

**§ 6000.924. Incident management contingency plan.**

Reportable incidents are to be submitted electronically via HCSIS, a web-based system developed by the Department. In the event that HCSIS is unavailable, the submission of incidents is to occur by following the directions in the *Incident Management Contingency Plan*. See Appendix H, (relating to *incident management contingency plan*).

**§ 6000.925. Categories of incidents to be investigated.**

The following chart indicates those incidents to be investigated by the provider, the county and OMR. The investigation process does not preclude investigations by law enforcement or other agencies responsible to investigate.

<b>Primary Category</b>	<b>Secondary Category</b>	<b>Entity Responsible for Investigation</b>
Abuse	All	Provider
	Improper or unauthorized use of restraint	Provider and County
Neglect	All	Provider
Rights Violation	All	Provider
Misuse of Funds	All	Provider
Death	When an individual is receiving services from a provider/entity. [see §6000.911 b (1)– (3)]	Provider and OMR or Department of Health (county participation as requested by OMR)
Hospitalization	Accidental Injury Unexplained Injury Staff to Individual Injury Injury Resulting from Individual to Individual Abuse	Provider Provider Provider Provider
	Injury Resulting from Restraint	Provider and County
Emergency Room Visit	Unexplained Injury Staff to Individual Injury Injury Resulting from Individual to Individual Abuse	Provider Provider Provider
	Injury Resulting from Restraint	Provider and County

Injury requiring treatment beyond first aid	Staff to Individual Injury	Provider
	Resulting from Individual to Individual Abuse	Provider
	Injury Resulting from Restraint	Provider and County
Individual to Individual Abuse	Sexual Abuse	Provider

## SEQUENCE OF REPORTING

### § 6000.931. Multiple categories and sequences.

(a) Many real life occurrences may result in events that may be classified under multiple categories of incidents. In an attempt to assist the point person in identifying an appropriate order for reporting incidents that may be classified under multiple categories, the following sequence is suggested. This sequence may not be appropriate in all situations, but should be used as a guide in selecting the most appropriate category.

#### (1) 24-Hour Reporting Primary Incident Category

- (i) Death.
- (ii) Suicide attempt.
- (iii) Hospitalization
- (iv) Psychiatric hospitalization.
- (v) Emergency room visit.
- (vi) Abuse.
- (vii) Individual to individual abuse.
- (viii) Neglect.
- (ix) Missing person.
- (x) Injury requiring treatment beyond first aid.
- (xi) Disease reportable to the Department of Health.
- (xii) Fire
- (xiii) Misuse of funds.
- (xiv) Rights violation.
- (xv) Law enforcement activity.
- (xvi) Emergency closure.

#### (2) 72-Hour Reporting Primary Incident Category

- (i) Medication error.
- (ii) Restraint.

(b) If a death, hospitalization, psychiatric hospitalization, emergency room visit or injury requiring treatment beyond first aid is the result of a medication error or the use of a restraint, a report is to be initiated within 24 hours using the corresponding primary