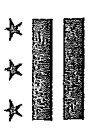


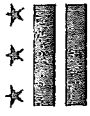
Types of Unusual Incidents and Actions Taken by DHS Employee, Contractor, Subcontractor and Volunteer

Type of Unusual Incident	Examples of Allegation	Response	Responsible Entity	UIR Action
Assault	<ul style="list-style-type: none"> Adult client struck another adult client with his fists 	<ul style="list-style-type: none"> Immediately Call 911 to obtain assistance from responsible entity Submit UIR to OPRMI within 24 hours of occurrence 	Metropolitan Police Department (MPD)	<ul style="list-style-type: none"> Submit UIR, including: <ul style="list-style-type: none"> MPD or PSPD responding officer's name, badge number and contact number
Threat	<ul style="list-style-type: none"> Adult client verbally threatened to harm another adult client or provider staff 		Protective Services Police Department (PSPD)	
Controlled Substance	<ul style="list-style-type: none"> Client found holding drug paraphernalia Client found using drugs 			
Fire	<ul style="list-style-type: none"> Electrical fire in a service center Fire resulting from a cigarette 		Fire and Emergency Management Services (FEMS)	<ul style="list-style-type: none"> Submit UIR, including: <ul style="list-style-type: none"> Responding FEMS on-site supervisor's name and contact information Obtain the FEMS reference number (report or dispatch number) from FEMS on-site supervisor, if available
Refusal of Professional Medical Care (On-Site or Transport to) *	<ul style="list-style-type: none"> 911 was called, but client refused medical care: <ul style="list-style-type: none"> On-site treatment; Transport to hospital 	<ul style="list-style-type: none"> Submit UIR to OPRMI within 24 hours of occurrence Obtain and complete DHS Refusal of Medical Care Waiver Form 	Fire and Emergency Medical Services (FEMS)	<ul style="list-style-type: none"> Submit UIR, including the DHS Refusal of Medical Care Waiver Form Retain information in Provider files
Professional Medical Care (On-Site or Transport to) *	<ul style="list-style-type: none"> 911 was called Client was transported to a hospital 	<ul style="list-style-type: none"> Immediately Call 911 to obtain assistance from responsible entity Submit UIR to OPRMI within 24 hours of occurrence 	Fire and Emergency Medical Services (FEMS)	<ul style="list-style-type: none"> Submit UIR, including: <ul style="list-style-type: none"> FEMS responding staff names, contact numbers, and ambulance or engine number Name of hospital transported to Client's treatment status, if known Obtain the FEMS reference or dispatch number
Mental Health Evaluation	<ul style="list-style-type: none"> Client threatening to commit suicide Client is incoherent 	<ul style="list-style-type: none"> Immediately Call DMH at 1-888-793-4357 to obtain assistance from responsible entity Submit UIR to OPRMI within 24 hours of occurrence 	Department of Mental Health (DMH) Comprehensive Psychiatric Emergency Program (CPEP)	<ul style="list-style-type: none"> Submit UIR, including: <ul style="list-style-type: none"> Client's treatment status, if known Case manager's name and Contact information, if known Obtain the DMH or CPEP reference or referral number

