“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03
Incident Reporting:
Completing General Event Reports (GERs) in Therap

*Instructions approved by the Division of Developmental Disabilities October 2019*
Nebraska DHHS-DD GER Instructions

Any allegation of abuse, neglect, or exploitation must be reported at HIGH notification. Abuse or neglect must include event: Other – Complaint and/or Possible Litigation.

All incidents that are reportable to the Division of Developmental Disabilities (DHHS-DD) must be reported on Therap using General Event Reports (GERs). Multiple related events can be recorded on one report, as long as all appropriate event types are completed.

### Reporting Timelines

<table>
<thead>
<tr>
<th>Notification Level</th>
<th>Timelines for Reporting Incidents</th>
</tr>
</thead>
</table>
| **High**           | • Verbally report to DD service coordination immediately upon becoming aware of the incident.  
                     • Submit a report (GER) in Therap within 24-hours of becoming aware of the incident.  
                     • Approve the report (GER) in Therap within 48-hours of submitting. |
| **Medium & Low**   | • Medium and Low notification should not be used for any reportable incident.  
                     • Policies for use should be determined by the provider.  
                     • This guide offers suggestions for how providers might use for internal tracking.  
                     • A participant’s ISP team may suggest use for tracking individual-specific concerns, such as falls without injury or property destruction. |

A provider must document in Therap any allegation of abuse or neglect as soon as possible. At a minimum this must be done within 24-hours of the provider becoming aware of the incident. **A written summary of the provider’s investigation and action taken must be submitted on Therap within 14-days of the GER.**

DHHS-DD definitions for abuse and neglect are provided in Appendix A of this document.
Reportable Incidents

The Division of Developmental Disabilities (DHHS-DD) defines reportable incidents as situations that adversely affect the physical or emotional well-being of a participant, suspected cases of abuse, neglect, exploitation, or mistreatment, and emergency safety situations which require use of emergency safety intervention.

The following incidents are reportable and should be reported at a high notification:

1. Allegation or suspicion of abuse, neglect, or exploitation of a child or a vulnerable adult.
2. Injuries which require medical attention by a physician.
3. Acute, episodic illness or change in medical condition requiring medical attention by a physician.
4. Injuries to participants resulting from a fall.
5. Injuries to participants resulting from any use of restraint.
6. Injuries of unknown origin which raise suspicion of abuse or neglect.
7. Injuries or displacement of participant as a result of fire, flood, or other similar emergency or natural disaster.
8. Medication error resulting in injury, serious illness, or hospitalization.
9. Use of emergency safety intervention or PRN psychotropic medication.
10. Use of prohibited practices for any reason.
11. Behavioral episodes resulting in use of emergency safety intervention or PRN psychotropic medication use, injury or potential for injury of the participant or others, or damage to property of total value of $150 or greater.
12. A participant leaving provider supervision where the safety of the participant or others is potentially threatened, or a participant being identified as a missing person.
14. Possible criminal activity or law enforcement contact by a participant or by a staff person suspected of criminal activity towards a participant.
15. Seizure that lasts over five minutes or over the timeframe set by the participant’s physician, or which requires treatment at an urgent care center, emergency room, or hospital.
16. Incidents of choking or airway obstruction.
17. Death of a participant.

A quick guide for determining if an incident is reportable and choosing the correct event types is available in Appendix B of this document.
Initiating a GER on Therap

1. Login to your Therap account.

![Login page]

2. Once logged in, you will see your provider dashboard.
3. The GER menu is under the "Individual" tab.

![Provider dashboard]

4. To begin a GER click on “New.”
5. Select the program of the participant for whom you are completing the report.
   - Program selected is the service being provided at the time of the incident.
   - For those incidents (such as death) that must be reported regardless of the provider being present, the program that provides the largest-funded service is responsible and should be selected.

6. Select the last name of the participant for whom you are completing the report.
   - A GER can only report an incident for one participant.
   - Participant should be referred to by the first name listed here throughout the GER unless clarification is provided. Do not assume that all readers will be aware of a shortened name or nickname that the participant prefers. For example, if Jane Smith goes by Sarah, GER should state “Jane Smith goes by Sarah and is called Sarah throughout GER.”
   - If multiple participants are involved in a single incident, each participant must have a separate GER completed.
   - When there is reason to include information about another participant, use initials only.

7. Do not change anything on the “Profile Information”.
Entering Event Information

1. Enter the event date. The form automatically reflects the current date.
   • If you are completing the report on the day of the event, you may leave the default date.
   • Change the date by clicking on the calendar icon and selecting the date on which the event occurred.
   • Or type the date in MM/DD/YYYY format.

