

Incident Management Bulletin: Training Guide for Lifesharing Providers

Purpose

The bulletin outlines standardized procedures for managing incidents involving individuals receiving services through ODP programs. It is part of a broader risk and quality management framework aimed at protecting individuals' health, safety, and rights.

Lifesharing Providers: Reporting Responsibilities

Lifesharing providers fall under the scope of **providers licensed under 55 Pa. Code Chapter 6500**, and are responsible for ensuring the health, safety, and rights of individuals living in their homes.

Key Reporting Duties

Lifesharing providers must:

- **Recognize, respond to, and report** incidents involving individuals in their care.
- **Take immediate action** to protect the individual upon discovery of an incident.
- **Notify your RHD Program Specialist or on-call** (after hours)
- **Document observations** and actions taken.
- **Cooperate with investigations** and provide relevant documentation as needed.

Timelines for Reporting

Incident Type	Reporting Deadline	Examples
Critical Incidents	Within 24 hours of discovery	Abuse, neglect, exploitation, death, serious injury, sexual abuse, suicide attempt
Medication Errors & Physical Restraints	Within 72 hours	Missed doses, wrong medication, emergency restraint use
Declared/Public Health Emergencies	As directed by ODP	Natural disasters, outbreaks, pandemics

Scenarios Requiring Reporting by Lifesharing Providers

Here are common examples that **must be reported**:

(All allegations of abuse, neglect, exploitation, rights violation, death, unexplained injury, or choking require an investigation by a Certified Investigator)

Abuse

- Physical (e.g., hitting, bruising)
- Psychological (e.g., humiliation, threats)
- Sexual (e.g., unwanted contact, harassment)
- Misuse of restraints

Neglect

- Failure to provide medication, supervision, or needed care
- Unsafe living conditions (e.g., no heat, water, or food)
- Failure to follow the Individual Support Plan (ISP)

Exploitation

- Theft or misuse of funds or possessions
- Coercion to sign documents or perform unpaid labor

Rights Violations

- Denial of privacy, communication, or choice
- Unauthorized restrictive procedures

Serious Injury or Illness

- Fractures, burns, head injuries, pressure sores
- Hospitalizations or ER visits

Death

- All deaths must be reported, whether expected or unexpected

Behavioral Health Crisis

- Law enforcement involvement
- Psychiatric hospitalization

Missing Individual

- Out of contact for longer than alone time permits or in immediate danger
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Documentation & Follow-Up

Lifesharing providers must:

- Ensure **incident reports** are entered into the Department's system (via the provider agency) **within the appropriate reporting timeframe**.
- Provide **supporting documentation** (e.g., medical records, witness statements).
- Participate in **investigation interviews** as needed.
- Implement **corrective actions** as determined by medical professionals or investigation outcomes.

Full incident management bulletin can be found at

https://palms-awss3-repository.s3-us-west-2.amazonaws.com/Shared_Content/Training/IM+Bulletin_Recognizing+Incidents/Bulletin+00-21-02+Incident+Management.pdf

Abuse: Detection, Reporting and Prevention of Abuse, Suspected Abuse and Alleged Abuse

Abuse Defined

- Abuse is any action or inaction that intentionally harms, threatens, or causes distress to another person.
- Abuse can happen in any setting—homes, care facilities, schools, workplaces—and affects people of all ages, especially those who are vulnerable due to disability, age, or dependency.

Types of Abuse

Financial Abuse

Key Indicators:

- Sudden changes in legal documents (e.g., power of attorney, wills)
- Unpaid bills despite sufficient income
- Caregiver spending on luxury items while neglecting the individual's needs
- Missing possessions or unexplained bank activity
- Coercion to sign documents or make financial decisions
- Individual expresses confusion or fear about finances

Prevention Strategies:

- Regular audits of financial records
- Independent financial oversight or third-party rep-payee
- Educate individuals on financial rights and scams
- Limit access to financial accounts to trusted parties with oversight

Emotional & Verbal Abuse

Key Indicators:

- Withdrawal, agitation, or non-responsiveness
- Unusual behaviors (e.g., rocking, biting, sucking)
- Reports of being yelled at, insulted, or demeaned
- Sleep disturbances, compulsions, phobias

Prevention Strategies:

- Foster open communication and emotional support
 - Train staff in trauma-informed care and respectful interaction
 - Encourage peer support and social inclusion
 - Monitor caregiver behavior and stress levels, utilize breaks when needed
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Sexual Harassment

Key Indicators:

- Stress symptoms without clear cause
- Inappropriate touching, gestures, or exposure
- Sexualized teasing or intimidation (e.g., “pantsing,” leering)

Prevention Strategies:

- Clear policies and zero-tolerance enforcement
 - Staff training on boundaries and respectful behavior
 - Safe reporting channels for individuals and witnesses
 - Supervision and monitoring in shared spaces
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Neglect, Abandonment & Involuntary Seclusion

Key Indicators:

- Poor hygiene, untreated medical issues, malnutrition
- Caregiver indifference, aggression, or substance abuse
- Isolation from family, friends, or community
- Reports of being left alone or denied communication

