

	STARBRIDGE POLICIES & PROCEDURES MANUAL
SECTION:	Reporting of Part 624 – Reportable Incident / Notable Occurrence (Incident Management)
SITE(S) / PROGRAM(S):	All Sites/Programs Certified or Funded by OPWDD
President/CEO Approval:	Date Approved: 05/27/2026
Board of Directors Approval: (Meeting Minutes)	Date Approved: 05/27/2026
Date(s) Reviewed and/or Revised: 05/22/2024, 05/15/2025, 05/19/2026	

Starbridge’s incident reporting policy and procedures apply to programs that are certified, sponsored, or funded by the Office of People with Developmental Disabilities (OPWDD); Residential Certified IRA Services, Home and Community Based Settings (HCBS) Waiver Services (Community Habilitation, Community Pre-Vocational services, Supported Employment, and FI). The requirement of Part 624 applies to events and situations that are under the auspices of Starbridge.

The purpose of reporting, investigating, reviewing, correcting, and/or monitoring certain events or situations are to enhance the quality of care provided to persons with developmental disabilities to protect them (to the extent possible) from harm, and to ensure that each individual supported is free from abuse and neglect.

BACKGROUND AND INTENT:

1. The reporting of certain events is to enable Starbridge’s governing body, executives, administrators, supervisors and staff to become aware of problems, to take corrective measures, and to minimize the potential for recurrence of the same or similar events. The prompt reporting of reportable incidents/notable occurrences can ensure that immediate steps are taken to protect Individuals supported from being exposed to the same or similar risk.
2. With regard to all reportable incidents/notable occurrences, a person’s safety must always be the primary concern of the President/CEO and all agency staff. Starbridge staff shall take whatever measures appear to be reasonable and prudent to ensure the protection of the person from further harm, injury, or abuse and to provide prompt treatment or care. When appropriate, an employee, intern, volunteer, consultant, or contractor alleged to have abused a person shall be removed from immediate proximity to, or responsibility for, the person.
3. The reporting of certain events in an orderly and uniform manner facilitates identification of trends, whether within a service or class of service, by one (1) or more agencies, or on a statewide basis, which ultimately allows for the development and implementation of preventive strategies.
4. Starbridge’s incident reporting policies and procedures, whether newly developed or

representing change from previously approved policies, shall be subject to approval by the agency's governing body and shall be compliant with 14 NYCRR. The governing body shall ensure the effectiveness of identification, recording, investigation, review, and corrective actions with regard to reportable incidents/notable occurrences.

5. Services which are certified by OPWDD are required to comply with relevant provisions of Article 20 of the Executive Law (Protection of People with Special Needs) and Article 11 of the Social Services Law (Protection of People with Special Needs), and implementing regulations promulgated by the Justice Center for the Protection of People with Special Needs (Justice Center).

6. Starbridge continually strives to educate individuals supported, legal guardians, family members, correspondents, advocates, board members, employees, interns, volunteers, and consultants who have regular and direct contact working with supported individuals. Education in incident management increases knowledge and our mission to provide quality services that promote positive relationships to the individuals supported and that are free from abuse and neglect. Training will be specific to their affiliation with Starbridge. (See Incident Management – Training Policy and Procedure)

GENERAL POLICIES:

1. For the purposes of these Incident Reporting Policy and Procedures, service(s) means any residences, programs, or services certified, authorized, or funded through contract by OPWDD in which either residential or non-residential services are provided to individuals supported.

2. The judgment of the Program Director, Chief Program Officer, and Quality Improvement Director will prevail in establishing the difference between a reportable incident or notable occurrence. If the classification is questioned, the judgment of the President/CEO with consultation from the Program Director as necessary will be documented and prevail.

3. All documents shall protect the privacy of individuals supported, anyone else involved, or others whose names may appear in the incident report. (Also see Incident Management – 147 Investigative Reports Policy and Procedure)

4. When an event or situation occurs that is a reportable incident/notable occurrence and when such event occurs while a person is directly under the auspices of the agency, Starbridge is responsible to ensure safety, investigate, review, correct, and monitor the situation.

