

Always use one GER, selecting the most suitable "Event/s." On occasion, multiple "Event(s)" may be used, for example, if an individual falls and needs to go to the hospital you would use two events (Injury and Other). **The Event Summary for a High GER must include full names and titles/relationships for everyone present.**

Incident Category	GER Event Category	Notification Level/ Internal Only
FALL WITH OR WITHOUT INJURY Including, but not limited to: an observed fall, an individual is found on the floor but is unable to tell you if they fell, someone is lowered to the floor (Note, the following examples would NOT be considered a fall: if an individual intentionally drops to the floor as a maladaptive behavior, OR, an individual trips and catches themselves before hitting the ground.)		
Any fall that requires no more than first aid and/or diagnostic procedures completed with negative results (i.e. x-ray, MRI, blood test, etc)	Event: Injury Injury Cause: Fall	Low/ Yes
Requires more than first aid, such stitches or diagnostic procedures completed with positive results (i.e. x-ray, MRI, blood test, etc.)		Medium/ Yes
Requires hospitalization due to Injury.		High/ No
INJURY OF UNKNOWN ORIGIN Requires no more than first aid and/or diagnostic procedures completed with negative results (i.e. x-ray, MRI, blood test, etc)		
Requires more than first aid, such stitches or diagnostic procedures completed with positive results (i.e. x-ray, MRI, blood test, etc.)	Event: Injury Injury Cause: Undetermined	Low/ Yes
Requires hospitalization.		Medium/ Yes
		High/ No
ACCIDENT WITH INJURY (known origin), *Use MIE for multiple individual GER* Including, but not limited to: vehicle accident, cut during kitchen prep, accidental contact between individuals, animal bite/scratch.		
Requires no more than first aid and/or diagnostic procedures completed with negative results (i.e. x-ray, MRI, blood test, etc). Minor injuries are to be T-Logged and are not considered a low GER.	Event: Injury Injury Cause: Accident Other	Low/ Yes
Requires more than first aid, such stitches or diagnostic procedures completed with positive results (i.e. x-ray, MRI, blood test, etc)		Medium/ Yes
Requires hospitalization.		High/ No
ACCIDENT AND/OR SAFETY HAZARD WITH NO APPARENT INJURY *Use MIE for multiple individual GER* Including, but not limited to: vehicle accident, unsafe environment		
If no abuse or neglect is suspected.	Event: Other Event Type: Accident no apparent injury	Low/ Yes
If accident was suspected to have occurred due to abuse or neglect, it falls under Abuse/Neglect.		High/ No
PHYSICAL ALTERCATION BETWEEN INDIVIDUALS *Use MIE for multiple individual GER* A separate GER must be written for all individuals: aggressor(s) and victim(s).		

Incident Category	GER Event Category	Notification Level/ Internal-Only
If the intent was NOT to cause harm and/or DID NOT result in substantial injury. ***Any doubt, speak directly to a supervisor***	Event: Other Event Type: Altercation	Low/ Yes
If the intent WAS to cause harm and/or resulted in substantial injury, refer to Agency Protective Oversight Policy and follow the Chain-Of Command.	Event: Other Event Type: Sensitive Situation	Medium/ Yes OR High/ No
UNUSUAL MALADAPTIVE BEHAVIOR		
Including, but not limited to: self-injurious behavior, physical aggression, unusual actions not typical of the individual		
Not addressed through a behavior support plan	Event: Other Event Type: Other In box labeled "If Other," type in " Behavior "	Low/ Yes
PROPERTY DAMAGE		
Caused by willful action of the individual.	Event: Other Event Type: Property Damage	Low/ Yes
Refer to Agency Protective Oversight Policy and follow the Chain-Of Command.	Event: Other Event Type: Sensitive Situation	High/ No
DEATH		
Leave "Autopsy Consent" Blank if Not Applicable to the Event		
Any unexpected but not unreasonable death due to a medical diagnosis (for example, the person has a history of multiple medical concerns – history of renal failure, COPD, uncontrolled diabetes, etc...).	Event: Death Cause of Death: Other In box labeled "If Other," type in " Unexpected but not unreasonable "	High/ No
Any expected death due to natural or expected causes (this may include a death due to illness, for example, someone has cancer and they are on hospice).	Event: Death Cause of Death: Natural/expected	High/ No
Any unexpected death where the cause is known, for example, an individual with no dietary limitations chokes.	Event: Death Cause of Death: Sudden/unexpected	High/ No
Any unexpected death due to an accident, homicide/violence, or suicide.	Event: Death Cause of Death: choose most appropriate – Accident, Homicide/ Violence, Suicide	High/ No
HOSPITAL / ER VISIT – DUE TO ILLNESS, MEDICAL CONCERN, INJURIES, ETC.		
This category MUST be used for ALL hospital incidents.		
Use when hospital is for unplanned medical reasons and when hospital is for injuries/accidents.	Event: Other Event Type: Hospital Event Subtype: select Admission or ER without Admission	Low/ Yes
PHYSICAL INTERVENTION TECHNIQUES		
DO NOT use Restraint Related to Behavior		
Utilization of SCIP-R physical intervention not included in a Behavior Support Plan and Turning off the power to an individual's wheelchair, holding a wheelchair in place to protect themselves or others will be classified under this category.	Event: Restraint Other Restraint Type: Physical	Low/ Yes

