this policy will facilitate the tracking of said incidents which promote monitoring and trend analysis with the goal of improving service delivery.

This order establishes a Department-wide policy and supercedes **all** previous Division-specific protocols currently in place. A Division **may** have Division-specific procedures regarding the necessary action to be taken in response to unusual incidents. However, all Division-specific procedures related to the subject of this Administrative Order **must be reviewed and approved** by the Department, which includes, but is not limited to, the Office of Program Integrity and Accountability (OPIA), before implementation.

### III. **AUTHORITY**

There are various statutory authorities governing the reporting of incidents and investigations related to service recipient care in DHS operated facilities. The most commonly referenced are:

N.J.S.A. 30:1-12.1  
N.J.S.A. 30:4-160  
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

### IV. **SCOPE**

This administrative order applies to each facility/institution/school/program operated by a respective Division, Office, or Commission of the Department of Human Services as listed in **Attachment A**.

An addendum to this order will be developed to address the reporting and investigation of incidents occurring in foster homes, community programs/services licensed and/or contracted by the Department of Human Services (DHS), Division of Developmental Disabilities (DDD), Division of Mental Health Services (DMHS), Division of Youth and Family Services (DYFS), Division of Deaf and Hard of Hearing (DDHH), Division of Disability Services (DDS), Office of Education (OOE), the Commission for the Blind and Visually Impaired (CBVI), Child Behavioral Health (CBH), the Institutional Abuse Investigation Unit (IAIU), and other select incidents occurring in the community setting.

### V. **DEFINITIONS (See Attachment B).**

### VI. **POLICY**

#### A. Determining the Correct Reporting Category (**See Attachments B and C.**)

1. Incidents should be reported as quickly as safety allows and even during the event, in some cases. In all scenarios, incidents must be reported, at minimum, within the timeframes established in Section VII, Procedures, of this order.
2. Sufficient information must be gathered to complete the mandatory required fields of the initial incident report. However, if all information is not available, reporting of the incident should not be delayed. The missing information should be submitted as soon as possible in a follow-up report.
3. Each incident reported must be categorized as an A+, A, B or C level as defined in Section VII, Procedures. If any incident falls into more than one category with different reporting levels, it shall be assigned the higher reporting level. If further investigation discloses the need for an upgrade or downgrade, a follow-up report should be submitted as appropriate.

## B. Investigations

Internal investigation protocols currently utilized shall remain in effect until the development of Department-wide standards. The Department-wide investigative standards will supercede any current Division or facility protocols.

## C. Maintaining Records

1. The Department will create and maintain a computerized database of all UIR's. This database will encompass the reporting entities listed in Attachment A and other offices, units, or agencies as determined by the Commissioner of DHS. A Division may opt to store C level incidents in a separate standardized computerized Department-approved database. [See also Section VII, D-2].
2. Complete access privileges to all such UIR data will be provided to appropriate staff in accordance with federal, state, and department confidentiality regulations.
3. Each Division and its components will have specific access rights to such data. The Department will review all initial requests for access rights and conduct periodic reviews of assigned access rights to ensure that staff has access appropriate to their job assignment and duties.
4. The database will enable Department, Division/Office, and facility staff to conduct trend analysis and identify factors, personnel, and service recipients associated with each incident or cohort of incidents.

## D. Confidentiality of Reports

1. Each incident report will be maintained in accordance with the State Record Retention Schedules along with the state and federal confidentiality laws, including but not limited to, HIPAA (Health Information Portability and Accountability Act) regulations. All records, reports, or other information, whether written or verbal, that directly or indirectly identify a current or former DHS service recipient, shall be kept confidential.
2. Electronic files shall be protected in the maintenance of the database, electronic transmission of data, and data storage in accordance with federal, state, and department confidentiality regulations. The facility or division security officer shall approve all safeguards.
3. Staff who fail to maintain the confidentiality of such records in accordance with this policy, or with state and federal laws, may be subject to monetary penalties and/or corrective/disciplinary action in accordance with **DHS Administrative Order 4:08**. Any breach of confidentiality shall be reported to the facility or division Privacy Officer.