* Incident cannot be categorized as one of the other Types of Unusual Incidents



Type of Unusual Incident	Examples of Allegation	Response	Responsible Entity	UIR Action
Injury	<ul style="list-style-type: none"> Client slipped while walking into facility and bruised knee 	<ul style="list-style-type: none"> Submit UIR to OPRMI within 24 hours of occurrence 	<p>OA Investigations Division (ID) (in coordination with Compliance and Monitoring Division)</p>	<ul style="list-style-type: none"> Submit UIR
Death	<ul style="list-style-type: none"> Client suffers a seizure and stops breathing 	<ul style="list-style-type: none"> Immediately Call 911 to report death, obtain assistance from responsible entity Submit UIR to OPRMI within 24 hours of occurrence 	<p>Office of the Chief Medical Examiner (OCME)</p>	<ul style="list-style-type: none"> Submit UIR, including: <ul style="list-style-type: none"> OCME reference number Case manager name and contact information, if known Cause of death, if known Notify decedent's next of kin, if known
Abuse or Neglect	<ul style="list-style-type: none"> Minor child has bruises on arms Minor child left unattended in residential unit Frail elderly adult customer needs emergency assistance with basic needs 	<ul style="list-style-type: none"> Immediately Call CFSA at (202) 671-SAFE (7233) to report alleged or suspected child abuse or neglect to obtain assistance from responsible entity Immediately Call Adult Protective Services (APS) at (202) 541-3950 to report alleged or suspected adult abuse, neglect or exploitation to obtain assistance from responsible entity Submit UIR to OPRMI within 24 hours of occurrence 	<p>Child Abuse or Neglect: Child and Family Services Administration (CFSA) <u>Adult Abuse, Neglect & Exploitation:</u> Family Services Administration(FSA)</p>	<ul style="list-style-type: none"> Submit UIR, including: <ul style="list-style-type: none"> Date reported to CFSA and identify CFSA operator number to whom report was made; identify parties involved Date reported to APS and identify the assigned case manager to whom report was made; identify parties involved
Vehicle accidents or Destruction of or Damage to government property	<ul style="list-style-type: none"> Client breaks glass door at shelter Contractor van involved in an accident while transporting shelter residents 	<ul style="list-style-type: none"> Submit UIR to OPRMI within 24 hours of occurrence Submit accident report to MPD 	<p>DHS Capital and Operations Management (COM)</p>	<ul style="list-style-type: none"> Prepare and submit UIR, including actions that have been taken to resolve incident, and MPD accident report
Misconduct	<ul style="list-style-type: none"> Contractor has not provided goods or services according to contract Contractor staff is sexually harassing clients 	<ul style="list-style-type: none"> Submit UIR to OPRMI within 24 hours of occurrence 	<p>OA Investigations Division (ID) (in coordination with Contracting Organization's Technical Representative (COTR))</p>	<ul style="list-style-type: none"> Submit UIR
Discrimination	<ul style="list-style-type: none"> Client was not served because he/she is a member of a protected class 	<ul style="list-style-type: none"> Submit UIR to OPRMI within 24 hours of occurrence 	<p>OA Investigations Division (in coordination with Compliance and Monitoring Division)</p>	<ul style="list-style-type: none"> Submit UIR
Environmental issue	<ul style="list-style-type: none"> Department of the Environment identifies an air quality issue at a DHS facility 	<ul style="list-style-type: none"> Submit UIR to OPRMI within 24 hours of occurrence 	<p>DHS Office of Emergency Management (OEM) (in coordination with DHS Capital and Operations Management (COM))</p>	<ul style="list-style-type: none"> Submit UIR, including actions that have been taken to resolve incident



Type of Unusual Incident	Examples of Allegation	Response	Responsible Entity	UIR Action
System Outage	<ul style="list-style-type: none"> No electricity or heat at shelter facility 	<ul style="list-style-type: none"> Submit UIR to OPRMI within 24 hours of occurrence 	Provider, in coordination with DHS Office of Emergency Management (OEM) and DHS Capital and Operations Management (COM)	<ul style="list-style-type: none"> Submit UIR, including actions that have been taken to resolve incident
Illness	<ul style="list-style-type: none"> Numerous clients complained of flu like symptoms Client suffered severe stomach pains and headache 	<ul style="list-style-type: none"> Immediately Call 911 to obtain assistance from responsible entity Submit UIR to OPRMI within 24 hours of occurrence 	Fire and Emergency Medical Services (FEMS)	<ul style="list-style-type: none"> Submit UIR, including: <ul style="list-style-type: none"> FEMS responding staff names, contact numbers, and ambulance or engine number Name of hospital transported to Client's treatment status, if known Obtain the FEMS reference or dispatch number
Theft	<ul style="list-style-type: none"> Client reported a fellow client removed his cell phone from his backpack without permission Residential Monitor removed facility equipment to his personal residence without authorization 	<ul style="list-style-type: none"> Immediately Call 911 to obtain assistance from responsible entity Submit UIR to OPRMI within 24 hours of occurrence 	Metropolitan Police Department (MPD) Protective Services Police Department (PSPD)	<ul style="list-style-type: none"> Submit UIR, including: <ul style="list-style-type: none"> MPD or PSPD responding officer's name, badge number and contact number Advise what actions were taken to resolve incident