Incident Category	GER Event Category	Notification Level/ Internal Only
MEDICATION ERROR, PROCEDURAL		
Procedural	Event: Medication Error Medication Error Type: Other (In "If Other": " Procedural ")	Low/ Yes
MEDICATION ERROR, CLINICAL		
NOTE: Medication REFUSALS are only documented via T-Log, and a GER is not written.		
Clinical (Medication error that does not cause adverse effects)	Event: Medication Error Medication Error Type: (choose 1) Omission Wrong Dose Wrong Individual Wrong Medication Wrong Route Wrong Time	Low/ Yes
An error that results in adverse effects or the individual's health or welfare is in jeopardy.		High/ No
The individual is admitted to the hospital due to the error.		High/ No
OTHER (Theft, or Financial Exploitation, Sensitive Situation, Unauthorized Absence, Choking, with no known risk, ICF Violations)		
An unusual event that does not fall into the above categories or is conduct that is not consistent with service recipient's routine.	Event: Other Event Type: Other In box labeled "If Other," type the word " Other " and a brief description	Low/ Yes
For Theft of Personal Property and/or Financial Exploitation: Low – Less than or equal to \$15.00 in value, that does not involve a debit, credit, or benefit card, and that is an isolated occurrence. Medium – Is more than \$15.00 and less than or equal to \$100.00 in value, that does not involve a debit, credit, or benefit card, and that is an isolated occurrence. High – Is more than \$100.00, the theft of a debit, credit, or public benefit card, regardless of a specific amount involved; or a pattern of theft is evident.	Event: Other Event Type: Other In "If Other": " Other " and then one of the following: Theft or Financial Exploitation	Medium/ No OR High/ No
	Event: Other Event Type: Other In box labeled "If Other," type the word " Other " and then one of the following: Sensitive Situation Unauthorized Absence Choking, with no known risk ICF Violations	High/ No

ABUSE/NEGLECT and SIGNIFICANT INCIDENTS GERS

Incident Category	GER Event Category	Notification Level/Internal Only		
<p>Any suspected abuse, neglect, or significant incidents witnessed or discovered by staff should immediately be reported to a supervisor.</p>	<p>Event: Other Event Type: Other In box labeled "If Other," type one of the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <p><u>Abuse/Neglect:</u></p> <ul style="list-style-type: none"> Physical Sexual Psychological Neglect Deliberate inappropriate use of restraint Unlawful use or administration of a controlled substance Use of Adverse Conditioning Obstruction of reports of reportable incidents </td><td style="vertical-align: top; width: 50%;"> <p><u>Significant Incidents:</u></p> <ul style="list-style-type: none"> Conduct between people receiving services Seclusion Unauthorized Use of time-out Inappropriate use of restraints Other Mistreatment Choking with known risk Self-abuse behavior with injury Missing Persons Self-abuse behavior with injury </td></tr> </table>	<p><u>Abuse/Neglect:</u></p> <ul style="list-style-type: none"> Physical Sexual Psychological Neglect Deliberate inappropriate use of restraint Unlawful use or administration of a controlled substance Use of Adverse Conditioning Obstruction of reports of reportable incidents 	<p><u>Significant Incidents:</u></p> <ul style="list-style-type: none"> Conduct between people receiving services Seclusion Unauthorized Use of time-out Inappropriate use of restraints Other Mistreatment Choking with known risk Self-abuse behavior with injury Missing Persons Self-abuse behavior with injury 	<p>High/Ne</p>
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<p style="text-align: center;">Under General Information within the GER: For Abuse/Neglect GERS Staff to also indicate "Yes" next to Abuse or Neglect and select the most appropriate type. For Significant Incident GERS Staff to also indicate "No" next to Abuse or Neglect.</p>				