## E. Exceptions and Exemptions

The Department recognizes that extraordinary circumstances may occur from time to time that may make compliance with this policy impractical. All requests for exceptions or

exemptions to this policy must be submitted, in writing, to the Department through the Division Director, Deputy Commissioner, or the Chief of Staff.

F. Regulatory Compliance

1. The Department will provide oversight to ensure compliance with regulations of the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) regarding reporting of sentinel or other critical events and the tracking of federally designated incidents.
2. This policy requires compliance with existing federal laws and regulations and state statutes mandating the reporting of unusual incidents to other units or agencies, (i.e., Human Services Police, Division of Youth and Family Services, New Jersey Protection and Advocacy, Department of Environmental Protection, Department of Health & Senior Services, Adult Protective Services, Office of the Ombudsman for the Institutionalized Elderly, and U.S. Department of Health & Human Services).

VII. PROCEDURES

A. General Information

1. Each entity covered by the scope of this Administrative Order shall report all categories of incidents in compliance with the reporting categories and time frames prescribed below.
2. Per Administrative Order 1:50, Centralized Police Operations, it is the responsibility of the Chief Executive Officer or other persons in charge at each 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 Attachment C for categories that must be reported to Human Services Police).**
3. Each reporting entity shall enter required information about unusual incidents into the Department approved database that shall be accessible to authorized Department and Division staff.
4. Unusual incidents have been organized into four reporting levels: A+, A, B, and C. There have been significant modifications to this section to upgrade the level of certain categories of incidents and to add new reporting categories. A+, A, B, and C incidents are delineated in the Incident Category List **(Attachment C)**.
5. The database will also automatically send an e-mail alert to designated persons throughout the Department and its Divisions, notifying them that a new A+, A, or B incident report is available for viewing and printing. Department staff will be able to program the database to alert them of the arrival of all or selected levels/types of incident reports. The e-mail alerts can be periodically revised at the recipient's option. This alert system will replace the previous method of manually distributing A+ or other significant incident reports to Department staff. The database is capable of providing printable individual incident reports for staff requiring hard copy versions.

6. In the event that the Department's database is inaccessible within the reporting time frames specified for the written notification of unusual incidents, the reporting entity shall notify Division and Department staff of the problem by telephone. Department and Division management will designate staff to be alerted to technical problems with the database. The incident report should then be emailed or faxed to the appropriate reporting sites for each Division.

- a. Required reporting time frames remain in effect when the database is unavailable.
- b. Emailed or faxed Unusual Incident Reports must be submitted on the Department's UIR form.
- c. The reporting entity shall ensure that all A+, A, and B level incidents are entered in to the Department's database as soon as it becomes available to the reporting entity.

**B. Initial Reporting**

Refer to the **Requirements Document** for technical assistance on the completion of incident reports in UIRMS.

1. Telephone Notification - Immediate

- a. A+ and A level incidents.
  - i. Each entity covered by the scope of this Administrative Order shall designate a person responsible for **immediately** notifying its respective division administrative personnel by telephone of each A+ and A incidents.
  - ii. Each Division shall designate personnel to receive telephone notification of all A+ and A incident.
  - iii. Immediately upon notification that an A+ incident has occurred, the Division Director or designee shall notify the appropriate Deputy Commissioner, Office of Public Information (OPI) personnel, and appropriate Department personnel or their designees by telephone, day or night, of the incident. Electronic mail or other alternate methods of notification may be utilized only with the approval of the management from each office to be notified.
- b. Category B  

Telephone notification of B level incidents is not required.

## 2. Written Notification

### a. A+ Level Incidents.

Information regarding A+ level incidents occurring during normal working hours shall be entered into the Department's database **immediately** after obtaining the required details necessary to complete the initial incident report. Submission of an A+ level incident should not be delayed if information is unknown. Missing information should be submitted as soon as possible via a follow-up report.

A+ incidents occurring after normal work hours must be entered into the Department's database as soon as possible on the next working day. Following weekends and holidays the submission of A+ level reports must be made a priority.

### b. A Level Incidents.

Information regarding an A level incident occurring during normal working hours shall be entered into the Department's database by the end of that work day. Submission of an A level incident should not be delayed if information is unknown. Missing information should be submitted as soon as possible in a follow-up report.

