

Triaging SIRs for Vendors

Defining “Treatment Beyond First Aid:”

A person received treatment for an injury beyond first aid if they received attention from a medical professional, irrespective of the location of that professional (on site, doctor’s office, hospital). A person receiving an exam only by a professional would be receiving treatment beyond first aid. This excludes a phone or remote consult in which the vendor is instructed to perform medical treatment.

Cases of Multiple SIR Types and Repeating Events:

In cases where there are multiple incident types occurring at the same time, submit a single report specifying all the types that apply.

Submit a single report to RCOC in cases where:

- A consumer experienced incidents of a single type repeatedly *and*
- The vendor learns afterward that the consumer had experienced a series of incidents.

Submit one report to RCOC for each type of incident in cases where

- A consumer experienced two or more distinct series of incidents not of the same type and
- The two or more series of incidents were unrelated, by virtue of
 - a) Occurring in different locations
 - b) Involving the consumer and different sets of agents and
- The vendor learned that the consumer experienced the incidents after they had occurred

Submit one report to RCOC for each incident in cases where

- A consumer repeatedly experienced incidents of one or more types and
- The regional center learned of each incident individually as they occurred

Examples:

- a) If a consumer missed a dose of medication on five consecutive days and the vendor learned of this on the sixth day or afterward, the vendor may report the incident in a single SIR;
- b) If a consumer missed a dose of some medication and was abused on five consecutive days and the vendor learned of this on the sixth day or afterward, the vendor should report the incidents separately in at least two SIRs;
- c) If a consumer missed a dose of medication on five consecutive days, the vendor discovered this on the sixth day, and the consumer missed the dose again on the seventh day, and the vendor discovered this on the seventh or eighth day, the vendor should submit two SIRs.

Triaging SIRs for Vendors

Defining “Vendor” and “Long-Term Health care Facility:”

- “Vendor” means an applicant who has been given a vendor identification number and has completed the vendorization process, and includes those specified in Title 17, §54310(d)-(e).
- “Long-Term Health Care Facility” means an Adult Day Health Care Program; a Congregate Living Health Facility; a Skilled Nursing Facility; Sub-Acute; In-Patient Hospice; an Intermediate Care Facility; an Intermediate Care Facility/Developmentally Disabled; an Intermediate Care Facility/Developmentally Disabled-Habilitative; an Intermediate Care Facility/Developmentally Disabled-Nursing; or an Intermediate Care Facility/Developmentally Disabled/Continuous Nursing.
- “Congregate Living Health Facility” means a residential home with a capacity, except as provided in Section 1240(i)(1), Paragraph 4, of the Health and Safety Code, of no more than 12 beds, that provides inpatient care, including the following basic services: medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary, social, recreational, and at least one type of service specific in paragraph (2). The primary need of congregate living health facility residents shall be for availability of skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities.

Defining “Under Vendor Care:”

A consumer was receiving services and supports from a vendor or long-term health care facility at a given time if any of the following conditions are satisfied:

- The vendor or long-term health care facility was designated in the consumer’s IPP to be responsible for providing services and supports to the consumer 24 hours per day;
- The vendor or long-term health care facility was responsible for providing services and supports to the consumer 24 hours per day under the California Code of Regulations, Title 17;
 - a) Community Care Facilities; Intermediate Care Facilities; Residential Care Facilities for the Elderly; Supported Living.
- The vendor or long-term health care facility was designated in that consumer’s IPP to be responsible for providing services and supports to the consumer at the time in question, regardless of whether the vendor was providing care in fact; or
- The vendor or long-term health care facility was, in fact, providing services and supports to the consumer at the time in question.

Triaging SIRs for Vendors

Aggravated Assault***, including a physical attack on a victim using hands, fist, feet, or a firearm, knife, or cutting instrument or other dangerous weapon:

Assault is defined as the threat or use of force on another that causes that person to have a reasonable apprehension of imminent harmful or offensive contact; the act of putting another person in reasonable fear or apprehension of an immediate battery by means of an act amounting to an attempt or threat to commit a battery. Aggravated assault is defined as assault accompanied by circumstances that make it more severe, such as the use of a deadly weapon, the intent to commit a crime, or the intent to cause serious bodily harm.