PART 625 – 150

INCIDENTS OCCURRING NOT UNDER THE AUSPICES OF TRC

Incident Category	GER Event Category	Notification Level/Internal Only
<p>Any suspected abuse, neglect, or significant incidents witnessed or discovered by staff should immediately be reported to a supervisor.</p>	<p>Event: Other Event Type: Other In box labeled "If Other," type one of the following:</p> <ul style="list-style-type: none"> Physical Abuse Sexual Abuse Emotional Abuse Active Neglect Passive Neglect Self Neglect Financial Exploitation Other Death 	<p>High/Ne</p>
<p style="text-align: center;">Under General Information within the GER: Staff to also indicate "Yes" next to Abuse or Neglect and select the most appropriate type. NOTE: 150 is required for this GER.</p>		

NOTE TO STAFF: anytime you write a GER, except for Abuse/Neglect, and Sensitive Situation, a T-Log must also be written. For Med Errors only write "Contacts" or "On Call" T-Log if specific instructions are given by an RN (i.e. Hold Med, Change in Med time).

- It must include the notification level, the type, and a description about the GER. Also, Fall T-Logs must include the individual did not hit his/her head OR HIP was initiated. If applicable, include the corrective action. Follow the T-Log Reference Guide, do not use staff names within the T-Log.

***Use MIE for multiple individual GER*:** Multi-Individual Events are used for GERs where more than one individual is involved in the incident. For example, an altercation between two individuals is a MIE. A MIE allows you to write one GER and copy it to the second individual.

- When completing a GER for multiple individuals follow these steps:
 1. Submit GER for one individual with all notifications
 2. Click **"Copy this GER for other individual(s)"**
 3. Select Program and Select all other individuals involved using the check box
 4. Return to Dashboard, Click To Do, Click on Worklist number under GER
 5. Open copied GER(s), Scroll to the bottom and click "Edit this GER," Remove Notifications specific to other individual's GER, Add Notifications specific to current individual (i.e. family, service coordinator, home contact)
 6. Submit this GER
 7. Repeat steps 4 – 6 if necessary
- If Step 2 is missed, Supervisor may Return to Submitter or may complete MIE
 1. Submitter may then open GER in Worklist, Click "Submit," and **"Copy this GER for other individual(s)"** (using Steps 2 – 7 above)

NOTE TO SUPERVISORS: you can include more than one event within a single GER.

IMPORTANT: Staff that approve GERs should ensure that the information within the GER follows this chart.

- If the submitted information is incorrect, the supervisor should create a T-Note identifying the change/s needed and "Return to Submitter." The staff that originally submitted the GER will need to correct the information according to this chart and then re-submit the GER.
- T-Notes can also be created for supervisory staff (i.e. additional notifications), however the staff that creates the T-Note will need to notify them directly.

DO NOT APPROVE A GER UNTIL IT FOLLOWS THE INFORMATION IN THIS CHART.
ALL GERs MUST BE APPROVED WITHIN 5 BUSINESS DAYS OF EVENT DATE.

Corrective Actions Taken:

- Both Correct Actions Taken and Plan of Future Correct Actions to be included in this section (to populate 147 correctly, if needed).
- If a Med Error – RN to document the number of Clinical/Procedural errors; indicate the medications administration status of the persona responsible, i.e. Remain certified, de-certify, etc.
 - If the person remains certified, indicate that they were notified that future errors may result in de-certification
 - If the person is de-certified, indicate that the policy and procedure for re-certification will be followed

Plan of Future Corrective Actions:

- Do Not Use – See Above

Follow-Up:

- If Med Error, RN to document their discussion/consultation/training with staff once completed.
- If Physical Intervention Technique use was Restrictive, ABSS or Behavior Tech, to document their debriefing/training with staff once completed.

Reporting Best Practices:

If an incident occurs or is observed/discovered/reported in your department involving your staff, that department is responsible for the GER, from start to finish.

- Staff may need to read T-Logs from another program in order to finish GER.
- For example: an Individual goes to ER from day program, day program staff writes GER, then finishes GER utilizing T-Logs written by residential staff regarding ER results.
- If the incident occurs or is discovered in a non-OPWDD program (Article 28, Dental Clinic, Transportation, OMH, Maintenance, etc...), these programs need to report the incident to the Primary Case Manager/MSC.

If an incident occurs or is observed/discovered/reported by your department involving staff outside of your department, a verbal notification to your supervisor needs to occur immediately (do not leave a message, follow chain-of-command).

- That programs supervisor then needs to contact a supervisor of the responsible program, so that it can be determined if a GER needs to be written; Responsible program writes GER
- For example: Day program witnesses a potential case of abuse while residential staff is bringing individuals to work in the morning, day program staff reports this to a day program supervisor who in turn will call the supervisor of the residential program responsible.