2. Enter what happened before the event. This is a required field.
   • Include what the participant was doing prior to the reportable incident.
   • Include what staff were doing.
   • When applicable to understanding the incident, include what other participants were doing. When including information about another participant, use initials only.
   • Information included in this section does not imply causation, but may be helpful in identifying trends.
   • This section should not be the same information entered to describe the event.

3. Enter where the event occurred:
   • If event occurred at the program selected, select “Same as program address.”
   • If the incident did not occur at the program listed, provide location information.
   • Do not leave this section blank.
Choosing Event Types

After event information is entered, you must select the event type from Therap’s options. Event buttons open the appropriate forms to enter information, based on the event selected.

You are expected to follow all physicians’ orders. If a participant has a physician’s order that conflicts with regulations or expectations in this guide, you should discuss with the participant’s ISP team and must provide orders upon request by the Department.

To record multiple related events on one report:
- Event types must be entered one at a time;
- Choose the highest notification event to begin;
- Once information is entered for the first event, select “Add;”
- Choose the next event type; and
- Repeat as needed.

Witness Section(s)
For each event entered you will have the opportunity to enter witnesses. Witnesses are provider staff present at the time of the incident, other than the writer of the GER.
- The writer of the report is never listed as a witness.
- Agency providers can require completion of the witness section. When a witness is entered a notice appears on the witness’s Therap dashboard. The witness must complete a witness report before the GER can be approved by the provider.
- If a provider chooses not to utilize the witness function, the names of witnesses should be listed in the GER summary section.
Injury:
This section should be used when a participant is injured. Injury means harm, pain, illness, impairment of physical function, or damage to body tissue.

An injury may not be noticed immediately. A provider should consider multiple factors, such as verbal, physical, and expressive (facial) indicators.

Injury types and high notification guidelines are provided in Appendix C of this document.
- Injury types that do not have clarification in the left column are not reportable based solely on the type of injury. They may be reportable if they meet other requirements.
- For example, bleeding is reportable, if it is treated by a doctor.

Injury causes and high notification guidelines are provided in Appendix D of this document.
- Injury causes that do not have clarification in the left column are not reportable based solely on the cause of injury. They may be reportable if they meet other requirements.
- For example, an accident motor vehicle is reportable if injury is treated by paramedic.
High notification is used for Injuries when:

- Injury requires medical attention to participant by a physician (doctor, physician’s assistant (PA), or advanced practice registered nurse (APRN), etc); medical attention may be sought later, rather than immediately;
- Injury type (which would generally require medical attention): airway obstruction, choking, concussion, dislocation, fracture, loss of consciousness, poisoning, or pressure ulcer;
- Injury caused by fire, flood, or other emergency or natural disaster;
- Injury related to incident involving any restraint (both emergency safety intervention and prohibited use of restraint) (also add ESI or Restraint – Other event to GER);
- Injury caused by fall (do not complete event Other - Fall without Injury); or
- Discovery of injury of unknown origin which raises suspicion of abuse or neglect.

An injury should be reported as an injury of unknown origin when:

- The source of the injury was not witnessed by any person and the source of the injury could not be explained by the participant; and
- The injury raises suspicions of possible abuse or neglect because circumstances, which could include:
  - Extent of the injury;
  - Location of the injury (for example, the injury is located in an area not generally vulnerable to trauma);
  - Number of injuries observed at one particular point in time; or
  - Incidence of injuries over time.

Therap options for injury severity:

- Very minor (no treatment) – High notification only when involving restraint, fall, emergency/natural disaster, or unknown origin resulting in suspicion of abuse/neglect.
- Minor (first aid) – High notification only when involving restraint, fall, emergency/natural disaster, or unknown origin resulting in suspicion of abuse/neglect.
- Moderate (nurse/physician treatment) – High notification only when involving restraint, fall, emergency/natural disaster, or unknown origin resulting in suspicion of abuse/neglect treated by a nurse, or any injury treated by a physician.
- Severe (hospital, ER/admission) – High notification. (also add Other – Hospital event to GER).
- Death – High notification. (also add Death event to GER)

Using the body diagram:

- Select body part(s) by clicking on them on an outline of a person.
- Drop down boxes will auto-populate based on the selections made on the diagram.
When abuse or neglect is suspected:

- Injury photo should be attached.

- Complete event Other - Complaint and/or Possible Litigation.

