



Area:	Quality	07
Topic:	Incident Reporting	07.06
Procedure Name:	Incident Report Committee	07.06.01.04
Effective Date:	January 1, 2021	
Revised/Updated:	10/14/2024; 4/15/2026	

Scope: All associates

Purpose: This procedure defines how the Arc Allegany-Steuben Incident Review Committee will review and monitor incidents that occur to people supported by this Agency.

The purpose of incident management is:

- ***to enhance the quality of care for the people we serve;***
- ***to protect people from harm;***
- ***to identify trends and causes;***
- ***to ensure that administration is aware of problems and takes corrective measures to minimize the potential of recurrence; and***
- ***to ensure immediate steps are taken to protect people served and to allow for the development and implementation of preventive strategies.***

The Arc Allegany-Steuben does not tolerate abuse, neglect, mistreatment, or exploitation of people that receive services at The Arc Allegany-Steuben. It is every associate's responsibility to protect people served from harm, and to recognize, stop, and report abuse.

All associates at The Arc Allegany-Steuben are MANDATED REPORTERS and must recognize, stop, and report abuse. Abuse incidents in CERTIFIED settings must be reported to the NYS Justice Center for the Protection of People with Special Needs (855-373-2122). All incidents are reported to the Quality Management team (585-808-8244) and OPWDD. All associates will be trained on abuse, abuse prevention, incident reporting, and the NYS Justice Center Code of Conduct for Custodians of People with Special Needs.

Definitions/Classifications – See Incident Reporting Definitions and Classifications procedure (Procedure 07.06.01.02).

Responsible Parties for Completing Procedure

Executive Director
Associate Director (AD) for Quality
Incident Review Committee
Program Management
QA/CEO Designee
Quality Director

Procedure Detail

Who	What	Details
Executive Director	Appoints members	The Incident Review Committee members will be appointed by the Executive Director and will include: - A member of the governing body. - Two professional staff, including but not limited to licensed clinicians, such as occupational, physical, and speech therapists, social workers, psychologists, and nurses; a behavioral intervention specialist; and others with primary responsibility for developing and/or monitoring plans of care, such as developmental and habilitation specialists or a QIDP. At least one of the professional staff must be a licensed health care practitioner (i.e., physician, physician's assistant, nurse practitioner or registered nurse). - Other staff including administrative staff as deemed necessary by the agency to achieve the purpose of the committee pursuant to this section. - At least one direct support professional. - At least one person receiving services. - At least one representative of advocacy organizations (i.e., self-advocacy, family, or other advocacy organizations). - The Executive Director shall not serve as a member of the Incident Review Committee.
AD for Quality/-Designee	Train/Confidentiality Statement	- Will ensure that all members have completed the Arc NY Incident Review Committee Training. AD for Quality/designee will ensure that all new members complete within 30 days of becoming a member. - Will attest to the Corporate Compliance Officer that all IRC members have been trained each year. - Will send Confidentiality Statements to each member each January to be completed and will upload completed forms into SharePoint.
Incident Review Committee	Confidentiality Statement	- Will sign the confidentiality statement each January when received and send to AD for Quality/Designee. - Will maintain confidentiality of all committee proceedings and comply with Section 74 of the public officer's law.
Incident Review Committee	Conflicts of Interest	No committee member will participate in the review of an incident in which the following is true: - he or she was directly involved in - his or her testimony is incorporated

Who	What	Details
		• his or her spouse, domestic partner or family member was directly involved in or provides supervision to the program where the incident took place or supervised directly involved parties • he or she is the immediate supervisor of staff directly involved in the event or situation • he or she investigates or is part of the investigation • he or she is related to the person receiving supports Each of these scenarios will result in the member being excused during review of said investigation. Such member may, however, participate in the deliberation regarding appropriate corrective, preventive or remedial action.
Incident Review Committee	Review of investigations	The Incident Report Committee will review all investigations for all incidents including those reported as a Part 625 incident to ensure that: • All incidents are reported, managed, investigated, and documented consistently with the provisions of policies, procedures, and regulations. • Necessary and appropriate corrective and preventive actions were taken to protect all persons receiving services from further harm. • The investigation is complete and recommend further investigation as needed. • Corrective, preventive action is appropriate and to make further recommendations to the CEO relative to the incident. • Incidents are classified correctly. • All investigations are completed timely and thoroughly. • All investigations of abuse have a resolution of Substantiated or Unsubstantiated. • Investigations with questions are returned to the investigator for further investigation. • Necessary and appropriate recommendations were made and will make further recommendations as needed. • All recommendations are completed and advise the CEO when there is a problem.
IRC Committee	Allegations of Abuse	For investigations conducted by OPWDD or the Justice Center, the IRC Committee's role will be limited to matters involving compliance with the reporting and notification requirements, protective and remedial actions taken, monitor all actions taken to implement recommendations made, and the quality of services provided.
IRC Committee	Allegations of Abuse/Letter of Determination	The IRC Committee will recognize that for allegations of abuse, the Justice Center will make

Who	What	Details
		the final determination (substantiated or unsubstantiated) and will report that to the Agency in a Letter of Determination (LOD).
QA/CEO Designee	Allegations of Abuse/Letter of Determination	Will ensure that the Letter of Determination is reviewed at the next IRC Committee meeting following receipt of the LOD and that any recommendations in the LOD from the Justice Center are addressed (recommendations are sent out and the plan of action is discussed at IRC).
QA/CEO Designee	Communication from IRC Committee	The QA/CEO Designee will communicate any recommendations in writing from the IRC Committee to the appropriate Program/Program Management.
Program Management	Complete recommendations/action plan	The Program/Program Management will review recommendations and will document their action plan to the recommendations and send to the QA/CEO Designee within the requested time frame.
IRC Committee	Monitor recommendations/action plan	The IRC Committee will review/monitor the actions taken regarding the recommendations and advise the CEO on concerns requiring further resolution. If there is a lack of action from the program, the Director for Quality will notify the CEO.
QA/CEO Designee	Record of meetings	The QA/CEO Designee will ensure that meeting minutes are documented for each IRC Committee meeting and maintained in a confidential, organized manner. These minutes will be shared with the CEO/Executive Director within two weeks of the meeting.
QA/CEO Designee	IRMA input	The QA/CEO Designee will ensure that minutes are inputted into the Incident Report Management (IRMA) application within 3 weeks of the meeting for each incident.
QA/CEO Designee	Mental Hygiene Legal Services (MHLS) notification	The QA/CEO Designee will complete and send a 30 day report to MHLS updating from IRC meeting, as required for Reportable incidents of Abuse in an IRA setting.
Quality Director	Reports	The Quality Director will provide reports as requested to the CEO, Board of Directors, OPWDD, etc.

Forms

Addendums

Reference

Part 624 Reportable Incidents and Notable Occurrences
Justice Center Protection for People with Special Needs Act