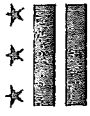


Types of Unusual Incidents and Actions Taken by DHS Employee, Contractor, Subcontractor and Volunteer

| 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 |