

<p><b>SUBJECT:</b></p> <p><b>Incident Reporting Procedure for DHS Funded Programs</b></p>	<p><b>APPLICABLE TO:</b></p> <p>All DHS Directly-Operated or Provider Facilities and Programs Serving Individuals and Families Who are Experiencing Homelessness</p>	<p><b>ISSUED:</b></p> <p>January 6, 2022</p> <p>(OBSOLETES DHS-PB-2018-004)</p>
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**CONTENTS**

**INTRODUCTION..... 2**

**CATEGORIZING INCIDENTS IN DHS-FUNDED FACILITIES..... 3**

    PRIORITY LEVEL DEFINITIONS..... 3

    REPORTING AND CATEGORIZING COMPLAINTS AS SERIOUS INCIDENTS..... 4

**REPORTING INCIDENTS IN DHS-FUNDED FACILITIES ..... 4**

    PRIORITY 1 REPORTING ..... 4

        Priority 1 - Immediate Notification Process..... 4

        Priority 1 - Reporting Process in CARES ..... 5

    PRIORITY 2 OR 3 INCIDENT REPORTING PROCESS IN CARES..... 7

    INCIDENT FOLLOW-UP ..... 8

    LOGBOOK AND CRITICAL FILES..... 9

        Logbook recordings..... 9

        Critical files..... 9

**TRAINING ON CATEGORIZING AND REPORTING INCIDENTS IN DHS-FUNDED FACILITIES..... 9**

**INCIDENT REPORTING FOR STREET OUTREACH TEAMS..... 9**

    PRIORITY LEVEL DEFINITIONS..... 10

Transition Reports ..... 10

PRIORITY 1 IMMEDIATE NOTIFICATION PROCESS ..... 10

PRIORITY 1 REPORTING PROCESS IN STREETSMART ..... 11

INCIDENT FOLLOW-UP ..... 12

LOGBOOK AND CRITICAL FILES..... 12

Confidentiality..... 12

**RELATED PROCEDURES:..... 13**

**REFERENCES..... 13**

**ATTACHMENTS:..... 13**

**INTRODUCTION**

The Department of Homeless Services (DHS) is responsible for monitoring all incidents at DHS-funded facilities and programs in accordance with all applicable internal policies and applicable provisions of the New York State Codes, Rules, and Regulations, which includes:

- Shelters
- Intake Centers
- Safe Havens
- Drop-In Centers
- Stabilization Beds

Additionally, DHS is responsible for monitoring any Priority 1 incident involving an unsheltered individual experiencing homelessness known to DHS outreach programs in accordance with all applicable internal policies and applicable provisions of the New York State Codes, Rules, and Regulations, which includes:

- Street Outreach Programs

This procedure establishes criteria for the timely and accurate reporting of incidents in DHS-funded facilities and incidents involving individuals experiencing street homelessness who interact with DHS street outreach teams. This procedure also outlines the steps necessary for notifying DHS, the Department of Social Services (DSS), New York State Office of Temporary and Disability Assistance (OTDA), and the Joint Command Center (JCC).

**Note:** The DHS Serious Incident Unit (SIU) is also responsible for notifications on incidents called in by Human Resources Administration’s Single Room Occupancy (SRO) housing. Please refer to the section on Priority 1 – Serious Incident Immediate Notification Process for more information.

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## CATEGORIZING INCIDENTS IN DHS-FUNDED FACILITIES

When an incident occurs in any DHS-funded facility it must be reported in the Client Assistance Rehousing Enterprise System (CARES). This includes all shelters, intake centers, safe havens, drop-in centers, and stabilization beds. For incidents involving street outreach programs and unsheltered individuals, refer to the section INCIDENT REPORTING FOR STREET OUTREACH TEAMS.

All shelter staff, including security, must report incidents to the appropriate Shift Supervisor, Shelter Director, or on-site designee. The reporting process for any incident depends on the incident's priority category. To accurately report any incident that occurred in or around the facility, including offsite incidents involving clients currently housed in any DHS facility, staff must first categorize the incident by priority level: 1, 2, or 3.