5. Appropriate notifications will occur for reportable incidents/notable occurrences. The classification and location of the event or situation will dictate notifications to the Justice Center, OPWDD Incident Management Unit, Mental Hygiene Legal Services, Law Enforcement, New York State Child Abuse and Maltreatment Reporting Center, etc. (See Notification Summary)

6. When a reportable incident/notable occurrence is alleged by Starbridge to have occurred while an individual supported was under the supervision of another agency's facility:

a) If the situation falls within the category of a reportable incident in a certified setting the mandated reporter will notify the Justice Center.

b) Starbridge (discovering agency) shall make a written record of the report by completing an Irregular Situation form. (See Incident Management – Irregular Situations Policy and Procedure)

REPORTABLE INCIDENTS DEFINED

Reportable incidents are events or situations that meet the definitions and occur under the auspices of Starbridge. This includes Allegations of Abuse/Neglect and Significant Incidents.

Allegations of Abuse/Neglect

(1) ***Physical Abuse*** shall mean conduct by a custodian intentionally or recklessly causing, by physical contact, physical injury or serious or protracted impairment of the physical, mental, or emotional condition of the individual receiving services, or causing the likelihood of such injury or impairment. Such conduct may include, but shall not be limited to: slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting, or the use of corporal punishment. Physical abuse does not include reasonable emergency interventions necessary to protect the safety of any party.

(2) ***Sexual Abuse*** shall mean:

- Any conduct by a custodian that subjects a person receiving services to any offense defined in article 130 or section 255.25, 255.26, or 255.27 of the penal law, or any conduct or communication by such custodian that allows, permits, uses, or encourages a person receiving services to engage in any act described in articles 230 or 263 of the penal law; and/or
- Any sexual contact between an individual receiving services and a custodian of the program or facility which provides services to that individual whether or not the sexual contact would constitute a crime (see especially section 130.05(i) of the penal law). However, if the individual receiving services is married to the custodian the sexual contact shall not be considered sexual abuse. Further, for purposes of this subparagraph only, a person with a developmental disability who is or was receiving services and is also an employee or volunteer of an agency shall not be considered a custodian if he or she has sexual contact with another individual receiving services who is a consenting adult who has consented to such contact.

(3) ***Psychological Abuse*** shall mean any verbal or nonverbal conduct that may cause significant emotional distress to an individual receiving services.

- Examples include, but are not limited to, taunts, derogatory comments or ridicule, intimidation, threats, or the display of a weapon or other object that could reasonably be perceived by an individual receiving services as a means for infliction of pain or injury, in a manner that constitutes a threat of physical pain or injury.
- In order for a case of psychological abuse to be substantiated after it has been reported, the conduct must be shown to intentionally or recklessly cause, or be likely to cause, a substantial diminution of the emotional, social, or behavioral development or condition of the individual receiving services. Evidence of such an effect must be supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker, or licensed mental health counselor.

(4) ***Deliberate Inappropriate Use of Restraints*** shall mean the use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is deliberately inconsistent with an individual's plan of services (e.g. Life Plan or Staff Action Plan), or behavior support plan, generally accepted treatment practices, and/or applicable federal or state laws, regulations, or policies, except when the restraint is used as a reasonable emergency intervention to prevent imminent risk of harm to a person receiving services or to any

other party. For purposes of this paragraph, a restraint shall include the use of any manual, pharmacological, or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs, or body.

(5) ***Use of Aversive Conditioning*** shall mean the application of a physical stimulus that is intended to induce pain or discomfort in order to modify or change the behavior of a person receiving services. Aversive conditioning may include, but is not limited to, the use of physical stimuli such as noxious odors, noxious tastes, blindfolds, and the withholding of meals and the provision of substitute foods in an unpalatable form. The use of aversive conditioning is prohibited by OPWDD.

