Change Made in June 2013	Effect
Incident category "Physical Altercation" was changed to "Victim of Physical Altercation"	**Changes to category:** • No secondary categories exist for this primary category • Covers the individual when he or she is the victim of a physical altercation by another individual served • Incident report for the perpetrator of physical altercation folded into "Significant Behavioral Incident" category

Expansion of the definition of "Significant Behavioral Incident"	**Changes to category:**
	 • Addition of secondary categories:
	    o Involves physical altercation
	    o Does not involve physical altercation
	 • Tracking of victims of physical altercation included in additional questions to the incident report
	 • Allows for multiple victims of physical altercation to be identified
	 • Allows for tracking of injury to any victim of physical altercation

Expansion of the definition of "Fire"	**Change in definition:** • Expansion of the definition of "fire" category to include unexpected sounding of smoke or carbon monoxide detectors, which require emergency evacuation. This could be caused by smoke only or as a result of detector malfunction • An Area Office escalates an incident to "Major" when the incident which has been categorized as "fire" was started by an individual
Expansion of the definition of "Medical or Psychiatric Intervention not Requiring a Hospital Visit	**Change in definition:** • Expansion of the definition to include ingestion of non-edible items not resulting in a hospital visit after consultation with medical personnel or poison control • Ingestion of non-edible items must be escalated to "Major" by the Area Office

Escalation of an incident from Minor to Major Level of Review	**Change in definition:** • Any incident with police involvement <u>in any capacity</u> should be escalated to "Major" • Any incident involving ingestion of a non-edible should be escalated to "Major" • Any incident of "fire" started by an individual should be escalated to "Major" **Clarification only:** • Incidents that occur in the community and have the potential to negatively impact the individual or program or involve a serious injury to an individual should be escalated to "Major" • Hospital visits due to a significant behavioral incident or physical altercation will be automatically escalated to "Major"
Clarification of Site Based Incident Reports	**Clarification only:** • Site based incidents cannot be used to report on one individual. An individual incident report must be completed for events in which only one individual is involved • Site based incidents cannot be used if there is any injury, illness or potential illness. For example, ingestion of a non-edible item can never be a site based incident
"Other" Incidents	**Clarification only:** • Confirm that the event meets threshold of reportable incident • Confirm there is not an existing incident category that fits the events
"Hospital Visits" Incidents	**Clarification only:** • Any event that involves going to the hospital must be classified as "hospital visit" with the appropriate secondary category • The reason for the hospital visit, such as a significant behavioral incident, must always be completed

Change to be Made in April 2014	Effect
Inappropriate Sexual Behavior	**Change in definition:** • Category expanded to include credible threats of sexual violence towards another individual. This event would have a secondary category of "aggressive Sexual Behavior – Alleged Perpetrator".

Medical or Psychiatric Intervention Not Requiring a Hospital Visit	**Change in definition:**
	• Category expanded to three other types of events:
	  1. Non-compliance with medication which is not currently tracked through a plan and could result in a potential health concern of a serious and immediate nature. Medical consultation, at a minimum, should be sought to determine the extent of the risk. Once the event is resolved, a plan should be developed in conjunction with the prescribing physician for addressing future instances of non-compliance.
	  2. Use of the Heimlich, which should trigger at a minimum, medical consultation.
	Clarification only:
	• Covers medical emergencies that are treated in urgent care settings and not emergency rooms.

Suspected Mistreatment	**Change in definition:** • Restraint is not allowed with individuals receiving ABI or Money Follows the Person (MFP) services. If unauthorized restraint is used (unless the restraint/hold is to protect the individual from imminent, serious physical harm) DPPC should be called and an

	incident report for "suspected mistreatment" with a secondary category of "alleged victim of physical abuse" needs to be filed. • If an individual receiving ABI or MFP services is restrained to prevent serious physical harm, such as stopping the person from running into traffic, an incident report should be completed under the applicable category and the restraint or hold should be described in the narrative.
New Questions added to the Incident Classification Page: 1. Did the incident involve the unauthorized use of drugs or alcohol? 2. Did the incident involve suicidal threat/ideation? 3. Did the incident involve non-compliance with a medical directive? 4. Did the incident involve non-compliance with medications?	**Change in expectation:** • Each of these questions must be answered for every incident report that is filed. The reporter does not need to determine if or how the presence of any of these issues affected the incident but, rather, is identifying the presence of one or more of these issues. If the incident is unwitnessed and the choices are yes/no only, answer "no".
New Question added to the Notifications Page: 1. Was Elder Affairs Notified? 2. Was the agency on-call contacted? 3. If "yes," who was the on-call?	**Change in expectation:** • If there is question as to whether an individual over the age of 55 was abused (question #1), both Elder Affairs and DPPC should be contacted. • For questions #2 and #3, the reporter must state whether the agency on-call was contacted to review the incident, as well as the name of the on-call.