Provider may use low or medium notification for internal tracking and analysis of injuries that are not reportable at high notification.
Medication Error:
A medication error has occurred if one of the five rights of medication administration is not followed. This would result in:
- The wrong person was given a medication;
- The wrong medication was given;
- The wrong dose was given;
- The medication was given at the wrong time or not at all;
- The medication was given by the wrong route.

High notification when error results in:
- Injury (also add Injury event to GER; cause is medical procedure) or
- Serious illness (also add Other – Serious Illness event to GER) or
- Hospital visit (also add Other – Hospital event to GER) or
- Another high notification incident (add other appropriate event to GER).

In addition to the fields which Therap requires, you must complete “person responsible.”

Therap options for medication error type:
- Charting error
- Omission
- Order expired
- Transcription wrong dose
- Transcription wrong individual
- Transcription wrong medication
- Transcription omission
- Transcription wrong route
- Transcription wrong time
- Wrong dose
- Wrong individual
- Wrong medication
- Wrong route
- Wrong time

Therap options for severity are a scale from 1-10, with 10 being the highest.
- If a medication error meets high notification requirements, the severity should be scored at least an eight.
- The following numbers are recommended for consistency:
  - 1-6 A non-reportable error.
  - 7 A non-reportable error with a nurse notified; this is medium notification.
  - 8 An error with treatment at a doctor’s office or Urgent Care Center.
  - 9 An error required a hospital or emergency room visit.
  - 10 An error resulted in death.
The “As Ordered” section is for medication information as it appears on a participant’s prescription. The “Look Up” button will link to a list of medications for the participant within Therap. When you add from this list, many of the blanks in this section will automatically fill.

The “Copy to As Given” button will copy information from the “As Ordered” section to the “As Given” section. You will need to make changes to reflect what was actually given.

The difference between “As Ordered” and “As Given” shows the error that occurred. Once both sections are completed, you must click on “Add Error” button for the information to be added to the chart.
Therap options for cause of error:

- Forgot to send to program
- Forgot to take on activity
- Medication refused
- Medication not available
- Omission unavoidable
- Pharmacy error
- Staff action/inaction
- Other

Therap options for medical attention required:

- Consult with nurse
- Consult with physician
- Consult with emergency room
- Consult with poison control center
- Immediate physician’s visit
- Immediate emergency room visit
- Observe and report only
- None

Provider may use low or medium notification for internal tracking and analysis of medication errors which do not require high notification. Information regarding medication errors must be made available when requested by DHHS.
**Emergency Safety Intervention:**
Emergency safety intervention (ESI) means the use of physical restraint or separation as an immediate response to an emergency safety situation. The provider must specify and define approved intervention procedures for a participant. Employees must receive training before using any emergency safety interventions.

Always high notification. GER must indicate if ESI is part of a safety plan or was unplanned.

If an injury is caused by intervention, also add Injury event to GER.

<table>
<thead>
<tr>
<th>Emergency Safety Intervention Event</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Begin Time:</strong>*</td>
</tr>
<tr>
<td><strong>End Time:</strong>*</td>
</tr>
<tr>
<td><strong>End Date:</strong>*</td>
</tr>
<tr>
<td><strong>Status:</strong>*</td>
</tr>
<tr>
<td>Unplanned Intervention</td>
</tr>
<tr>
<td>Intervention Included in Safety Plan</td>
</tr>
<tr>
<td><strong>Injury caused by Intervention?:</strong>*</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Monitoring, at least every 30 mins?:</strong>*</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Exercise, at least 10 mins every hour?:</strong>*</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td><strong>Intervention Types:</strong></td>
</tr>
<tr>
<td>1 Arm Standing Restraint</td>
</tr>
<tr>
<td>1 Arm Support</td>
</tr>
<tr>
<td>1 Person Body Hug</td>
</tr>
<tr>
<td>2 Arm Standing Restraint</td>
</tr>
<tr>
<td>2 Arm Support</td>
</tr>
<tr>
<td>2 Person Body Hug</td>
</tr>
<tr>
<td>Bite release</td>
</tr>
<tr>
<td>Body Positioning</td>
</tr>
<tr>
<td>Clothing Release</td>
</tr>
<tr>
<td>Finger Release</td>
</tr>
<tr>
<td>Hair Release</td>
</tr>
<tr>
<td>Walk With Accompany</td>
</tr>
<tr>
<td>Wrist Release</td>
</tr>
</tbody>
</table>
If more than one staff is present at the start or end of intervention, additional names may be listed in the “if other” box.