Aggravated assault can include, among other things, assault with a deadly weapon, or assault with intent to rape, maim or murder. It is considered much more serious than simple assault.

- Must be reported to the regional center regardless of whether the consumer was under the care of a vendor or long-term health care facility
- The incident will be reported to DDS if there is corroborating evidence that the consumer, or someone acting on his or her behalf, reported the crime to law enforcement. Corroborating evidence includes:
 - ✓ Records of a 911 call to police
 - ✓ An incident report number/date
 - ✓ A case number/date
 - ✓ Confirmation from law enforcement that someone reported the crime
 - ✓ Confirmation from the consumer that he or she reported the crime
 - ✓ Witness to any of the above

Aggressive Act to Community Member:

- Same as above, but the person being aggressed upon is a community member (e.g., stranger, neighbor).
- Use common sense about when an incident is actually a possible criminal act against the community member. If you are unsure, consult with your management staff right away and then follow up as directed.

Aggressive Act to Family/Visitor:

- Same as above, but the person being aggressed upon is a family member or visitor (RCOC staff person, area board staff person, facility physician).

Triaging SIRs for Vendors

Aggressive Act to Peer:

- A consumer hits, kicks, scratches, pushes another consumer.
- Two consumers engage in a mutual fight.
- A consumer threatens another consumer, throws something at another consumer, or calls the other consumer names.
- Use common sense about when an incident is actually alleged physical abuse perpetrated by one consumer against another. If you are unsure, consult with your management staff right away and then follow up as directed.

Aggressive Act to Self:

- A consumer engages in self-injurious behavior, such as banging his head against a wall, or pinching, biting, hitting, or scratching himself, without causing any apparent injury. If there is an injury, see Injury: From A Behavior Episode.

Aggressive Act to Staff:

- A consumer hits, kicks, scratches, throws something at, pushes, spits on, curses at, or threatens a paid staff person (whether they are paid by RCO or not).

Alleged Emotional, Verbal, or Mental Abuse*:**

- The alleged abuser isolates the consumer, not allowing the consumer contact with friends or family members.
- The alleged abuser calls the consumer derogatory names or refers to the consumer in a derogatory way.
- The alleged abuser threatens the consumer with harm or a particular consequence in order to make the consumer do what the abuser wants.
- The alleged abuser manipulates or coerces the consumer into doing or not doing things that are clearly harmful to the consumer.

Alleged Financial Abuse*:**

- The alleged abuser takes or manipulates the consumer into giving money that is used for the benefit of the alleged abuser, and/or that the consumer cannot afford to give away.
- The alleged abuser has the consumer enter into a contract that is financially harmful to the consumer (e.g., purchase of cell phone, purchase of car).
- The alleged abuser does not forward payment out of the consumer's SSI to the residential facility for payment of placement, jeopardizing the consumer's placement.
- The alleged abuser takes advantage of the consumer in such a way as to impact the consumer financially (e.g., using the consumer's phone, taking the consumer's laundry money).

Triaging SIRs for Vendors

Alleged Neglect: Failure to Assist with Personal Hygiene*:**

- The alleged abuser fails to assist the consumer with daily grooming skills such that the consumer has a noticeable decline in appearance/health (e.g., body odor, dirty skin/hair, wearing same dirty clothes every day, dirty or rotten teeth, ingrown toenails).
- The alleged abuser fails to assist the consumer with toileting/diapering.

Alleged Neglect: Failure to Prevent Dehydration*:**

- The alleged abuser fails to give the consumer water or other liquid/nutrition, resulting in dehydration.

Alleged Neglect: Failure to Prevent Malnutrition*:**

- The alleged abuser fails to give the consumer consistent or adequate nutrition, resulting in a noticeable decline in health and wellness (e.g., ER visit or admission due to signs/symptoms of malnutrition, noticeable weight loss, extreme weakness).

Alleged Neglect: Failure to Protect from a Health/Safety Hazard*:**

- The alleged abuser fails to provide adequate supervision or care which results in the consumer being subjected to health/safety hazards (e.g., leaving a child unattended or abandoning an adult consumer, dropping off a non-verbal, non-ambulatory consumer at a location without having another responsible party receive the consumer, allowing a consumer to have access to guns/knives, not providing adequate supervision such that the consumer's health/safety is compromised).