(6) ***Obstruction of Reports of Reportable Incidents*** shall mean conduct by a custodian that impedes the discovery, reporting, or investigation of the treatment of a service recipient by falsifying records related to the safety, treatment, or supervision of an individual receiving services; actively persuading a custodian or other mandated reporter (as defined in section 488 of the Social Services Law) from making a report of a reportable incident to the statewide vulnerable persons' central register (VPCR) or OPWDD with the intent to suppress the reporting of the investigation of such incident; intentionally making a false statement, or intentionally withholding material information during an investigation into such a report; intentional failure of a supervisor or manager to act upon such a report in accordance with OPWDD regulations, policies, or procedures; or, for a custodian, failing to report a reportable incident upon discovery.

Note: Reports of Obstruction of reports of reportable incidents that are reported to the Justice Center and/or OPWDD are not subject to additional notification requirements.

(7) ***Unlawful Use or Administration of a Controlled Substance*** shall mean any administration by a custodian to a service recipient of a controlled substance as defined by article 33 of the public health law, without a prescription, or other medication not approved for any use by the federal food and drug administration. It also shall include a custodian unlawfully using or distributing a controlled substance as defined by article 33 of the public health law, at the workplace or while on duty.

(8) ***Neglect*** shall mean any action, inaction, or lack of attention that breaches a custodian's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental, or emotional condition of a service recipient. Neglect shall include, but is not limited to:

- Failure to provide proper supervision, including a lack of proper supervision that results in conduct between persons receiving services that would constitute abuse as described in paragraphs (1) through (7) of this subdivision if committed by a custodian;
- Failure to provide adequate food, clothing, shelter, or medical, dental, optometric, or surgical care, consistent with Parts 633, 635, and 686, of this Title, and provided that the agency has reasonable access to the provision of such services and that necessary consents to any such medical, dental, optometric, or surgical treatment have been sought and obtained from the appropriate parties; or
- Failure to provide access to educational instruction, by a custodian with a duty to ensure that an individual receives access to such instruction in accordance with the provisions of part one of article 65 of the education law and/or the individual's individualized education program.

Significant Incidents

Significant incident shall mean an incident, other than an incident of abuse or neglect, that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety, or welfare of a person receiving services, and shall include but shall not be limited to:

(1) **Conduct Between Persons Receiving Services** that would constitute abuse as described in paragraphs (1) through (7) above if committed by a custodian, except sexual activity involving adults who are capable of consenting and consent to the activity.

(2) **Conduct on the Part of a Custodian, that is Inconsistent with the Individual's Plan of Services**, generally accepted treatment practices, and/or applicable federal or state laws, regulations or policies, and which impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services, including but not limited to:

- **Seclusion**, which shall mean the placement of an individual receiving services in a room or area from which he or she cannot, or perceives that he or she cannot, leave at will (except when such placement is specifically permitted by section 633.16 – Exclusionary Time Out). The use of seclusion is prohibited.
- **Unauthorized Use of Time-Out**, which shall mean the use of a procedure in which a person receiving services is removed from regular programming and isolated in a room or area for the convenience of a custodian, for disciplinary purposes, or as a substitute for programming. Unauthorized use of time out also includes any use of time out that is inconsistent with an individual's plan of services.
- **Medication Error with Adverse Effect**, which shall mean the administration of a prescribed or over-the-counter medication that is inconsistent with a prescription or order issued for a service recipient by a licensed qualified health care practitioner, and which has an adverse effect on an individual receiving services. For purposes of this clause, "adverse effect" shall mean the unanticipated and undesirable side effect from the administration of a particular medication which unfavorably affects the wellbeing of a person receiving services.
- **Inappropriate Use of Restraints**, which shall mean the use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is inconsistent with an individual's plan of services (including a behavior support plan), generally accepted treatment practices, and/or applicable federal or state laws, regulations, or policies. For purposes of this subdivision, "restraint" shall include the use of any manual, pharmacological, or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs, or body.
- **Mistreatment**, which shall mean other conduct on the part of a custodian, inconsistent with the individual's plan of services, generally accepted treatment practices, and/or applicable federal or state laws, regulations, or policies, and that impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services, except as described in any other provision of this subdivision.