The person who completes the trauma check within 24-hours should explain the results of their check in the “Review/Comments” section upon completion.
**Restraint Other:**
Subtypes: Chemical, Mechanical, Physical, Other.
Restraint means any physical hold, device, or chemical substance that restricts, or is meant to restrict, the movement or normal function of a portion of a participant’s body, or to control the behavior of a participant.

Devices used to provide support for the achievement of functional body position or proper balance, and devices used for specific medical and surgical (as distinguished from behavioral) treatment are not to be considered as a restraint, such as side rails while transporting a patient to a surgical suite.

Always high notification.
- Restraints of any kind are prohibited, except use of physical restraint when used as an emergency safety intervention.
- Should a restraint occur reporting is mandatory.
- All fields on the form must be completed.
- This category is not to be used for ESI.
Death:
You are responsible for reporting anytime a participant in your services dies. A GER is required regardless of where the death occurred and whether provider staff were present at time of death.

Always high notification.
- In addition to Therap-required fields, complete “specific location,” “date of last medical exam,” and “death determined by.”
- Give summary of event in the comments section.
- Include any provider staff who were present at time of death in the comments section.
- If the provider is not present at time of death, the comments section must include who notified the provider and any information given.
Other:
Other event type should only be used when the incident does not fit into one of the labeled event types. As a general rule, event type Other has fewer details requested.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Description</th>
<th>High Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident No Apparent Injury</td>
<td>Not high notification.</td>
<td></td>
</tr>
<tr>
<td>Altercation</td>
<td>Not high notification. An altercation between a participant and any other person. An altercation is mutual. If not mutual, use Other - Assault.</td>
<td></td>
</tr>
<tr>
<td>Assault</td>
<td>Not high notification. There is an identified victim/aggressor relationship. If a situation is mutual, use Other - Altercation.</td>
<td></td>
</tr>
<tr>
<td>AWOL/Missing Person</td>
<td>Participant is not in the presence of provider and their whereabouts are unknown. This may be due to the participant’s behavior or negligence of staff. High notification when:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Participant leaves supervision and the safety of the participant or others is potentially threatened or the participant is identified as a missing person.</td>
<td></td>
</tr>
<tr>
<td>Behavioral Issue</td>
<td>High notification when:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Behavior results in use of ESI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Behavior results in use of PRN psychotropic medication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Behavior results in injury or potential for injury to the participant or others (potential for injury means participant’s actions would result in injury in most cases, but did not in this incident)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Behavior results in property destruction of total value of $150 or greater</td>
<td></td>
</tr>
<tr>
<td>Change of Condition</td>
<td>High notification when:</td>
<td></td>
</tr>
</tbody>
</table>

Not high notification means that by itself this event type Other would not be expected to be reportable. If a reportable incident accompanies it, that event type could be selected. The event type Other should only be added if needed to give additional information.

High notification must always be used if abuse, neglect, or exploitation is suspected, regardless of the instructions below. Abuse/Neglect/Exploitation Suspected must be “yes.” Anytime abuse or neglect is suspected, the GER must include event Other – Complaint and/or Possible Litigation.
• A change in the participant’s medical condition (e.g. constipation, blood sugar change, fainting, etc.) results in medical treatment from a physician. Provider may use low or medium notification for other changes in condition.

Complaint and/or Possible Litigation
High notification when:
  • There is an allegation of abuse, neglect, or exploitation OR
  • A prohibited practice other than restraint is used.

An allegation may be made by a participant, provider employee, or any person in the community. The participant is always the victim.

Provider may use low or medium notification for internally tracking complaints of participants and/or their families when the complaint does not involve abuse, neglect, or exploitation.

Contraband
Not high notification.
Participant is caught with item that is either illegal (use Other – Possible Criminal Activity) or determined dangerous by their ISP team. Provider may use low or medium notification to document item found during team-approved room search.

Displacement Due to Emergency/Natural Disaster
High notification when:
  • Participant is displaced from his/her residence or day services site for one full day or one overnight period, or longer, due to fire, flood, or other similar emergency or natural disaster.

Exploitation
Not high notification.
(Exploitation is categorized with abuse and neglect under Other - Complaint and/or Possible Litigation)

Fall without Injury
Not high notification.
Provider may use low or medium notification for internal tracking. ISP team may request a participant-centered reason for using.

Fire
Not high notification.

