

PROTOCOL NO. 309 A.I.M. (ASSESS SAFETY; INITIATE PROCESS; MONITOR COMPLIANCE)	
Issued:	March 1, 2019
Revised:	October 29, 2019; April 1, 2020 <i>COVID-19 Emergency Response</i> ; August 26, 2020; October 13, 2021; June 3, 2022
Formerly:	Protocol No. 139
Protocol:	In order to help assure a healthy and safe environment for individuals receiving services from community providers and DBHDS facilities, the Office of Human Rights will follow-up on ALL substantiated abuse allegations.
Procedure:	<p>The Manager will consistently review allegations of abuse, neglect and exploitation (<i>or ANE</i>) entered into CHRIS via the data warehouse a minimum of three times per week, and assign an Advocate to monitor each case.</p> <p>When the Manager is notified of an allegation of ANE by any other means, e.g., OSIG, APS, CPS, dLCV, OL, DBHDS Constituent Affairs, etc., the Manager will assign an Advocate to initiate contact with the provider to ensure the human rights complaint resolution process is taking place.</p> <p>In all cases, the assigned Advocate will monitor the providers' investigation to include ensuring that the identified individual, as well as all other individuals receiving services from the provider are safe.</p> <p>At the conclusion of the provider's investigation, the assigned Advocate will review and verify implementation of corrective action(s) taken by the provider for substantiated allegations of ANE within 30 days of the actual date the provider entered the date of the investigator's final report in CHRIS. The Advocate may verify implementation of corrective action through additional visits, interviews with provider staff and individuals, phone calls, review of policies and/or other documents.</p> <p>The assigned Advocate will conduct a visit to verify implementation of corrective action(s). This visit will be known as an "AIM30" visit and may include the following:</p> <ul style="list-style-type: none"> • Assessment of safety for all individuals receiving services • Review of policies, services record(s), training and other documentation specific to the complaint or any other observed or identified concern • Interview(s) with individuals and staff to assess understanding and implementation of corrective actions <p>In consultation with the Manager, the following circumstances do not require an AIM30 visit:</p> <ul style="list-style-type: none"> • Med errors and repeat med errors that did not result in a serious injury • Peer-to-Peer incidents that did not result in a serious injury • AIM24 visit was completed and all elements were verified as complete in accordance with this protocol under Additional Steps for High Priority Cases. <p>The Advocate should document their actions in CHRIS as an "AIM Visit" and distinguish it in the remarks as "AIM30".</p> <p>The assigned Advocate will request citation from the DBHDS Office of Licensing for all substantiated ANE allegations within 5 business days of notification of the provider investigation findings in CHRIS, and document this action by selecting the remark "Citation of Violation sent to the Office of Licensing."</p> <p>All substantiated ANE allegations for state operated facilities will be subject to the Facility Violation process, per Protocol No. 315. Violations that are identified by the Facility Director via the Transmittal Memo should also include the corresponding corrective action plan. Facility Advocates will review and assess proposed timeframes to ensure they are reasonable and appropriate to correct the identified violation as part of their</p>

remark in CHRIS under "Facility Violation Letter." The Facility Advocate will verify the implementation of corrective action plans within 30 days of the proposed date of completion and document their actions in CHRIS by selecting the remark "AIM Visit" and indicating it as AIM30.

Additional steps for high priority cases

Any allegation of sexual abuse, sexual assault, restraint with serious injuries, and physical abuse with serious injuries are considered high priority cases and require an immediate response from the Advocate to ensure that the identified individual, as well as other individuals receiving services from the provider are safe. Sexual assault is a form of violence and includes unwanted groping and rape (forced vaginal, anal, or oral penetration) and should be reported as neglect peer-to-peer when the accused is not a staff person. If the accused is a staff person, this is reportable as sexual abuse.