Alleged Neglect: Failure to Provide Care to a Dependent/Elder Adult*:**

- The alleged abuser fails to provide general care (not associated with any other specific type of neglect or abuse) to a consumer, such as consistently having the consumer sleep on the floor, failing to ensure the consumer attends day program or school consistently.

Alleged Neglect: Failure to Provide Food/Shelter/Clothing*:**

- The alleged abuser fails to provide adequate, well-fitting, and/or clean clothing to the consumer.
- The alleged abuser fails to provide adequate, nutritious food to the consumer (but not to the point of malnutrition).
- The alleged abuser does not allow an adult who requires supervision or assistance with self-care access to the consumer's home (e.g., facility staff not at home to receive a consumer, a family member kicks an adult out of the home).

Triaging SIRs for Vendors

Alleged Neglect: Failure to Provide Medical Care*:**

- The alleged abuser fails to ensure the consumer receives adequate or timely medical care, or medical care as ordered by the consumer's physician (e.g., not administering medications as ordered, not taking the consumer to the ER when the consumer has an illness/injury requiring immediate treatment, consistent failure to take the consumer to or arrange necessary follow-up care).

Alleged Physical Abuse*:**

- The alleged abuser strikes or pushes the consumer, either with the abuser's own body or another object.

Alleged Physical/Chemical Restraint*:**

- The alleged abuser administers medications not prescribed to the consumer to subdue or restrain the consumer.
- The alleged abuser administers medications prescribed to the consumer to subdue or restrain the consumer (giving extra of a seizure medication to make the consumer go to sleep, giving an "as-needed" anxiety medication more often than is prescribed).
- The alleged abuser physically restrains the consumer in a harmful way (e.g., tying a consumer to a chair or bed, using restraints that are not medically prescribed, sitting on top of a consumer, or, for a staff person, failing to use Pro-ACT or CPI techniques to redirect/restrain a consumer).

Alleged Sexual Abuse*:**

- The alleged abuser touches, molests, or sexually assaults the consumer.
- The alleged abuser has sexual contact with an adult consumer who is incompetent to provide consent to sexual activity.
- The alleged abuser manipulates, threatens, or coerces a consumer into engaging in sexual acts.

Alleged Violation of Rights:

- The consumer's personal, civil, service, or legal rights are violated in some way.
- This may include: being denied housing due to his disability, being denied access to the telephone at a facility, and a vendor failing to provide services as specified in the consumer's IPP (vendor is a no-show for scheduled services, or provides services in a sub-standard way).

Triaging SIRs for Vendors

Burglary***, including forcible entry; unlawful non-forcible entry; and, attempted forcible entry of a structure to commit a felony or theft therein:

In California burglary is defined as:

"Every person who enters any house, room, apartment, tenement, shop, warehouse, store, mill, barn, stable, outhouse, or other building, tent, vessel, as defined in Section 21 of the Harbors and Navigation Code, floating home, as defined in subdivision (d) of Section 18075.55 of the Health and Safety Code, railroad car, locked or sealed cargo container, whether or not mounted on a vehicle, trailer coach, as defined in Section 635 of the Vehicle Code, any house car, as defined in Section 362 of the Vehicle Code, when the doors are thereof, with intent to commit grand or petit larceny or any felony is guilty of burglary " (Cal Pen Code 459).

- Will be reported to DDS, provided there is corroborating evidence that the consumer, or someone acting on his or her behalf, reported the crime to law enforcement.
Corroborating evidence includes:
 - ✓ Records of a 911 call to police
 - ✓ An incident report number/date
 - ✓ A case number/date
 - ✓ Confirmation from law enforcement that someone reported the crime
 - ✓ Confirmation from the consumer that he or she reported the crime
 - ✓ Witness to any of the above

Consumer is the Alleged Victim of a Crime:

- The consumer is the alleged victim of a crime other than those that are reportable to DDS (e.g., stalking, terrorist threat, simple assault, identity theft/fraud).