Hospital
Subtypes: Admission, ER without Admission
High notification when:
  • Hospital admission due to mental health or behavioral concerns or
  • Any hospitalization or ER visit or
• Transfer to a different hospital (reported in the same way as a new hospitalization) or
• Unplanned use of an urgent care facility (reported in the same way as an ER visit).
Unplanned use of urgent care facility includes when the primary care physician’s office tells a
participant to go to Urgent Care. If a participant cannot wait for an opening at their primary care
physician’s office, it is unplanned use of an urgent care facility.

Law Enforcement Involvement
Interaction may be initiated by participant, provider employee, or people in the community.
High notification when:
• Police or other law enforcement interaction, such as a visit or ticket, due to a behavior or
disruptive action of a participant.
Provider may use low or medium notification for tracking other types of contact with law
enforcement.

Misconduct/Possible Criminal Activity
Participant suspected of engaging in criminal activity or provider employee suspected of engaging
in criminal activity towards participant.
High notification when:
• Participant is involved in possible criminal activity or
• Provider, or provider staff, is involved in, or suspected of, possible criminal activity toward
a participant.

Out of Home Placement
Not high notification.

Potential Incident/ Near Miss
Not high notification. Provider may use low or medium notification to record and track when
reportable incidents are prevented. Examples: a participant attempts to elope but staff intervene
or a behavior is de-escalated before it results in a reportable incident.

PRN Psychotropic Use
Participant may receive PRN psychotropic medications as prescribed by a licensed clinical
medical practitioner functioning within their scope of practice.
High notification when:
• Agency provider staff administer PRN psychotropic medication.

Property Damage
Not high notification.
Medium or low can be used to record property damage of less than $150 by a participant, or damage of a
participant’s property by staff. Damage greater than $150 is reported under Other - Behavioral Issue.

Security Breach
Not high notification. Security of participant has been compromised. Provider may use low or
medium notification for HIPPA violations and loss of participant’s property (excluding exploitation).

Sensitive Situation
Not high notification. Should not be added to GERs with another event type selected. Provider may define low or medium notification.

**Seizure**

High notification when:

- Participant has a seizure lasting longer than 5 minutes, unless the participant’s physician has set a different timeframe
- Participant has a seizure lasting longer than the timeframe set by the participant’s physician (if applicable)
- Participant has a seizure causing the participant to require or seek medical attention at an urgent care center, emergency room, or hospital.

**Serious Illness**

High notification when:

- Acute, episodic illness (not a chronic illness the participant receives ongoing treatment for) requires treatment from a physician.

**Suicide**

*Subtypes: Attempt or Threat*

High notification when:

- Participant attempts suicide.

Not high notification for suicidal ideation or suicidal threats. Provider may use low or medium notification for internal tracking. ISP team may request a participant-centered reason for using at lower notification, such as tracking for therapy.

**Theft/ Larceny Attempt**

*Subtypes: Perpetrator or Victim*

Not high notification.

**Threatening Behavior**

Not high notification.

**Vehicular Accident**

Not high notification.
Completing and Submitting a GER

Abuse, Neglect, and Exploitation Reporting Expectations
If yes is checked for suspected abuse, neglect, or exploitation, you **must** select high notification.

It is required by law that you report any suspected abuse or neglect to proper authorities. Reports can be made to local law enforcement or to the Abuse and Neglect hotline.

People with disabilities are protected under the law from abuse and neglect. Definitions are provided in Appendix A of this document.

All GERs with suspected Abuse or Neglect must have event Other - Complaint and/or Possible Litigation completed along with any other relevant event types.

All GERs with suspected exploitation must have event Other - Exploitation completed along with any pertinent event types.

**Notification**
When a GER is high notification, you must notify your agency provider administration, the participant’s DD Service Coordinator, and the participant’s guardian. Your agency provider may require additional notifications, which will be listed in this section.

Notification section must include calls to the Abuse/Neglect Hotline and/or law enforcement, as applicable.
Actions Taken or Planned
- Corrective Action Taken - This is required. Include how the incident was resolved.
- Plan of Future Corrective Action - This is required. Include how repeat incidents will be avoided.

Review/Follow-up Comments
This section is completed by any employee who reviews GERs for the provider. One GER may have multiple reviews. The section should include:
- If provider policies and procedures were followed and
- How similar situations will be handled in the future and
- Any team discussions that will be initiated for a participant.

External Attachment(s)
Up to 10 MB of attachments can be included. It is recommended that pictures of injury be included when abuse or neglect is suspected.

Editing a GER
You may need to edit a GER to add clarification. A provider reviewer may request this of the person completing a report in order to ensure these guidelines are followed.