The assigned Advocate will conduct a visit within 24 hours of notification (during business hours); however, the immediate response may be a telephone call to the provider. This visit will be known as an "AIM24" visit and must include the following:

- Assessment of safety of all individuals receiving services (i.e. appropriate actions have been taken regarding the accused employee, appropriate follow up care for all involved individuals including medical and clinical interventions have been initiated)
- Assurance that appropriate notifications have been made (i.e. Protective Services, Police, Facility Investigator)
- Verification that the provider has initiated an investigation (to include assurance that necessary evidence has been or is being collected such as video recordings, case notes etc.) and
- Determination about whether or not injuries sustained meet the definition of a serious injury in the human rights regulations (i.e. documentation in PAIRS, SIR in CHRIS)

The Advocate should document their actions in CHRIS as an "AIM Visit" and distinguish it in the remarks as "AIM24". An Internal Alert form should also be completed as necessary, consistent with Protocol No. 301.


For Community Operations, the Office of Licensing should also be notified and these actions documented in CHRIS as "Referral to the Office of Licensing".

If an identified high priority case is substantiated and an AIM24 visit was conducted, the Manager may determine that an additional AIM30 visit is not necessary based on the following criteria:

- AIM24 visit was completed and safety of involved individual and others receiving services was assessed **and**
- Corrective action was already implemented and verified at the AIM24 visit **or**
- Additional corrective action can be effectively verified through desk review of policies and/or other documentation, or virtual interviews with provider staff and individuals.

For Community Operations, it may be determined, by virtue of the intensity of the allegation, that the Office of Licensing may also conduct a site visit. If a joint visit is warranted, the Advocate will not participate as an investigator but as the Advocate for the individual(s) involved. The Advocate will assess safety and monitor compliance with the Human Rights Regulations, which may include review of individuals' services records, interviews with staff and individuals to evaluate concerns identified in the allegation, consistent with Protocol No 205.

For Facility Operations, it may be determined after consultation with the Facility Manager, that the Facility Advocate may provide technical assistance during the DI 201 Investigative process (ex. assistance formulating interview questions, collaboration with APS, recommendations for administrative findings, attending interviews).

	<p>In the event of emergencies such as inclement weather, natural disasters, state of emergency declarations by the Governor and/or pandemics, the AIM protocol will remain in place with the following modifications to the AIM24 and AIM30 visit procedures. Any staff member that is sick or experiencing other symptoms or circumstances related to any aforementioned emergency will not report to work consistent with DHRM policies and Protocol No 108.</p> <ul style="list-style-type: none"> ○ Upon triage and assignment by the Manager, the assigned Advocate will work directly to develop a consolidated list of written records, video recordings, and any other information deemed necessary to complete a desk review. The assigned Advocate will make immediate contact with the provider to request the information and initiate and attempt to complete the remote review within 24 hours of notification. Arrangements should be made to conduct interviews by phone or other approved conferencing technology. ○ If the allegation rises to an imminent health and safety risk OR if the Advocate has reason to believe someone may be in imminent danger, the assigned Advocate must make APS/CPS aware of the allegation. ○ Once the AIM24 remote review is completed, the Manager will review the information to ensure all elements of the "AIM24 visit" (as identified above) have been addressed. The Manager will email the SHRD and appropriate Associate Director (AD) a brief summary of the allegation and actions taken by the Advocate on the same day the remote review is completed. The SHRD and appropriate AD will make a determination as to whether or not a site visit must be made. ○ For Community Operations, when it is determined that a site visit is necessary, for example, there is something that we cannot verify through technology, the SHRD and appropriate AD in consultation with OL Leadership will determine which Office will conduct the site visit, in order to prevent a duplication of effort. ○ When the Advocate is required to conduct a site visit during a pandemic, they will use appropriate PPE as provided or otherwise obtained, to protect themselves, individuals and providers in accordance with CDC and VDH guidelines. This includes using PPE such as a facemask and gloves, for any site visit. Advocates will not conduct site visits to provider settings where there is an active, confirmed pandemic related illness.
	4/1/20
Deborah M. Lochart, State Human Rights Director	Effective Date