

~ Racker ~
Community Support Services
Incident Management – Under the Auspices of Racker
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POLICY

Racker is committed to the responsibility of assuring the safety and well-being of the individuals at all times. This commitment includes proper, timely and thorough reporting, reviewing, correcting, and monitoring of certain events or situations in order to enhance the quality of care and to ensure that individuals are free from all forms of abuse. In addition to the agency's Protective Oversight Policy and Guidelines, OPWDD funded programs abide by supplemental regulatory requirements.

NOTE

The following definitions and procedures are applicable to incidents that occur **under the auspices of the agency**. *** For events and situations that occur, but are not under the auspices of the agency, see the appropriate policy and procedure for *Events & Situations Not Under the Auspices of the Agency*.

DEFINITIONS

UNDER THE AUSPICES

When agency personnel (staff, interns, contractors, consultants, and/or volunteers) are, or should have been, physically present and providing services at the time of the incident.

NOT UNDER THE AUSPICES

When an event or situation exclusively involves the family, friends, employers, or co-workers of an individual receiving services, whether or not in the presence of agency personnel or at a certified site.

CUSTODIAN

A *custodian* is a person who is an employee, consultant, or volunteer of an agency who has regular and substantial contact with individuals receiving services.

EVENTS TO CONSIDER (ETC'S)

'Events to Consider' include, but are not limited to:

- a. Significant/ and Serious *Destruction* of Property
- b. Vehicle accidents
- c. Injuries that are suspicious in nature
- d. Choking that requires an intervention
- e. Aggressive behavior requiring physical intervention
- f. Suicidal Ideation (accompanied by lethality assessment) – *when assessment reveals significant potential*
- g. Sensitive community situations – may include those that involve emergency personnel or occurrences in the community that may compromise someone's dignity or well-being
- h. Initial information of any Reportable Incident (allegations of abuse or significant incident) or Notable Occurrence (serious or minor).

NOTABLE OCCURRENCES (Minor and Serious)

Injury

Minor N.O. Any suspected or confirmed harm, hurt, or damage to an individual receiving services, caused by an act of that individual or another, whether or not by accident, and whether or not the cause can be identified, that results in an individual requiring medical or dental *treatment* by a physician, dentist, physician's assistant, or nurse practitioner, ***and*** such treatment is *more than first aid*. [Note: Illness in itself should not be reported as an injury or any other type of incident or occurrence.]

Theft and Financial Exploitation

Minor N.O. Any suspected theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation that involves a value of more than \$15.00 and less than or equal to \$100.00, that does not involve a credit, debit, or public benefit card, and that is an isolated event.

Death

Serious N.O. The death of any person receiving services, regardless of the cause of death. This includes all deaths of individuals who live in residential facilities and other deaths that occur under the auspices of the agency.

Sensitive Situations

Serious N.O. Situations involving a person receiving services that do not meet the definitions of other incidents that may be of delicate nature to the agency, and are reported to ensure awareness of the circumstances. Sensitive situations include, but are not limited to, possible criminal acts committed by an individual receiving services.

REPORTABLE INCIDENTS

(Allegations of Abuse & Significant Incidents)

Allegations of Abuse/ Neglect

A. ***Physical abuse*** is the conduct by a custodian intentionally or recklessly causing, by physical contact, physical injury or serious or protracted impairment of the physical, mental, or emotional condition of the individual receiving services, or causing the likelihood of such injury or impairment. Such conduct may include, but shall not be limited to: slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting, or the use of corporal punishment. Physical abuse shall not include reasonable emergency interventions necessary to protect the safety of any party.

B. ***Sexual Abuse*** is any conduct by a custodian that subjects a person receiving services to any offense defined in penal law, or any conduct or communication by such custodian that allows, permits, uses, or encourages a person receiving services to engage in any act described in penal law.

C. ***Psychological Abuse*** includes any verbal or nonverbal conduct that may cause significant emotional distress to an individual receiving services.

- (i) Examples include, but are not limited to, taunts, derogatory comments or ridicule, intimidation, threats, or the display of a weapon or other object that could reasonably be perceived by an individual receiving services as a means for infliction of pain or injury, in a manner that constitutes a threat of physical pain or injury.
- (ii) In order for a case of psychological abuse to be substantiated after it has been reported, the conduct must be shown to intentionally or recklessly cause, or be likely to cause, a substantial diminution of the emotional, social or behavioral development or condition of the individual receiving services. Evidence of such an effect must be supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker or licensed mental health counselor.