To edit a GER:
1. Open GER in “Work List”
2. Scroll to the bottom
3. Click “edit this GER”
4. Save changes when editing is complete.

A GER cannot be edited once it has been approved.

GER Approval
A high notification GER must be approved by the provider before it is reviewed by DHHS-DD. The report must be approved within 48-hours of submission.

DHHS-DD Service Coordination Review
A DD Service Coordination Supervisor is notified electronically when a reportable incident (high GER) is submitted. They review to determine the appropriate response, which depends upon the type and frequency of the incident.
All reports involving health and safety concerns require follow-up from the DD Service Coordinator.

Incidents with law enforcement activity are followed-up to ensure the participant and/or their guardian is aware of the possible consequences, including legal consequences, of the participant’s actions, if found competent. If the participant is not deemed competent, there must be appropriate supports in place for safety.

**DHHS-DD Nursing Review**

A DD nurse is notified electronically when a GER involving Death is submitted to Therap. The nurse may:

- Contact DD coordination when not all necessary information is included and/or
- Forward to Public Health when a concern is noted about DD services received.

A DD nurse may review when an individual request is received or when writing a report regarding a participant.

**DHHS-DD Quality Review**

GERs are reviewed by the DHHS-DD Quality Improvement Team. Reviews confirm GERs are completed, reported, processed, and approved according to the DHHS GER Instruction Guide and the HCBS Waivers. As part of DHHS-DD’s Continuous Quality Improvement process (CQI), the Quality Team prepares a summary of all the High Notification incidents; the Quality Improvement Committee reviews the incident summary, along with provider efforts to address incidents, to identify systemic issues that need additional intervention.

**Division of Public Health (DPH) Review**

A surveyor from Public Health may review a GER for regulation compliance and complaint follow-up. The surveyor ensures a provider is following pertinent regulations and/or provider policies and procedures.

A surveyor will request additional information when the GER does not contain all necessary and pertinent information. A provider should clearly document on the GER, as appropriate to the incident:

- Required notifications were made to DD service coordination, the family or guardian, and Protective Services (APS/CPS);
- There was immediate action to protect any and all participants;
- An internal investigation is being completed;
- Law enforcement was contacted about observation or discovery of illegal activity; and
- Appropriate actions taken to address the incident.

As a result of a surveyor’s review, they may decide that further investigation is required. A surveyor may complete a complaint investigation, a focused review, or a full certification review.
Appendix A: DHHS-DD Definitions

The following definitions apply to adults age 18 and older:

**Abuse** is defined as:

1) The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or personal anguish; and/or
2) Any knowing or intentional act which results in physical injury, unreasonable confinement, cruel punishment, sexual abuse, or sexual exploitation.

**Exploitation** means the taking of property of a vulnerable adult by any person by means of undue influence, breach of a fiduciary relationship, deception, or extortion or by any unlawful means.

**Neglect** is defined as:

1) Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. Staff failure to intervene appropriately to prevent self-injurious behavior may constitute neglect. Staff failure to implement facility safeguards, once client to client aggression is identified, may also constitute neglect; and/or
2) Any knowing or intentional act or omission on the part of a caregiver to provide essential services, or the failure of a vulnerable adult, due to physical or mental impairments, to perform self-care or obtain essential services to such an extent that there is actual physical injury to a vulnerable adult or imminent danger of the vulnerable adult suffering physical injury or death.

**Physical injury** means damage to bodily tissue caused by nontherapeutic conduct, including, but not limited to, fractures, bruises, lacerations, internal injuries, or dislocations, and shall include, but not be limited to, physical pain, illness, or impairment of physical function.

The following definitions apply to child maltreatment which occurs when a child age birth through age 17 is physically, emotionally, or sexually harmed.

**Abuse** can be physical, emotional or sexual and is defined as:

- **Physical:** Information indicates the existence of an injury that is unexplained; not consistent with the explanation given or is non-accidental. The information may also only indicate a substantial risk of bodily injury.
- **Emotional:** Information indicates psychopathological or disturbed behavior in a child who is documented by a psychiatrist, psychologist or licensed mental health practitioner to be the result of continual scapegoating, rejection or exposure to violence by the child’s parent/caretaker.
- **Sexual:** Information indicates any sexually oriented act, practice, contact, or interaction in which the child is or has been used for the sexual stimulation of a parent, the child, or other person.
“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03
Neglect can be emotional or physical and is defined as:

**Emotional**: Information indicates that the child is suffering or has suffered severe negative emotional effects due to a parent's failure to provide opportunities for normal experience that produce feelings of being loved, wanted, secure and worthy. Lack of such opportunities may impair the child's ability to form healthy relationships with others.