Death, regardless of location*:**

- Must be reported to the regional center regardless of whether the consumer was under the care of a vendor or long-term health care facility

Diagnosis of Communicable Disease/Parasite:

- The consumer is diagnosed by a doctor as having a communicable disease such as hepatitis, chickenpox, or tuberculosis. This excludes the consumer being *suspected* of having such an illness.
- The consumer is diagnosed by a physician as having an infestation, such as lice, scabies, ringworm, etc. This excludes when the consumer is simply *suspected* of having such an illness.

Triaging SIRs for Vendors

Event Which May Result in Criminal Charges/Legal Action:

- The consumer is arrested by law enforcement.
- The consumer is accused or suspected of a crime (but has not been arrested).
- The consumer admits to engaging in criminal behavior.

Health and Safety Issue:

- The consumer has an ongoing issue or experiences an incident which is or could jeopardize their health and safety. RCOC categorizes health and safety issues as either behaviorally or medically related.
- Medical: choking, consumer unable to access appropriate medical/dental care.
- Behavioral: consumer is using illegal drugs, consumer is using alcohol to excess or unsafely, consumer is choosing to hitchhike. If the issue is sexual in nature, see “Other Sexual Incident.”

Hospitalization: Cardiac-Related***:

- The consumer has an *unplanned* hospitalization for treatment of cardiac-related diagnoses including, but not limited to, congestive heart failure, hypertension, and angina.
- No incident should be triaged as a cardiac-related admission unless there is a definitive diagnosis in the SIR (e.g., heart attack, etc.) Consultation with health staff may be required for strokes, as these are often considered neurological and not cardiac-related. If the consumer suffers from undiagnosed “chest pains” or other symptoms which could be cardiac-related but could also be something else, triage the incident as an ER visit or other unplanned hospitalization.

Hospitalization: Diabetes-Related***:

- The consumer has an *unplanned* hospitalization for treatment of diabetes-related symptoms or is admitted and diagnosed with new onset diabetes.

Hospitalization: Internal Infection***:

- The consumer has an *unplanned* hospitalization for treatment of infection diagnoses including, but not limited to, ear, nose, and throat, gastrointestinal, dental, pelvic, or urinary tract infections.

Triaging SIRs for Vendors

Hospitalization: Nutritional Deficiencies*:**

- The consumer has an *unplanned* hospitalization for treatment of dehydration or anemia, or
- Extreme vomiting (e.g., vomiting for several days, leads to weight loss), or
- Dislodged g-tube/j-tube ONLY if the consumer is supposed to be on a drip, or if the tube was out for several hours (at least 4+ hours), or
- Other deficiencies
- A nutritional deficiency does NOT include low/high calcium, etc.; no or low urine output; typical vomiting associated with flu onset, stomach upset, or other illness; diarrhea (unless it leads to dehydration as noted above); constipation; bowel obstruction; and flu.

Hospitalization: Respiratory Illness*:**

- A consumer has an *unplanned* admission for conditions including, but not limited to, asthma, tuberculosis, and chronic obstructive pulmonary disease.
- Other conditions include bronchitis, pneumonia, Adult Respiratory Distress Syndrome (ARDS), and respiratory distress.

Hospitalization: Seizure-Related*:**

- The consumer has an *unplanned* hospitalization for the treatment of seizures or seizure-related symptoms.

Hospitalization: Wound/Skin Care*:**

- A consumer has an *unplanned* hospitalization for conditions such as a decubitus ulcer or other skin breakdown, cellulitis, or an infected wound.

Injury: Bite Requiring Treatment Beyond First Aid*:**

- The consumer either bites herself or is bitten by another, resulting in an injury that requires treatment beyond first aid (by a doctor, hospital staff, paramedics/EMS, etc.).

Injury: Burn Requiring Treatment Beyond First Aid*:**

- The consumer suffers a burn requiring treatment beyond first aid, such as from a sunburn, fire, or contact with a heated surface.

Injury: Dislocation***

- The consumer suffers the dislocation of any joint of the body.

Triaging SIRs for Vendors

Injury: Fracture***

- The consumer fractures a bone; this does not include teeth.

Injury: From A Behavior Episode:

- The consumer has a behavior episode that results in an injury to himself.

Injury: From A Seizure:

- The consumer has a seizure that directly results in an injury to himself.

Injury: From Another Consumer:

- The consumer is purposefully injured by a peer.

