

Area:	Quality	07
Topic:	Incident Reporting	07.06
Procedure Name:	General Event Report (GER)	07.06.01.05
Effective Date:	January 1, 2021	
Revised/Updated:	9/6/2024; 7/23/2025; 4/15/2026	

Scope: All Agency Associates

Purpose: This policy defines how The Arc Allegany-Steuben associates will handle and report internal incidents referred to as GER's (General Event Reports). As with any incident/event, associates will ensure the safety of the person receiving services (provide first aid, provide comfort, complete intervention techniques, etc.). Associates will also make sure everyone else is safe as well (make sure the environment is safe, remove others from the area, etc.).

Definitions

Term	Definition
GER	General Event Report – Internal Incident
Quality/CEO designee	Quality Department and/or the Quality on-call 24-hour phone (585-808-8244). Email at incident.management@thearcas.org
RN	Registered Nurse
Teledoc	Station MD or other Tele-medicine contact
Internal incidents	Incidents that don't meet the level of NYCRR Part 624/625 regulations as defined below.

GER Definition	Therap Event Type	Event Sub- Type	Notification Level
1) Emergency Room/Department			
Emergency Room visit for illness or any reason (including mental health illness) - this does not include visits to Urgent Care facilities.	Other – Hospital	ER/ED without Admission	LOW
Emergency Room/Department visit for illness or any reason (including mental health illness) - that necessitates admittance to the hospital.	Other – Hospital	Admission	LOW
2) INJURY			
Any injury to person supported <u>and</u> receives first aid treatment (by an associate or themselves). First Aid means: cleansing a scratch, icing a bruise/swelling, bleeding control, bandage/wraps, bites that do not break the skin, removing splinters/foreign objects from skin, irrigating an eye. An appointment with a medical professional either in a clinic/urgent care or hospital may be necessary, but treatment provided by the health professional does not exceed first aid. If treatment is more than first aid (scans revealing injury, prescriptions not on OTC/PRN sheet) this may be a 147 – please verify with Quality On-Call. Please see below for Injuries of Unknown Origin.	Injury		LOW

3) INJURY OF UNKNOWN ORIGIN			
An injury of unknown source or origin is an injury that was not witnessed by any person and the source of the injury could not be explained by the person who was injured, and no previous documentation can be found (t-logs, BER, GER). Injuries of unknown source or origin could range from normal day to day scratches or minor bruises to injuries that appear suspicious due to the location, number, or severity of the injuries or due to a pattern of injuries identified across a period of time. First Aid <u>may or may not</u> be required. <i>07.06.01.05.01 Investigative Form is Required.</i>	Injury		LOW
4) PHYSICAL INTERVENTION			
Utilization of any SCIP-R approved physical intervention techniques to ensure a person does not harm themselves or others. *Please remember to complete a BER/behavior tracking as well.	Restraint related to behavior	NA	LOW
5) PRN Psychotropic Medication Use			
Anytime a PRN Psychotropic Medication is administered for a behavior including the events leading up to giving the PRN. Please note, all documentation on MAR is still required, i.e., administration, follow-up, and complete a BER/behavior tracking as well.	Other	PRN Psychotropic Use	LOW
6) FALLS			
To come down suddenly to a lower position when standing or lying/sitting that causes the person to land suddenly or forcefully which may cause injury. Examples: falling out of bed; falling out of a wheelchair; falling out of a chair; falling when walking/standing; falling while trying to sit down; etc.	Injury		LOW
7) PRE-APPOINTMENT SEDATION			
Any time a person receives doctor ordered sedation prior to an appointment. GER must include how the person tolerated the appointment as well as how the person resumed the rest of their day.	Other – Other	Pre-appointment sedation	LOW
8) THEFT			
Missing money or item with a less than \$15 value. Associates should attempt to find the item and if item cannot be found, start GER and notifications. <i>07.06.01.05.01 Investigative Form is Required.</i>	Other – Theft/-Larceny Attempt	Victim	LOW
9) COMPLAINT FROM PERSON RECEIVING SERVICES AND/OR THEIR FAMILY			
When there are complaints from a person receiving services and/or their family regarding programming and/or any concerns that are unable to be resolved within the program.	Other – Other	Complaint	LOW
10) Other – as directed by Quality/CEO Designee			
Events that do not fit into another category, but do not raise to the level of an incident per 624/625 regulations. Quality/CEO Designee will determine if a GER needs to be written for tracking purposes. <i>07.06.01.05.01 Investigative Form is Required.</i>	Other – Other	Choose Event Sub-Type that fits	Low