D. ***Deliberate inappropriate use of restraints*** is the use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is deliberately inconsistent with an individual's plan of services (e.g. individualized service plan (ISP) or a habilitation plan), or behavior support plan, generally accepted treatment practices, and/or applicable federal or state laws, regulations or policies, except when the restraint is used as a reasonable emergency intervention to prevent imminent risk of harm to a person receiving services or to any other party. For purposes of this paragraph, a restraint shall include the use of any manual, pharmacological, or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body.

E. ***Aversive Conditioning*** is the application of a physical stimulus that is intended to induce pain or discomfort in order to modify or change the behavior of a person receiving services. Aversive conditioning may include, but is not limited to, the use of physical stimuli such as noxious odors, noxious tastes, blindfolds, and the withholding of meals and the provision of substitute foods in an unpalatable form. The use of aversive conditioning is prohibited by the Centers and OPWDD.

F. ***Obstruction of reports of reportable incidents*** is the conduct by a custodian that impedes the discovery, reporting, or investigation of the treatment of a person by falsifying records related to the safety, treatment, or supervision of an individual receiving services; actively persuading a custodian or other mandated reporter from making a report of a reportable incident to the statewide vulnerable persons' central register (VPCR) or OPWDD with the intent to suppress the reporting of the investigation of such incident; intentionally making a false statement, or intentionally withholding material information during an investigation into such a report; intentional failure of a supervisor or manager to act upon such a report in accordance with OPWDD regulations, policies or procedures; or, for a custodian, failing to report a reportable incident upon discovery.

G. ***Unlawful use or administration of a controlled substance*** is any administration by a custodian to a person of a controlled substance as defined by public health law, without a prescription, or other medication not approved for any use by the federal food and drug administration. It also shall include a custodian unlawfully using or distributing a controlled substance as defined by public health law, at the workplace or while on duty.

H. ***Neglect*** is any action, inaction, or lack of attention that breaches a custodian's duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental, or emotional condition of a service recipient. Neglect shall include, but is not limited to:

- (i) failure to provide proper supervision, including a lack of proper supervision that results in conduct between persons receiving services that would constitute abuse as described if committed by a custodian;
- (ii) failure to provide adequate food, clothing, shelter, or medical, dental, optometric or surgical care, , and provided that the agency has reasonable access to the provision of such services and that necessary consents to any such medical, dental, optometric, or surgical treatment have been sought and obtained from the appropriate parties; or
- (iii) failure to provide access to educational instruction, by a custodian with a duty to ensure that an individual receives access to such instruction in accordance with education law and/or the individual's individualized education program.

Significant Incidents

Significant incidents are incidents, other than an incident of abuse or neglect, that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety, or welfare of a person receiving services, and shall include but shall not be limited to:

- A. ***Conduct between persons receiving services that would constitute abuse*** as described if committed by a custodian;
- B. ***Conduct on the part of a custodian, that is inconsistent with the individual's plan of services***, generally accepted treatment practices, and/or applicable federal or state laws, regulations or policies, and which impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services, including but not limited to:
 - (i) ***seclusion*** which is the placement of an individual receiving services in a room or area from which he or she cannot, or perceives that he or she cannot, leave at will. Any seclusion is prohibited at the Centers;
 - (ii) ***unauthorized use of time-out***, which is the use of a procedure in which a person receiving services is removed from regular programming and isolated in a room or area for the convenience of a custodian, or as a substitute for programming. Any time out is prohibited at the Centers;
 - (iii) ***the administration of a prescribed or over-the-counter medication, which is inconsistent with a prescription or order*** issued for a person by a licensed, qualified health care practitioner, and which has an adverse effect on an individual receiving services. "Adverse effect" is the unanticipated and undesirable side effect from the administration of a particular medication which unfavorably affects the wellbeing of a person receiving services; and
 - (iv) ***inappropriate use of restraints*** is the use of a restraint when the technique that is used, the amount of force that is used, or the situation in which the restraint is used is inconsistent with an individual's plan of services (including a behavior support plan), generally accepted treatment practices, and/or applicable federal or state laws, regulations or policies. "Restraint" includes the use of any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body; and
 - (v) ***mistreatment*** is other conduct on the part of a custodian, inconsistent with the individual's plan of services, generally accepted treatment practices, and/ or applicable federal or state laws, regulations, or

policies, and that impairs or creates a reasonably foreseeable potential to impair the health, safety, or welfare of an individual receiving services.