**Physical**: Information indicates the failure of the parent to provide basic needs or a safe and sanitary living environment for the child. Parent includes guardian, custodian and caretaker.

**Medical Neglect of Handicapped Infant**: The withholding of medically indicated treatment (including appropriate nutrition, hydration, and medication) from disabled infants with life-threatening conditions. Exceptions include those situations in which:

1) The infant is chronically and irreversibly comatose;
2) The provision of this treatment would merely prolong dying or not be effective in ameliorating or correcting all the infant's life-threatening conditions; or
3) The provision of this treatment and the treatment itself under these conditions would be inhumane.
## Appendix B: Categorizing Reportable Events

All reportable incidents are always high notification. There may be additional event types completed on Therap which are not identified in this chart. These event type columns are intended to ensure incidents are reported using the same event types across DD providers.

<table>
<thead>
<tr>
<th>Reportable Incident Category</th>
<th>Therap Event Type</th>
<th>Subtype</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Allegation or suspicion of abuse, neglect, or exploitation of a child or a vulnerable adult.</td>
<td>Other – Complaint and/or Possible Litigation</td>
<td></td>
</tr>
<tr>
<td>2. Injuries which require medical attention by a physician.</td>
<td>Injury</td>
<td></td>
</tr>
<tr>
<td>3. Acute, episodic illness or change in medical condition requiring medical attention by a physician.</td>
<td>Other – Serious Illness or Other – Change in Condition</td>
<td></td>
</tr>
<tr>
<td>4. Injuries to participants resulting from a fall.</td>
<td>Injury</td>
<td>Cause: Fall</td>
</tr>
<tr>
<td>5. Injuries to participants resulting from any use of restraint.</td>
<td>Injury</td>
<td>Cause: Restraint</td>
</tr>
<tr>
<td>6. Injuries of unknown origin which raise suspicion of abuse or neglect.</td>
<td>Injury</td>
<td>Cause: Undetermined</td>
</tr>
<tr>
<td>7. Injuries or displacement of participant as a result of fire, flood, or other similar emergency or natural disaster.</td>
<td>Injury or Other - Displacement Due to Emergency/Natural Disaster</td>
<td>Cause: Emergency/Natural Disaster</td>
</tr>
<tr>
<td>8. Medication error resulting in injury, serious illness, or hospitalization.</td>
<td>Medication Error</td>
<td></td>
</tr>
<tr>
<td>9. Use of emergency safety intervention or PRN psychotropic medication.</td>
<td>Emergency Safety Intervention or Other – PRN Psychotropic Use</td>
<td></td>
</tr>
<tr>
<td>10. Use of prohibited practices for any reason.</td>
<td>Restraint – Other or Complaint and/or Possible Litigation</td>
<td>Restraint Type: Mechanical Restraint Chemical Restraint Physical Restraint</td>
</tr>
<tr>
<td>11. Behavioral episodes resulting in use of emergency safety intervention or PRN psychotropic medication use, injury or potential for injury of the participant or others, or damage to property of total value of $150 or greater.</td>
<td>Other – Behavioral Issue</td>
<td></td>
</tr>
<tr>
<td>12. A participant leaving provider supervision where the safety of the participant or others is potentially threatened, or a participant being identified as a missing person.</td>
<td>Other – AWOL/Missing Person</td>
<td></td>
</tr>
<tr>
<td>13. Use of an emergency room or an urgent care facility for treatment.</td>
<td>Other - Hospital</td>
<td>Subtype: ER w/o admission</td>
</tr>
<tr>
<td>14. Possible criminal activity or law enforcement contact by a participant or by a staff person suspected of criminal activity towards a participant.</td>
<td>Other – Misconduct/Possible Criminal Activity or Other – Law Enforcement Involvement</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix B: Categorizing Reportable Events

<table>
<thead>
<tr>
<th>Reportable Incident Category</th>
<th>Therap Event Type</th>
<th>Subtype</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Seizure that lasts over five minutes or over the timeframe set by the participant’s physician, or which requires treatment at an urgent care center, emergency room, or hospital.</td>
<td>Other - Seizure</td>
<td></td>
</tr>
<tr>
<td>16. Incidents of choking or airway obstruction.</td>
<td>Injury</td>
<td>Type: Choking</td>
</tr>
<tr>
<td>17. Death of a participant.</td>
<td>Death</td>
<td></td>
</tr>
<tr>
<td>18. Hospitalization of a participant.</td>
<td>Other – Hospital</td>
<td>Subtype: Admission</td>
</tr>
</tbody>
</table>
### Appendix C: Defining Injury Types