Prevention Strategies:

- Regular health and wellness checks
 - Collaborative care planning with multiple providers
 - Encourage family involvement and visitation per individuals wishes
 - Monitor caregiver workload and well-being, request breaks as needed
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Physical Abuse

Key Indicators:

- Unexplained injuries, bruises, burns
- Hidden injuries under clothing
- Poor skin condition, hygiene, or sudden weight loss
- Soiled clothing or bedding

Prevention Strategies:

- Immediate investigation of injuries
 - Training on safe handling and de-escalation
 - Encourage individuals to report discomfort or fear
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Sexual Abuse

Physical Indicators:

- Genital injuries, STDs, pregnancy

- Torn or bloody clothing
- Sleep disturbances, self-harm, unexplained pain

Behavioral Indicators:

- Age-inappropriate sexual behavior or knowledge
- Fear of specific people or places
- Regression (bedwetting, childish speech)
- Poor self-image, hygiene, academic decline

Prevention Strategies:

- Age-appropriate sexual education and boundaries
 - Safe environments with trusted adults
 - Trauma-informed therapy and support
 - Mandatory reporting and swift investigation protocols
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 **Why It's Crucial to Take All Allegations or Suspicions of Abuse Seriously**

- Protects the Individual's Safety and Well-being
 - Abuse can escalate quickly. Early intervention can prevent further harm or trauma.
 - Legal and Ethical Responsibility
 - Mandated reporters (e.g., caregivers, educators, healthcare workers) are legally required to report suspected abuse.
 - Failing to act can result in legal consequences and loss of professional licensure.
 - Empowers the Victim
 - Taking allegations seriously validates the individual's experience and encourages them to speak up.
 - It helps build trust and promotes healing.
 - Prevents Systemic Failures
 - Ignoring signs of abuse can allow patterns to continue unchecked, affecting multiple individuals.
 - Reporting helps identify and correct institutional or caregiver misconduct.
 - Supports Accountability
 - Ensures that perpetrators are investigated and held responsible.
 - Promotes safer environments and better care standards.
 - Reduces Long-Term Impact
 - Abuse can have lasting psychological, physical, and emotional effects.
 - Early detection and support can mitigate trauma and improve outcomes.
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✓ **Actions to Take When Abuse Is Suspected or Alleged**

- Listen without judgment – Allow the individual to speak freely and validate their concerns.
 - Document observations – Record dates, behaviors, statements, and physical signs.
 - Report immediately – Notify Lifesharing Specialist / on-call specialist (after hours)
 - Ensure safety – Remove the individual from harm if necessary and provide support.
 - Follow up – Ensure the individual receives appropriate care, counseling, and protection.
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General Abuse Prevention Framework

Education & Training

- Mandatory abuse recognition and reporting training for all staff
- Ongoing refreshers and scenario-based learning

Empowerment & Advocacy

- Teach individuals about their rights
- Support self-advocacy and peer mentoring

Reporting & Accountability

- Anonymous and accessible reporting systems
- Clear consequences for abuse and neglect

Monitoring & Evaluation

- Regular audits, interviews, and environmental checks
- Use of third-party evaluators or ombudsmen

Support Systems

- Counseling, legal aid, and crisis intervention
- Family and community engagement

Additional information on Abuse: Detection, Reporting, and Prevention can be found at the links below:

<https://www.myodp.org/course/view.php?id=2295>

https://s3-us-west-2.amazonaws.com/palms-awss3-repository/odp-repo/alfresco/d/d/workspace/SpacesStore/72bf855e-8bae-406f-89bf-a41d8dcda6c3/Indicators_of_Abuse.pdf

EMERGENCY PHONE LIST
[ADDRESS OF LIFESHARING HOME]

EMERGENCY PERSONNEL/POLICE & AMBULANCE 911
NATIONAL SUICIDE & CRISIS HOTLINE 988

[LOCAL] Non-emergency phone	[PHONE #]
[LOCAL] Fire Department	[PHONE #]
[LOCAL] County Crisis	[PHONE #]
[LOCAL] Ambulance	[PHONE #]
Poison Control	[PHONE #]
[NEAREST HOSPITAL]		
Address	[PHONE #]

RHD Life Sharing Contacts:

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|---|--------------|
| ○ Amy Rush (Assistant Regional Director) | 484-294-1873 |
| ○ Abby Haydt (Senior Specialist) | 610-217-7224 |

Life Sharing Office: 484-298-1333

Lifesharing Fax: 484-298-1339

Lifesharing Office Hours of Operation: Mon-Fri 8:30am – 4:30pm

Lifesharing On-Call (after hours or holiday needs): 484-298-1333, press option 3 for on-call

In the event of a fall, COVID symptoms, trip to urgent care/ER, call 911, home loses power or water, medication concern, OR OTHER REPORTABLE SITUATION, use the following chain of command.

1. Call designated on-call specialist (found in the Friday email or on-call # above)
2. If that person doesn't answer, wait 10-15 minutes and try them again
3. If still unable to get ahold of anyone, call Abby and/or Amy

*****You MUST speak with someone within a timely period of the situation*****