Each A level incident occurring after normal work hours must be entered into the Department's database as soon as possible on the next working day.

### c. B Level Incidents.

Information regarding B level incidents must be entered into the Department's database by the end of the workday following the notification of the reporting entity responsible for UIR submission.

**Any delay in the reporting of any incident, regardless of the reporting level, must be explained in the initial incident report.**

## C. Follow-up Reporting

1. Follow-up reports shall be entered into the Department's database within the required time frames specified below. The database is designed so that follow-up reports will be a continuation of the initial incident record which will also include the description of the original incident and a reference number.

2. Follow-up reports shall be entered into the database for A+, A, and B category incidents as soon as any of the following occurs:

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

- c. The incident is considered closed.
- d. If none of the above has occurred by the conclusion of the **30<sup>th</sup> calendar day** after the report of the initial incident, a follow-up report must be submitted to document the reason(s) for the delay.
- e. Follow-up reporting shall continue at **45 calendar day** intervals until the incident is closed.

**D. C Level Incidents.**

1. C level incidents are classified as occurrences that indicate possible problems in the care of service recipients or incidents with the potential to expose service recipients to possible harm or injury, but are not considered an emergency. It is expected that such incidents will be tracked and analyzed for trends by all state-operated facilities. Corrective action shall be taken in response to such incidents and subsequent trend analysis, to preserve the health, safety, and welfare of service recipients.

2. A Division, Office, Commission, or Unit may opt to enter reportable C level incidents in UIRMS or in a standardized computerized Department-approved database maintained and operated by the sub-division's IT staff. If a Division opts not to enter reportable C level incidents in UIRMS, the Division is responsible for creating and implementing a standardized database that encompasses all facilities in the Division. Any future requirement to upload or convert data not maintained in UIRMS shall be the responsibility of local IT staff.

3. Comprehensive reports regarding total number of C level incidents and trends associated with those incidents must be submitted to the Department in a prescribed format on a quarterly basis, 45 days following the end of the previous quarter. The Incident Category List defines the mandatory reporting categories of C level incidents.

**E. Closing Criteria**

The closing of incidents requires that facilities complete the following steps:

- 1. Complete a thorough investigation and/or evaluation of the incident by an objective party in accordance with applicable statutory, regulatory, and/or policy-related timeframes.
- 2. Arrive at an objective conclusion based upon the corroboration of evidence and facts.
- 3. Make recommendation(s) that delineate the scope of required corrective plans and designates targeted timeframes for implementation to prevent recurrences of the incident.

4. Present all relevant facts, conclusions, and recommendations regarding the incident to the facility administration, Division, and Department management.
5. **All incidents, including C level (if entered in UIRMS), must have one of the following findings, substantiated, unsubstantiated, or unfounded in order to be closed in UIRMS.**
6. The definitions of the findings are as follows:

**Substantiated:** There is a preponderance of credible evidence that an allegation or a situation is true and/or occurred.

**Unsubstantiated:** There is less than a preponderance of credible evidence, facts, or information to support the allegation or situation is true and/or occurred.  
**NOTE: Will not be required by DYFS, CBH, and IAIU upon implementation of the Child Welfare Reform Plan case practice change to two-finding system.**

**Unfounded:** There is no credible evidence, information or facts to support the allegation or situation is true and/or occurred.

Each Division may have specific closing criteria relating to the federal, state, or reviewing agency (JCAHO, CMS) guidelines. Any incident, once closed, may be re-opened by the facility administration, Division, or Department Management following its review. Department Management shall exercise final discretion when the need for additional review is disputed. When a case is re-opened for further investigation or evaluation, subsequent recommendations may be needed to address the issues reviewed.

#### **F. Monitoring and Compliance**

All facility, Division, or Department personnel subject to this Order are responsible for understanding and complying with its tenets. Facility, Division, and Department administrators and supervisors are responsible for identifying deficiencies in the Unusual Incident Reporting system and implementing appropriate remedial action. The Department shall monitor compliance with this Order through regular audits and on-site visits to facilities, Divisions, and Department offices.