(3) **Missing Person at Risk for Injury**, which shall mean the unexpected absence of an individual receiving services that based on the person's history and current condition exposes him or her to risk of injury.

(4) ***Unauthorized Absence***, which shall mean the unexpected absence of a person after formal search procedures have been initiated by the agency. Reasoned judgments, taking into consideration the person's habits, deficits, capabilities, health problems, etc; determine when formal search procedures need to be implemented. It is required that formal search procedures must be initiated immediately upon discovery of an absence involving a person whose absence constitutes a recognized potential danger to the wellbeing of others. If the individual is a risk to him/herself then the incident is always reported as Missing Person at Risk for Injury as defined above.

(5) ***Choking, with Known Risk***, which shall mean the partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive addressing that risk.

(6) ***Choking, with No Known Risk***, which shall mean the partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, other than a choking with known risk incident involving an individual with a known risk for choking and a written directive addressing that risk.

(7) ***Self-Abusive Behavior with Injury***, which shall mean a self-inflicted injury to an individual receiving services that requires medical care beyond first aid. (The definition for more than first aid is as follows: a situation in which a person who, by virtue of his or her condition as a result of an injury, must see a physician, dentist, physician's assistant, or nurse practitioner to have the condition controlled and/or attended to with more than first aid procedures.)

(8) ***Injury with Hospital Admission***, which shall mean an injury that results in the admission of a service recipient to a hospital for treatment or observation (unless the situation meets the definition of Self-Abusive Behavior with Injury as defined above and then it shall be filed as such).

(9) ***Theft and Financial Exploitation***, which shall mean any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving a value of more than \$100.00; theft involving a service recipient's credit, debit, or public benefit card (regardless of the amount involved); or a pattern of theft or financial exploitation involving the property of one or more individuals receiving services.

(10) ***Other Significant Incident***, which shall mean an incident that occurs under the auspices of an agency, but that does not involve conduct on the part of a custodian, and does not meet the definition of any other incident described in this subdivision, but that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety, or welfare of a person receiving services.

Notable Occurrences

Notable occurrences are events or situations that meet the definitions of this section and occur under the auspices of an agency. Notable occurrences shall not include events and situations which meet the definition of a reportable incident even if the event or situation otherwise meets the definitions of one of the categories of this section. An exception is that deaths that also meet the definition of a reportable incident shall be reported both as the reportable incident and as a notable occurrence.

Minor and Serious Notable Occurrences are defined and categorized as follows:

<u>Serious Notable Occurrence</u>	<u>Minor Notable Occurrence</u>
(1) Death – the death of any person receiving services, regardless of the cause of death. This includes all deaths of individuals who live in residential facilities operated or certified by OPWDD and other deaths that occur under the auspices of an agency.	(1) Injury – any suspected or confirmed harm, hurt, or damage to an individual receiving services, caused by an act of that individual or another, whether or not by accident, and whether or not the cause can be identified, that results in an individual requiring medical or dental treatment by a physician, dentist, physician’s assistant, or nurse practitioner, and such treatment is more than first aid. (The definition of “treatment, requiring medical or dental” is as follows: a situation in which a person who, by virtue of his or her condition as a result of an injury, must see a physician, dentist, physician’s assistant, or nurse practitioner to have the condition controlled and/or attended to with more than first aid procedures.)
(2) Sensitive Situations – those situations involving a person receiving services that do not meet the definitions of other incidents in this part or subdivision, but that may be of a delicate nature to the agency, and are reported to ensure awareness of the circumstances. Sensitive situations may include, but are not limited to, possible criminal acts committed by an individual receiving services.	(2) Theft or Financial Exploitation – any suspected theft of a service recipient’s personal property (including personal funds or belongings) or financial exploitation, involving values of more than \$15.00 and less than or equal to \$100.00, that does not involve a credit, debit, or public benefit card, and that is an isolated event.