Responsible Parties for Completing Procedure

All Associates
House RN
Associate Director
Manager/Life Coach X/Supervisor On-Call
Quality/CEO Designee

Procedure Detail

Who	What	Details
Associate who witnesses or discovers incident	Ensure the health and safety of the person(s) receiving supports	Provide first aid, call 911 if needed, provide comfort, provide any immediate support.
Associate	Completes the GER	Complete GER in Therap by following guidelines (How to Complete a GER is located in Forms# 07.06.01.05.01.) • GER must be completed by the end of your shift. • Full names must be used for everyone. • GER Notification level is LOW. • Document all areas except "Describe what happened before the event." • Document in ABC format (Antecedent, Behavior, Consequence) • Complete notifications as listed below Associates are to call for all notifications and document names and directions given in GER description. • Submit GER once complete. • Will complete a T-log (High) regarding the GER and any instructions given by RN, Quality, LCX, etc. • Restraint Related to Behavior (physical SCIP or blocking pads) and PRN Psychotropic Med (whether there is a behavior plan or not) requires both a GER and BER be completed.
Associate	Notifications	CALLING by end of shift: • Manager LCX of program or Manager on-call • Associate Director (AD)/Director (Therap definition will be "Administrator") • The person receiving services and/or { their guardian, parent, spouse, adult child, adult sibling, advocate, or supported decision maker. • Other Program Manager as needed. • Care Coordinator/Case Manager • RN/teledoc/Station MD for any medical related incidents (injuries, illnesses, falls, etc)

Who	What	Details
		- Behavior Intervention Specialist (BIS) must be notified for PRN medications and behavior related incidents. - Quality On-Call (CEO Designee) for Injuries of Unknown Origin, Thefts, and Other #10 (585-808-8244)
Associate-Witness	Completes the witness statement	The witness statement will be listed in the staff work list on their Therap Dashboard. - Witness Statement <u>must</u> be completed by the end of your shift. - Document in ABC format - Full names must be used. Submit the witness statement when completed.
House RN/ RN on-call	Completes Review of the GER	House RN must review all medically related GER's (hospital visits with or without admission, falls, injuries, etc.) within 5 business days and comment in the review section of GER. <i>Do not check that you have reviewed a witness statement that has not been documented in yet.</i>
LCX/Manager/-Designee	Completes Review of the GER	Within 24 business hours - Review GER and Witness statements the next business day and ensure the GER is thorough and appropriate classification, notifications, follow-up documentation (head injury protocol, t-logs, etc.) - Will notify AD/Director and add information to the GER. - If the GER is an Injury of Unknown, Theft or Other #10, the Manager/LCX/Designee will complete and upload the Investigative Report Form <u>07.06.01.05.01 Investigative Report Form for GER.pdf</u> within 24 business hours. <i>Report cannot be completed by anyone involved in the discovery of the injury.</i> - Manager/LCX will return the GER to originator if clarification is needed. This will appear on the worklist for associate to make clarification/changes and submit again. - If GER is medically related, ensure that the following is included: - RN notified. - Name of RN and any instructions - RN has completed Follow-up. - Physical intervention SCIP—physical - LCX/Manager has been notified and advice given if held for 10 minutes or longer.

Who	What	Details
		b. Verify Behavior Event Record has been completed. <i>Do not check that you have reviewed a witness statement that has not been documented yet.</i> If the manager has questions or if the event should be upgraded, they will reach out to Quality On-Call 585-808-8244.
Associate Director/Director	Completes Review of the GER	Within 48 business hours: 1. Will notify (call) the Director for notification and add to GER. 2. Will make additional notification as deemed necessary by program. 3. Will review GER for thoroughness and address any issues/concerns noted prior to sending to Quality for approval.
Quality/CEO Designee	Completes Review of the GER and Approves	1. Will approve the GER when the GER has been completed, including review by manager/LCX/designee and Associate Director/Director, and no further clarification or action are needed. 2. If the GER needs to be upgraded, notification will be made to program and ensure procedures are followed. • If GER is medically related, ensure that the following is included: ○ RN notified. ○ Name of RN and any instructions ○ RN has completed Follow-up. • Physical intervention SCIP—physical ○ LCX/Manager has been notified and advice given if held for 10 minutes or longer. ○ Verify Behavior Event Record has been completed. • Injuries of Unknown, Theft and Other #10 ensure the Investigative Report is uploaded and complete. • Ensure witness statements are complete and approved by LCX/Manger • Ensure appropriate notifications are complete. • Ensure follow-up is made for recommendations (meeting minutes dates, PCR dated, maintenance work order dated, etc.)

Forms:

07.06.01.05.01 Investigative Report Form for GER