- C. **Missing person at risk for injury** is the unexpected absence of a person that based on the person's history and current condition exposes him or her to risk of injury;
- D. **Unauthorized absence** is the unexpected or unauthorized absence of a person after formal search procedures have been initiated by the agency. Reasoned judgments, taking into consideration the person's habits, deficits, capabilities, health problems, etc., shall determine when formal search procedures need to be implemented. It is required that formal search procedures must be initiated immediately upon discovery of an absence involving a person whose absence constitutes a recognized potential danger to the wellbeing of the person or others.
- E. **Choking, with known risk** is the partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food, that leads to a partial or complete inability to breathe, involving an individual with a known risk for choking and a written directive addressing that risk;
- F. **Choking, with no known risk** is partial or complete blockage of the upper airway by an inhaled or swallowed foreign body, including food that leads to a partial or complete inability to breathe. Involves an individual with no known risk for choking.
- G. **Self-abusive behavior, with injury**, is a self-inflicted injury to an individual receiving services that requires medical care beyond first aid.
- H. **Injury, with hospital admission** is any injury that results in the admission of a person to a hospital for treatment or observation because of injury.
- I. **Theft and financial exploitation** is any suspected:
 - a. theft of a service recipient's personal property (including personal funds or belongings) or financial exploitation, involving a value of more than \$100.00;
 - b. theft involving a service recipient's credit, debit, or public benefit card (regardless of the amount involved); or,
 - c. a pattern of theft or financial exploitation involving the property of one or more individuals receiving services.
- J. **Other significant incident** is an incident that occurs under the auspices of an agency, but that does not involve conduct on the part of a custodian, and does not meet the definition of any other incident - but that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in harm to the health, safety, or welfare of a person receiving services.

QUALIFIED PERSON (QP)

Per Mental Hygiene Law §33.16 – the individual or a capable adult/parent/spouse/adult child/or guardian of the individual.

PROCEDURE FOR REPORTING A NOTABLE OCCURRENCE OR REPORTABLE INCIDENT:

It is understood that professional and reasonable judgment will be used to address all situations involving injuries and incidents. This procedure serves as a reference and guide and is not inclusive of all situations and circumstances.

Also note: The Director of Quality Standards may and should be consulted for clarification on any part of this procedure.

The Staff Member observing or discovering the incident will:

- 1. Respond to the individual involved. Take **immediate** action to stop continuation of the incident, if needed;
- 2. Provide First Aid treatment or secure treatment from others, if needed;
- 3. Contact emergency personnel, if needed;
- 4. If possible child abuse (individual is under the age of 18) has occurred, **call Child Abuse Hotline at 1-800-635-1522**
 - a. staff may request assistance from an administrator with making call, but should not delay in calling
- 5. Inform Supervisor or Administrator;
- 6. Follow instructions as provided by supervisor or Administrator;
- 7. Initiate, complete, and submit (within 24 hours) an *Event to Consider* form to supervisor.

The Supervisor/ Administrator will:

1. Ensure the safety and well-being of the individual is being addressed;
2. Provide support to staff member with suggestions, directives, etc.;
3. Ensure ETC is completed;
4. *If it is solely a ETC and no further filing is necessary >*
Ensure the supervisor, if not done already, becomes aware of the situation by the next working day

or

If the situation is a possible Reportable Incident (allegation of abuse/ neglect, or significant incident) or Notable Occurrence or if unsure if it is >

Immediately notify Director or Asst. Director of Community Support Services

5. Assist with other filing of reports, staffing coverage, as well as any instructions provided by Dir. or Asst. Dir. of Comm SS. If entering IRMA, be sure to complete all necessary fields.
6. If event or situation did **not occur under the auspices** of the agency, refer to policy and procedure *Events & Situations Not Under the Auspices of the Agency*