---

JAMES M. DAVY  
COMMISSIONER



**ATTACHMENT A**

**Department operated institutions, residential facilities, regional day schools and divisions required to report unusual incidents.**

Division of Developmental Disabilities, including, but not limited to,  
Greenbrook Regional Center  
Hunterdon Developmental Center  
New Lisbon Developmental Center  
North Jersey Developmental Center  
Vineland Developmental Center  
Woodbine Developmental Center  
Woodbridge Developmental Center

Division of Mental Health Services, including, but not limited to:  
Ancora Psychiatric Hospital  
Ann Klein Forensic Psychiatric Hospital  
Arthur Brisbane Child Treatment Center  
Greystone Park Psychiatric Hospital  
Hagedorn Gero-Psychiatric Center  
Trenton Psychiatric Hospital

Division of Youth and Family Services, including, but not limited to:  
Ewing Residential Center  
Vineland Residential Center  
Woodbridge Diagnostic Center

Commission for the Blind and Visually Impaired including, but not limited to:  
Camp Marcella  
Joseph E. Kohn Rehabilitation Center

Division of Deaf and Hard of Hearing

Division of Disability Services

Division of Child Behavioral Health

Office of Education, Regional Day Schools, including, but not limited to:  
Atlantic Campus      Essex Campus      Morris Campus      Wanaque Campus  
Bergen Campus      Gloucester Campus      Ocean Campus  
Burlington Campus      Hudson Campus      Passaic Campus  
Cape May Campus      Mercer Campus      Somerset Campus  
Cherry Hill Campus      Middlesex Campus      Union Campus  
Cumberland Campus      Monmouth Campus      Warren Campus

Department of Human Services Central Office including, but not limited to:  
Office of Program Integrity & Accountability  
Institutional Abuse Investigation Unit

## ATTACHMENT B

**The following terms, when used in this order, shall have the meanings as indicated below.**

The definitions of **abuse and neglect** will be divided into two sections. Section A applies to DDD, DMHS, DDHH, DDS, OOE, CBVI, and DYFS service recipients ages 18 to 21 years. Section B applies to DYFS recipients under age 18, CBH, and IAIU only with definitions as codified in N.J. Statutes, Title 9:6-8.21.

**The remaining definitions apply to all reporting entities.**

### **ABUSE/NEGLECT DEFINITIONS**

**Section A:** All reporting entities except DYFS service recipients under age 18, CBH and IAIU.

#### **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 B: DYFS, CBH 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 many continue to result in harm to the child's physical, emotional, or mental well-being by other than accidental means.

**OTHER DEFINITIONS** (Applicable to all entities covered by the scope of this Administrative Order).

**Assault**

**A. 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.

**B. 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.

**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 C 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.

**Expected:** death of a service recipient with a **recent** (six months or less) medical prognosis of probable or imminent expiration. [See Attachment C 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 Walkaway definition. Incident reports are required for all occurrences regardless of when an SR is located.** [See Attachment C 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:

**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.

**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.

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.

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 C 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:

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.

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

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.)

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.]**

- A. State Property: Examples include, but are not limited to, equipment (vehicle, laptop computer, tools,) or property (structural or land).
- B. 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.
- C. 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.]**

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).

Environmental refers to incidents involving spills or illegal dumping of toxic substances on state property or other incidents impacting on air or water quality.

#### Fire

- A. 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.
- B. Moderate event refers to incidents requiring outside assistance to extinguish or contain.
- C. Minor event refers to incidents that were extinguished or contained utilizing facility staff. **[See Attachment C for reporting levels.]**

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.

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.

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.

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 C for reporting levels.]**

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.

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: 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: 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) or an adult (18 years and older) who resides in a state operated facility/institution or attends a state operated special needs educational program (OOE). 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 C 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.

**Walkaway (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 (d) may be at-risk due to extreme environmental conditions. Examples: a service recipient who requires insulin or a service recipient over 60 years of age diagnosed with Alzheimer's, who left the facility during a snowstorm. **Incident reports are required for all occurrences regardless of when an SR is located. [For service recipients with legal status, see Elopement.]**

**ATTACHMENT C**

**UNUSUAL INCIDENT REPORTING & MANAGEMENT SYSTEM**  
**INCIDENT CATEGORY LIST**