<table>
<thead>
<tr>
<th>When Reportable</th>
<th>Therap Options for Injury Type</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>When a reportable injury occurs:</td>
<td></td>
<td>These are intended to assist person filling out GER to determine correct injury type. These do not define high notification.</td>
</tr>
<tr>
<td>• Requires treatment by a physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Results from a fall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Results from restraint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Results from emergency/natural disaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is of unknown origin and causes suspicion of abuse/neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT IS ALWAYS HIGH NOTIFICATION.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Symptoms</th>
<th>Therap Options</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasion</td>
<td>Symptoms may include: unable to breathe, turning blue, no coughing (unable to cough). May require thrusts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airway obstruction</td>
<td>May require use of epi-pen.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergic reaction</td>
<td>Includes human bite.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bite/sting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blister</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bruise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choking</td>
<td>Symptoms may include: unable to breathe, turning blue, no coughing (unable to cough), may require abdominal thrusts. <strong>This category is not used when a participant is strangled (choked) by another person.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concussion</td>
<td>Diagnosed by medical professional.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut</td>
<td>Minor enough to not require doctor level of care. If stitches are required see Laceration below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocation</td>
<td>Diagnosed by medical professional.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fracture</td>
<td>Diagnosed by medical professional.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frostbite</td>
<td>This is a term generally used by a medical professional. Provider may not want to use this term unless determined by a medical professional.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematoma</td>
<td>This is a term generally used by a medical professional. Provider may not want to use this term unless determined by a medical professional.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothermia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laceration</td>
<td>This is a term generally used by a medical professional. Provider may not want to use this term unless determined by a medical professional.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesion</td>
<td>Localized wound usually originating from within the body tissue. Examples include boils, cold sores, or patches of psoriasis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of consciousness</td>
<td>Includes fainting if the person is unable to be aroused.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### When Reportable

Regardless of Injury Type, if injury:
- Requires treatment by a physician
- Results from a fall
- Results from restraint
- Results from emergency/natural disaster
- Is of unknown origin and causes suspicion of abuse/neglect

**IT IS ALWAYS HIGH NOTIFICATION.**

### Therap Options for Injury Type

<table>
<thead>
<tr>
<th>Pain</th>
<th>Poisoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poisoning</td>
<td>Pressure ulcer</td>
</tr>
<tr>
<td>Pressure ulcer</td>
<td>Puncture</td>
</tr>
<tr>
<td>Puncture</td>
<td>Rash/hives</td>
</tr>
<tr>
<td>Rash/hives</td>
<td>Redness</td>
</tr>
<tr>
<td>Redness</td>
<td>Scrape</td>
</tr>
<tr>
<td>Scrape</td>
<td>Scratch</td>
</tr>
<tr>
<td>Scratch</td>
<td>Sprain/strain</td>
</tr>
<tr>
<td>Sprain/strain</td>
<td>Sunburn</td>
</tr>
<tr>
<td>Sunburn</td>
<td>Swelling/edema</td>
</tr>
</tbody>
</table>

### Additional Comments

These are intended to assist person filling out GER to determine correct injury type. These do not define high notification.
## Appendix D: Defining Injury Causes

<table>
<thead>
<tr>
<th>When Reportable</th>
<th>Therap Options for Injury Cause</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regardless of Injury Cause, if participant goes to ER/Hospital for treatment or admission, always high notification.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accident motor vehicle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accident other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adaptive equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assault</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bumped into</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eating behavior</td>
<td></td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Emergency/Natural Disaster</td>
<td>Includes fire, flood, severe weather, etc.</td>
</tr>
<tr>
<td></td>
<td>Environmental hazard</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exposure</td>
<td></td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Fall</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ingestion of foreign material (PICA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insect</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical condition</td>
<td></td>
</tr>
<tr>
<td>High notification when: Injury caused by medication error</td>
<td>Medical procedure</td>
<td>This includes medication administration error.</td>
</tr>
<tr>
<td>ALWAYS HIGH notification.</td>
<td>Restraint</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seizure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Self-injurious behavior</td>
<td></td>
</tr>
<tr>
<td>HIGH notification when: Injury is of unknown origin and causes suspicion of abuse/neglect</td>
<td>Undetermined</td>
<td>Should only be used if no other category is applicable.</td>
</tr>
</tbody>
</table>