The Director or Asst. Director of Comm SS will:

1. Ensure the safety and well-being of the individual is being addressed
 - a. This may include determining appropriateness of: increase of supervision, removal, reassignment, relocation, or placement on paid administrative leave of a staff member. Determination is made by assessing current level of supervision and/ or contact and ensuring a higher level of supervision or decreased opportunity for contact is instructed to prevent recurrence of incident.
 - i. Progression of supervision from lower to higher – supervisor can skip some levels if warranted:
 - ❖ Counseling > instruction to ‘not work directly with involved individual(s)’ > reassignment to work with other individuals > direct supervision by senior staff > direct supervision by supervisor > relocation with supervision > removal/ non-contact duties > paid administrative leave.
 - b. If a staff person is suspected of abuse or neglect that poses a ‘serious and immediate threat’ to an individual’s health and safety, the staff person may not work in direct contact with any individuals until the review is complete, taking into account outcome of the review;
2. Provide direction as warranted;
3. Ensure a physical exam is suggested/ encouraged, as warranted;
4. Receive and review information provided on ETC form and from the notifying staff member;
5. Notify the Director/ Asst. Dir. of Comm SS (if not already done) and Director of Quality Standards (QS) regarding incident;
*** For all Child Abuse incidents and Deaths, notify Dir./ Asst. Dir. of Comm SS and Dir. of QS immediately.**
6. Determine if incident is a Reportable Incident or a Notable Occurrence
 - a. If unable to make determination or to double check on determination, contact Dir. of QS for assistance;
7. If the situation is deemed a:
 - a. Reportable Incident or death, ensure:
 - i. telephone notification is made to OPWDD;
 - ii. information is thoroughly and correctly entered into IRMA within 24 hours.
8. Obtain appropriate Quality Enhancement (QE) Reviewer for a comprehensive review of situation;
9. Ensure pertinent materials (files/ records, etc.) and immediate vicinity of the incident are secured, unless the area must be used;
10. Require all witnesses to remain on duty or available until they are interviewed by the QE Reviewer (emphasize confidentiality of all information pertaining to incident and investigation);
11. Ensure all mandated notifications are made and documented – see **Appendix B.**
 - a. Contact police for all instances of physical, sexual, in some cases psychological abuse and whenever a crime is thought to be committed to or by an person receiving services;
 - b. When contacting ‘qualified person’ (QP), use 24 hour contact sheet to ensure all information is provided – see and complete **Appendix C.** This contact must be made by telephone or in person and **must include** to parent, spouse, adult child or guardian **unless:**
 - i. the individual, who is a capable adult, objects (must be in writing);
 - ii. the Q.P. objects to being notified (in writing – maintained by Dir. of FR);
 - c. If there is no Q.P.(aside from self) and the individual has an Advocate, notification must be made to the Advocate.

- d. If there is no Q.P. and person is capable adult, notification is made to her/ him;
12. Save electronic copies of all forms & documents to QS Sharing folder for Comm SS in Share Point and notify QS forms have been saved there;
13. Per request from Qualified Person, hold 'sit down' conversation
 - a. Draft minutes of meeting held in response to request and list those present and QP's input and response to information provided in meeting.
 - b. Save minutes of meeting and those present to the QS Sharing incident folder for Comm SS.
14. Ensure subsequent information is entered into IRMA as required – **see Appendix B.**

The Director of Comm SS and Director of QS will:

1. Ensure the safety and well-being of the individual is being addressed
 - a. If not already completed, this may include the Dir. of Comm SS determining appropriateness of increase of supervision, removal, reassignment, relocation, or placement on paid administrative leave of a staff member.
2. Consult with one another to ensure a cohesive and comprehensive approach is implemented;
3. If not already completed, assign a QE Reviewer for all Reportable Incidents and Serious N.O.'s
 - a. The Reviewer must be someone objective to the program with no vested interest and cannot be a supervisor or party in the chain of command of directly involved staff;
4. Ensure completion of all mandated notifications as described in **Appendix B**;
5. Provide other direction to Dir. of Comm SS, as necessary;

The Quality Enhancement Reviewer will (if warranted/ directed):

1. Go to the location of incident and conduct a comprehensive QE Review;
2. Submit final written QE Review report (with applicable statements) to the Special review Committee by deadline given when assigned the review.