INDIVIDUAL'S NAME: **SERVICE:** **INCIDENT #:**

Incident Classification: ☐ Reportable Incident ☐ Serious Notable Occurrence ☐ Notable Occurrence ☐ Minor Notable Occurrence

DOCUMENT ON THE 147 FORM:

PARTY NOTIFIED	Reportable Incidents (Abuse and Significant Incidents)	Serious Notable Occurrences	Minor Notable Occurrences
President / CEO	Email Immediately	Email Immediately	Immediately
OPWDD's Incident Management Unit	Immediately Telephone – 8:00 AM to 4:30 PM – 518-388-3816 After Hours –1-888-479-6763	Immediately Email Securely - Encrypt by OPWDD ZixCorp OPWDDIncident.Notifications@opwdd.ny.gov	N/A
<u>CERTIFIED SETTINGS ONLY</u> (Starbridge – Residential ONLY) JUSTICE CENTER	Immediately Direct Staff to Call - 1(855) 373-2122 OR Submit Form https://vpcr.justicecenter.ny.gov/wi	N/A	N/A
<u>Abuse/Neglect Only</u> – Individuals that live in a Certified <u>Residential Setting ONLY</u> MHLS	Fax OPWDD 147 Form within 3 working days (Fax # 585-530-3079)	N/A	N/A
Guardian	ASAP but within 24 hours	ASAP but within 24 hours	Within 24 hours
Family Member/Advocate	ASAP but within 24 hours (with consent)	ASAP but within 24 hours (with consent)	Within 24 hours (with consent)
Care Coordinator/Care Manager	ASAP but within 24 hours	ASAP but within 24 hours	ASAP but within 24 hours
Law Enforcement – any crime (Always Physical & Sexual Abuse)	ASAP – REPORT ALL POTENTIAL CRIMINAL ACTIVITY	ASAP – REPORT ALL POTENTIAL CRIMINAL ACTIVITY	ASAP – SAME

ADDITIONAL NOTIFICATIONS:

PARTY NOTIFIED	Minor Notable Occurrences	Serious Notable Occurrences	Reportable Incidents	DATE & TIME	METHOD	COMPLETED BY
Manager/Coordinator Name:	Immediately	Immediately	Immediately			
SEMP/ Day Hab/ IRA Manager Name:	If applicable, within 24 hours	If applicable, within 24 hours	If applicable, within 24 hours			
Director of Program Name:	Immediately	Immediately	Immediately			
Quality Improvement Name:	Immediately	Immediately	Immediately			
Starbridge RN Name:	If applicable, Immediately	If applicable, Immediately	If applicable, Immediately			

PROCEDURES TO IMPLEMENT IMMEDIATELY UPON OCCURRENCE OR DISCOVERY OF A REPORTABLE INCIDENT/NOTABLE OCCURRENCE

STAFF RESPONSIBLE

PROCEDURES

ALL mandated reporters
present when situation
occurs or discovered

1. Renders assistance to the supported individual immediately, intervening or terminating the situation if necessary. Calls for additional assistance from others if needed.
2. If medical examination or treatment is thought to be necessary, calls to obtain emergency medical care (911), the primary care physician, and/or in the residential program the on-call RN.
3. If situation falls into the reportable incident category and the situation occurred in an OPWDD certified setting, will notify the Justice Center.
4. Immediately notify Manager/Coordinator of the situation. If unable to contact Manager/Coordinator notify the Program Director, Chief Program Officer, Quality Improvement Director, VP of Corporate Compliance, or the President/CEO.
5. As soon as possible, all with knowledge of the situation, will record in observable terms all details of incident, all descriptions provided by other participants/observers, and all actions taken and planned.