Injury: Internal Bleeding Requiring Treatment Beyond First Aid*:**

- The consumer has an illness or suffers an injury resulting in internal bleeding requiring treatment beyond first aid, such as a GI bleed, or blood in vomit, stool, urine, etc.
- Bruises are a type of internal bleeding. If a vendor or consumer schedules an appointment with a medical professional for the purpose of treating the bruise, or if an on-site medical professional treats the bruise, the incident is reportable.

Injury: Laceration Requiring Sutures/Staples/Dermabond*:**

- The consumer suffers a laceration (whether self-inflicted or accidental) that requires sutures, staples, or Dermabond. This does not include lacerations or wounds closed with steri strips or butterfly closures.

Injury: Medication Reaction Requiring Treatment Beyond First Aid*:**

- The consumer accidentally overdoses on medication or has medication toxicity.
- The consumer suffers medication side effects, including behavior change, swelling of extremities, and allergic reactions.
- A medication reaction does NOT include lack of medications causing a diabetic reaction, seizures, etc.

Injury: Puncture Wounds Requiring Treatment Beyond First Aid*:**

- The consumer suffers a puncture wound (whether self-inflicted or accidental) requiring treatment beyond first aid. This excludes instances in which the consumer is the victim of a crime, such as a stabbing, which would be reported as HCRIME.

Triaging SIRs for Vendors

Involuntary Psychiatric Admission (5150)*:**

- An admission was an involuntary psychiatric admission if a principal discharge diagnosis for the admission corresponds to any psychiatric condition; and the admission was authorized by someone with legal authority to do so other than the person admitted. The consumer may be admitted on a hold, but released early by hospital staff.
 - a) The consumer was a child, the parent/guardian did not consent to the admission, and the admission was carried out under the legal authority other than that of the parent/guardian
 - b) The consumer was a conserved adult, the conservator did not consent to the admission, and the admission was carried out under legal authority other than that of the conservator
 - c) The consumer was a non-conserved adult, the consumer did not consent to the admission, *or* the admission was carried out under legal authority other than that of the consumer.
- This excludes voluntary admissions, when the consumer asks to be admitted or admits himself.
- This excludes a consumer being observed at ETS. A visit to ETS that does not result in admission should be reported as an ER visit.
- This excludes court-ordered diversions and admission to the SDC.

Medical Emergency:

- The consumer has an emergency room visit, unplanned doctor's visit, or unplanned hospitalization for any illness or injury that is not reportable to DDS.

Medication Error*:**

- A medication error is defined as a person receiving a prescription medication not prescribed for him/her; a person receiving the wrong dose of any medication (including missed doses of prescribed medications and wrong doses of over-the-counter medications); a person not receiving a prescribed medication at the prescribed time of day (within two hours); and a person receiving a medication by an incorrect route.
- A consumer who is over the age of 14 refusing medication is not a medication error. A child who refuses medication is triaged as Other (Behavior Episode). An adult who consistently refuses medication that is needed to ensure their health and well-being (such as diabetes or blood pressure medication) may be alleged to be medically neglecting herself.

Missing Person: Police Report Filed*:**

- The consumer has been reported to law enforcement in any way as missing

Triaging SIRs for Vendors

Other:

- Used to capture incidents which are not currently listed by a specific type:
- when the consumer is accused of abuse/neglect,
- when the consumer is the recipient of an aggressive act from a peer (without injury)
- when the consumer experiences a *significant* change in health status, such as new diagnosis, change in ambulatory status, change in level of functioning, etc.

Other Sexual Incident:

- The consumer engages in sexually-related activity that endangers herself or is inappropriate and endangers another aspect of the consumer's life (job, housing). This includes sexual activity in public, on the job, in an unsafe place, with an unsafe partner, and in an unsafe manner (multiple partners, prostitution).

Personal Robbery***:

- Robbery, including theft using a firearm, knife, or cutting instrument or other dangerous weapons or methods which force or threaten a victim.

Robbery is defined to be the "taking of personal property of another from the other's person or presence by force or intimidation with the intent to permanently deprive him of it". There must be force involved, and the victim must be present. Robbery is considered a felony in all states.

Aggravated robbery is generally defined to involve the use of a deadly weapon.