The Qualified Person or Advocate:

1. May request a copy of the incident report;
2. Requests the document *in writing** to the Director of Quality Standards. (*Dir. of QS may accept verbal request if written request is difficult for QP)

The supervisor will:

1. Forward any request for copies of the incident report to the Director of Quality Standards;
2. Provide ten day follow-up letter to the Q.P. who received the 24 hour contact – see **Appendix D**. Ten day letters are to be sent to Q.P.'s for all Reportable Incidents and Notable Occurrences;
3. Send copy of ten day letter to QS's Incident Response Coordinator;
4. If the situation is deemed a *Minor Notable Occurrence*, review, prepare and present a written report of the situation to the Special Review Committee at the next scheduled meeting.

The Qualified Person:

1. May request a copy of records pertaining to allegations and investigations (quality enhancement review) of abuse;
2. Requests the document(s) *in writing** to the Director of Quality Standards. (*Dir. of QS may accept verbal request if written request is difficult for QP)
2. Note: an **Advocate** is not eligible to receive records pertaining to allegations of abuse and QE reviews.

The Quality Standards Dept. will:

1. Maintain all original reports, records, QE Reviews, and minutes;
2. Date/ time stamp all requests for information;
3. Verify that the person requesting any information – incident forms, or investigation packets - is a "Qualified Person" or other authorized person;
4. *If requestor is a Q.P. and there is no objection by the individual, as a capable adult and the Q.P. and the agency completed the review -*
 - a. Promptly provide redacted copy of the incident report, if requested
 - with attached letter stating that all information is preliminary and has not been substantiated

- b. Provide redacted copies of records pertaining to allegations and investigations (quality enhancement review) of abuse, if requested – promptly after final review by the Special Review Committee.
- with attached letter stating that by law, the information may not be further disseminated
- c. Maintain documentation of all requests and copies of all materials that are provided to Q.P.

If requestor is not a Q.P. or other authorized person,

Contact person and inform her/him that s/he is not eligible to receive reports and records;

REVIEW PROCESS

The Quality Enhancement Reviewer will:

1. Receive specific training regarding the completion of ‘investigations’, known at Racker as *Quality Enhancement Reviews*. Specific training is defined by OPWDD;
2. Attend annual updates for completing QE Reviews, provided by the Director of Quality Standards/ designee;
3. Complete QE Reviews as assigned, then submit final report to the QS’s Incident Response Coordinator. The report must follow the directed format and include all necessary components –
 - a. A finding of substantiated or unsubstantiated must be included for all allegations.
 - b. A finding of *substantiated* must be supported by a “preponderance of evidence.”
4. Present the report to the Special Review Committee.
5. Promptly complete any further follow-up, fact gathering, etc. as requested by the Special Review Committee and submit the information to the Incident Response Coordinator.

The Director of Quality Standards/ designee will:

1. Upon receipt of final report from QE Reviewer, ensure that the incident is scheduled for presentation at the next Special Review Committee and forward the report to the committee for reading prior to the meeting.
2. Chair the bi-weekly Special Review Committee (SRC) meetings;
3. Draft minutes and forward to: Executive Director and the Director of Comm SS.
 - a. Minutes will include a reference to the incident report (including date and type), what caused the report to be generated, committee findings (including whether allegation is substantiated or unsubstantiated, or if Significant Incident is founded or unfounded) and recommendations.

The QS Inc. Response Coor. will:

1. Ensure IRMA is updated through point of closure.

The Director of Comm SS will:

1. Ensure all recommendations are addressed and follow-up to recommendations is sent to [the Inc. Response Coor](#) within two weeks of receipt of minutes.

The Incident Response Coor. will:

1. Share follow up to recommendations with SRC.
2. Record and securely maintain minutes. Minutes will include:
 - a. follow-up from prior month’s minutes/ recommendations for closure to incidents;
 - b. reference to the Reportable Incident reports, Notables Occurrences (serious and minor); any discussion/ questions and answers during the committee meeting; actions taken on the part of the agency/program as a result of recommendations– including when to close incident.
3. Ensure minutes are entered into IRMA and MHLS (for allegations of abuse) receives a copy as well;
4. Maintain and secure minutes with incident file.