Manager / Coordinator /
Director

1. Immediately responds, observes, provides, or designates staff to provide necessary services to individual(s) supported.
2. Notifies the Program Director immediately.
3. In consultation with the Program Director, ensures that all necessary and reasonable steps have been taken to ensure that the individual(s) supported has received necessary treatment or care and reasonable and prudent measures to immediately protect individuals supported from harm and abuse. When appropriate, this could include:
 - Employees, interns, volunteers, or contractors alleged to have abused or neglected a person shall be removed from direct contact with, or responsibility for all individuals supported by the agency.
 - The individual(s) supported shall be removed from the setting when it is determined that there is a risk to the individual if he or she continues to remain at the setting.
4. If immediate action is required, any possible criminal act perpetrated against an individual supported shall be reported to a law enforcement official and copy of police report (if applicable) attached to the incident.
5. If medical attention and/or police report has been given, gathers all pertinent reports and documentation and assures that appropriate treatment and/or follow-up occurs.

6. If the individual supported is a capable adult, notifies the individual supported of their right to request/receive and/or have family member/advocate request/receive additional information about the occurrence. Manager/Coordinator/Director will verbally inform the individual supported of the following:
- A description of the event or situation and a description of initial actions taken to address the incident or alleged abuse. For alleged abuse/neglect, the notifying staff will also inform the individual supported of what actions have occurred to protect the individual(s) supported.
 - An offer to meet with a member of the Quality Improvement team to further discuss the reportable incident or notable occurrence.
7. For reports of reportable incidents/notable occurrences, the Manager/Coordinator/Director will verbally inform the individual supported of the right to request/receive or have a Family Member or Advocate request/receive, additional information about the reportable incident or notable occurrence.
- Starbridge will provide a written report on the actions taken to address the incident or alleged abuse. This report will be sent within ten (10) days of the filing of the occurrence.

Upon written request:

- Starbridge will provide a copy of the initial incident or allegation of abuse report (OPWDD 147). This request must be made in writing to the Quality Improvement Director.
 - **For Allegations of Abuse/Neglect ONLY:** Starbridge will provide information on the status and/or resolution of the situation. Requested information can be provided verbally or in writing. This request must be made in writing to the Quality Improvement Director. The written request shall specify specific records requested. **(Note: this right does not apply to disclosure of the investigation report and other investigation documents to the Advocate. These documents and the supported individual's record may only be disclosed to "qualified persons" – the Guardian / Parent / Spouse / Adult Child ONLY.)**
8. Manager/Coordinator/Director reviews Incident Notification form (page 2) with the individual supported (who has been deemed capable). If consent is not given, the individual supported should sign Page 2 of the Incident Notification form indicating that they do not give consent to notify a family member/advocate and have been notified of their right to request additional information about the incident or allegation. Manager/Coordinator/Director gives the individual supported a copy of the completed Incident Notification Form (Page 2).
9. If consent is given, the individual supported signs Incident Notification

form (page 2) indicating whom they would like notified of the situation. Manager/Coordinator/Director gives the individual supported a copy of the completed Incident Notification Form (Page 2).

10. Family members / Advocate are to be notified within twenty-four (24) hours of the reportable incident or notable occurrence. **If an supported individual has a legal guardian, the guardian must be notified.** Notification must occur as soon as possible no later than twenty-four (24) hours after completion of the initial reportable incident or notable occurrence (OPWDD 147).

11. Manager/Coordinator/Director will verbally notify the Legal Guardian or Family Member / Advocate of the following:

- A description of the event or situation and a description of initial actions taken to address the incident or alleged abuse. For alleged abuse, inform the Legal Guardian / Family Member / Advocate what actions have occurred to protect the person.

12. For reports of reportable incidents/notable occurrence: Manager/Coordinator/Designee will verbally inform Legal Guardian, Family Member or Advocate of the right to request/receive, additional information about the incident or allegation of abuse.

- Starbridge will provide a written report on the actions taken to address the incident or notable occurrence. This report will be sent within ten (10) days of the filing of the occurrence.
- An offer to meet with a member of the Quality Improvement team to further discuss the incident or notable occurrence. If interested, the Legal Guardian, Family Member or Advocate shall contact the Quality Improvement Director by phone or in writing.