- Must be reported to the regional center regardless of whether the consumer was under the care of a vendor or long-term health care facility
- Will be reported to DDS, provided that there is corroborating evidence that the consumer, or someone acting on his or her behalf, reported the crime to law enforcement. Corroborating evidence includes:
 - ✓ Records of a 911 call to police
 - ✓ An incident report number/date
 - ✓ A case number/date
 - ✓ Confirmation from law enforcement that someone reported the crime
 - ✓ Confirmation from the consumer that he or she reported the crime
 - ✓ Witness to any of the above

Property Damage:

- The consumer engages in property damage that is part of a behavior and not a criminal act.

Triaging SIRs for Vendors

Rape or Attempted Rape***:

- Rape, including rape and attempts to commit rape. May include date rape, marital rape, or statutory rape.

Rape is an act of sexual intercourse carried out:

1. "against a person's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the person or another."
 2. where the victim is unable to resist because of an intoxicating, narcotic, or anesthetic substance that the accused has responsibility for administering.
 3. where the victim is unconscious of the nature of the act and the perpetrator knows it.
 4. where the victim believes, due to the perpetrator's intentional deceptive acts, that the perpetrator is her spouse.
 5. where the perpetrator threatens to retaliate against the victim or any other person, and there is a reasonable possibility the perpetrator will execute the threat -- "threatens to retaliate" means threatens to kidnap, imprison, inflict extreme pain, serious bodily injury, or death.
 6. where the victim is incapable of giving consent, and the perpetrator reasonably should know this.
 7. where the perpetrator threatens to use public authority to imprison, arrest, or deport the victim or another, and the victim reasonably believes the perpetrator is a public official.
- Must be reported to the regional center regardless of whether the consumer was under the care of a vendor or long-term health care facility
 - Will be reported to DDS, provided that there is corroborating evidence that the consumer, or someone acting on his or her behalf, reported the crime to law enforcement. Corroborating evidence includes:
 - ✓ Records of a 911 call to police
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 - ✓ Confirmation from law enforcement that someone reported the crime
 - ✓ Confirmation from the consumer that he or she reported the crime
 - ✓ Witness to any of the above

Seizures:

- The consumer has an *atypical* seizure, has *new* seizures, or begins to have an *atypical* frequency or intensity of seizures.

Suicide Attempt:

- The consumer attempts to commit suicide (irrespective of whether the action is thought to be likely to result in death, such as when a consumer ties a string around her throat after saying she wants to die).

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Triaging SIRs for Vendors

Suicide Threat:

- The consumer explicitly threatens to kill themselves, or makes statements of wanting to die followed by other statements such as, "I'm going to jump out the window."

Theft*:**

- Larceny, including the unlawful taking, carrying, leading, or riding away of property, except for motor vehicles, from the possession or constructive possession of another person.

Larceny is the "taking and carrying away of tangible personal property of another by trespass with intent to permanently (or for an unreasonable time) deprive the person of his interest in the property". Larceny must involve personal property, and it must be capable of being possessed, and carried away. Thus, real estate, services and other intangibles cannot be objects of larceny.

The commission of larceny requires that someone else's property actually be taken away, and the intent to take it, without paying for or returning it, must also be present. Both elements are needed by definition for larceny to occur.

- Must be reported to the regional center regardless of whether the consumer was under the care of a vendor or long-term health care facility
- Will be reported to DDS, provided that there is corroborating evidence that the consumer, or someone acting on his or her behalf, reported the crime to law enforcement. Corroborating evidence includes:
 - ✓ Records of a 911 call to police
 - ✓ An incident report number/date
 - ✓ A case number/date
 - ✓ Confirmation from law enforcement that someone reported the crime
 - ✓ Confirmation from the consumer that he or she reported the crime
 - ✓ Witness to any of the above

Unauthorized Absence:

- The consumer leaves the place where they are supposed to be for a period of time (e.g., day program out in the community, facility, job site).

Use of Restrictive Behavior Intervention:

- The consumer engages in behaviors which ultimately lead to a restraint.
- This excludes restraint which may be considered abusive.

Triaging SIRs for Vendors

Voluntary Psychiatric Admission:

- The consumer engages in behaviors and agrees to a psychiatric admission, or asks to be psychiatrically admitted.