The Director of Comm SS/ designee will:

1. Provide Q.P.’s final closure to incidents once it has been deemed that no further review is necessary;
2. Follow-up on any outstanding recommendations by the SRC and forward follow-up to the Inc. Response Coor..

The Director of QS & Inc. Response Coor. will:

1. Confirm final closure to all incidents once SRC decides no further review is necessary;
2. Record when all recommendations have been adequately addressed;
3. Ensure SRC members have necessary training and knowledge of their responsibilities;
4. Convene annual trainings and trend reviews with SRC;

5. Draft and submit annual report of incidents and trends to the Executive Director, Board President and OPWDD;
6. Update policy and procedure as program or regulatory changes occur;
7. Obtain Board approval for any policy change.

The Agency has established a **Special Review Committee (SRC)** to review incidents. The following are the committee's responsibilities and the subsequent procedure surrounding the review process:

AGENCY REVIEW PANEL

RESPONSIBILITIES:

1. Convene bi-weekly for regularly scheduled meetings to review completed QE reviews, incident trends, and review follow up to previous incidents/ recommendations.
2. Examine QE Reports for all Reportable Incidents (allegations of abuse and significant incidents) and Serious N.O.'s. The examination includes reading the QE Report and speaking with the QE Reviewer to ascertain:
 - a. if Reportable Incidents and Serious Notable Occurrences were handled, reported, reviewed (via the QE Review process) and documented according to the provisions of this policy and procedure;
 - b. if necessary and appropriate corrective, preventive, and/or *action has been taken* to protect individuals from further harm and to safeguard against the recurrence of a similar situation;
 - c. if further review for additional corrective, preventive, and/or action is necessary;
 - d. if prior similar situations have occurred and review how they were handled, etc./ identify trends;
 - e. the quality of the review
 - f. if all mandated notifications were completed as required.
3. Request further information from the QE Reviewer, if needed/ desired;
4. Determine finding of all allegations of abuse (substantiated or unsubstantiated)
 - a. There must be a preponderance of evidence to support a substantiated allegation;
5. Make recommendations to the Director of Community Support Services based on information received. Examples of recommendations may include, but are not limited to:
 - a. Administrative/ remedial action (scheduling, supervision level, procedural changes, etc.);
 - b. clinical action (health assessments, medical attention, counseling to individual, etc.);
 - c. staff training/ counseling;
 - d. assessment of staff's employment status with Human Resources;
 - e. referral or notification to other programs/ agencies for supports/ services;
 - f. environmental modifications/ considerations;
 - g. upgrading of incident.
6. Abide by confidentiality policy of agency with regards to information shared in the committee.

SPECIAL REVIEW COMMITTEE

RESPONSIBILITIES:

1. Maintain regular attendance by all members;
2. Convene monthly, as necessary, to review all Reportable Incidents and Notable Occurrences;
3. Review summary of QE Reports as presented at the meeting;
4. Ask questions for further information or clarification about incidents, as needed;
5. Ensure no individual directly involved, in chain of command for the involved individual or completing the QE Review, participates in the SRC review;
6. Offer recommendations such as those listed above and ensure they are addressed;
7. Provide final closure to all Reportable Incidents and Notable Occurrences once no further review is required;
8. Track that all recommendations have been addressed adequately;
9. Review quarterly trend reports for all Notable Occurrences, Reportable Incidents and offer recommendations for follow-up. Ensure all recommendations are addressed;
10. Complete annual trend review and offer recommendations for follow-up. Ensure all recommendations are addressed;
11. Attend annual update training with regards to responsibilities, policy and procedure, making recommendations, etc.

12. Abide by confidentiality policy of agency with regards to information shared during committee meetings.

The Special Review Committee

Membership

Director of Q.S. (as Chairperson)

Q Incident Response Coordinator (as co-chair)

Representatives from Community Support

Residential Health Care Director / designee

Agency Medical Director (as a consultant)

2-4 other representatives outside of Community Support Services

Board Member

Parent representative(s)

Direct Care Staff representatives

Individual receiving services (if/ when possible)

Other professional staff for specific expertise, as necessary and requested

Director of Residential Services (present but not member for Residential presentations)

Director of Community Support (present but not member for Community Support presentations)