Upon written request:

- Starbridge will provide a copy of the reportable incident/notable occurrence (OPWDD 147). This request must be made in writing to the Quality Improvement Director.
- **For Allegation of Abuse/Neglect ONLY:** Starbridge will provide information on the status and/or resolution of the situation. Requested information can be provided verbally or in writing. This request must be made in writing to the Quality Improvement Director. The written request shall specify specific records requested. **(Note: this right does not apply to disclosure of the investigation report and other investigation documents to the Advocate. These documents and the person's record may only be disclosed to "qualified persons" – the Guardian / Parent / Spouse / Adult Child ONLY.)**

13. Manager/Coordinator/Director completes Incident Notification form (page 3).

14. Manager/Coordinator/Director mails a copy of the completed Incident Notification form (page 3) to the Legal Guardian / Family Member / Advocate.

15. If the supported individual receives Care Coordination, their Care Coordinator/Care Manager must be notified within twenty-four (24) hours of a reportable incident/notable occurrence. The notification must include a description of immediate protections.

16. Notify appropriate staff of any other program the supported individual is participating in when visible evidence of injury or trauma may be of concern to another program or may affect program activities. Notification will not be made if the individual objects to such notification.

17. Manager/Coordinator/Director completes all required notifications as outlined in the notification summary.

18. As soon as is reasonably possible, completes the OPWDD 147 form. Ensures that the OPWDD 147 form has addressed the following:

- Description of the situation – including facts and circumstances surrounding the incident, extent of injury, abuse, neglect, error, etc.
- Protection – immediate action taken in response to the occurrence to protect the health and safety of the person receiving services (i.e. medical attention, relocation of the individual supported, immediate training and/or reassignment or suspension of staff, law enforcement notification, etc.)
- Preventative – action taken as necessary to prevent a reoccurrence for all individuals supported.

19. Completes 147 Summary Cover Sheet with appropriate documents attached.

20. Submit OPWDD 147 Form, Incident Notification Form, and Summary Cover Sheet to Program Director.

Program Director

1. Notifies the Quality Improvement Director, Chief Program Officer, VP of Corporate Compliance and President/CEO of the situation.

2. In the case of any reportable incident/notable occurrence where a crime may have been committed against an individual supported, contacts appropriate law enforcement officials.

3. Reviews OPWDD 147 form, Incident Notification form, and 147 Summary Cover Sheet for accuracy and compliance to policy and procedures. Ensures that the OPWDD 147 form has addressed the following:

- Description of the situation – including facts and circumstances surrounding the incident, extent of injury, abuse, neglect or error.
- Protection – immediate action taken in response to the occurrence

to protect the health and safety of the person receiving services (i.e. medical attention, relocation of the individual supported, immediate training and/or reassignment or suspension of staff, law enforcement notification, etc.)

- Preventative – action taken as necessary to prevent a reoccurrence for all individuals supported.

4. Completes/ensures that all additional notifications are completed as outlined in the notification summary.

5. Signs the OPWDD 147 form after review.

6. Forwards OPWDD 147 form, Incident Notification form, and 147 Summary Cover Sheet to Quality Improvement Director upon completion.

President/CEO

1. Responsible for ensuring that such action is taken as necessary to protect the safety and welfare of the person(s) receiving services.

2. Responsible for ensuring Starbridge incident reporting policies and procedures have been adhered to for proper notification, classification, investigation, reporting, documentation, and follow up by all staff involved.

3. In the case of any reportable incident/notable occurrence where a crime may have been committed against an individual that receives services, ensures that appropriate law enforcement officials have been notified.

4. If the incident warrants, the President/CEO will follow personnel practices to discipline and/or suspend and/or terminate employee.

Quality Improvement Director

1. Upon notification of reportable incident/notable occurrence, assigns an investigator.

Quality Improvement Team

1. Investigates all OPWDD 147s for Starbridge programs. (See Incident Management – 147 Investigations Policy and Procedure).