### PRIORITY LEVEL DEFINITIONS

- **Priority 1 Incidents** are referred to as “Serious Incidents.” Serious Incidents have a significant impact upon the safety and well-being of clients and/or staff, and must be promptly reported to the SIU. The DSS Office of Regulatory Compliance and Accountability (ORCA) will in turn report the incident to OTDA if it meets the OTDA-mandated criteria for serious incidents.
- **Priority 2 Incidents** do not significantly impact the safety and well-being of clients or staff, per OTDA guidelines, but must be recorded in CARES promptly, so SIU can address the incident in a timely manner, as described in the sections below.
- **Priority 3 Incidents** are “quality of life” occurrences which require recording in CARES and review for possible corrective action.

#### Note:

- If any Priority 2 or 3 incident results in an arrest, or Administration for Children Services (ACS) hospitalization (ACS takes child to the hospital), the incident becomes a Priority 1 – Serious Incident, and staff must follow the process for reporting Priority 1 incidents.
- Refer to **DHS-93(E) Glossary of Incident Reporting Types and Categories (References section)** to see the incident type and category applicable to the incident. If unsure about which type or category applies, contact SIU at (212) 361-5700 for clarification.
- A sample *Incident Report* is available for staff to reference when completing their own reports. See **Attachment A** for this sample.

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## REPORTING AND CATEGORIZING COMPLAINTS AS SERIOUS INCIDENTS

When provider or DHS staff become aware of a complaint that meets criteria for a Priority 1, 2, or 3 incident, the complaint must be reported as an incident. The report must be submitted following protocols and timelines outlined in this procedure. To determine if a complaint meets the criteria for a Priority 1, 2, or 3 incident, staff must refer to the **Glossary for Incident Reporting Types and Categories** for guidance.

**Note:** DHS/DSS staff, including staff from DHS Programs, SIU, or ORCA, must continue to report allegations of misconduct against senior leadership at DHS-funded organizations in accordance with Mayoral Executive Order 64. See EO 64 Notice to DSS-HRA-DHS Staff, attached.

## REPORTING INCIDENTS IN DHS-FUNDED FACILITIES

### PRIORITY 1 REPORTING

#### Priority 1 - Immediate Notification Process

For DHS-funded facilities (including shelters, intake centers, safe havens, drop-in centers, and stabilization beds), providers must exercise the following steps when a Priority 1 incident occurs:

1. The Shelter Director/on-site designee must notify the SIU by telephone: (212) 361-5700 **within 1 hour** of becoming aware of the incident. SIU is available 24 hours a day and 7 days a week. The caller must provide the following information:
  - Caller's name, title, and call-back number;
  - Facility code;
  - Facility name and address;
  - Building name and address, if different from facility's;
  - Description of the incident using factual information and noting the source of all information;
  - Date and time of the incident;
  - When facility staff was notified;
  - All participants involved (staff, clients, etc.);
  - Where the incident occurred;
  - Any injuries suffered; and
  - Whether or not there was an arrest/hospitalization.
2. Upon gathering all pertinent information, SIU will send an email to the relevant DHS and DSS administrative offices as well as the DSS Commissioner's Office. SIU's notification will include the following:
  - DHS division where the incident occurred;
  - Incident date and time;
  - Incident type and category;

- 
- Facility code;
  - Facility name and address;
  - Building name and address if different than the facility's;
  - Reporter's name (SIU staff member who took the report);
  - Reporter's call-back number;
  - Client's name and family composition;
  - Incident details (including emergency responders);
  - Action taken (steps taken by provider to address the incident); and
  - Current status (determined by DHS).
3. The Shelter Director/on-site designee must call SIU with any updates where available while the case is still open.
  4. SIU will email the update to staff in the relevant DHS and DSS administrative offices as well as the DSS Commissioner's Office.
  5. A designated staff member from ORCA will send an immediate email notification to OTDA if it meets the OTDA-mandated criteria for serious incidents. If necessary, ORCA staff will request SIU staff verify the content of the immediate notification with the Shelter Director/on-site designee prior to sending the email to OTDA.

**Notes:**

- Refer to **Attachment B** to view the Serious Incident Reporting Workflow for Providers in a process chart format.
- Priority 1 incidents that occurred in SRO housing are also called in to SIU. In such cases, SIU must gather information and send email notifications as described in 1 and 2, above. Steps 3, 4 and 5 are **not** required for SRO Housing.

## Priority 1 - Reporting Process in CARES

Following the immediate notification process, the Serious Incident must be reported in CARES as per below:

1. After contacting SIU, as per above, the Shelter Director/on-site designee will ensure facility staff creates an *Incident Report* in CARES **within 4 hours** of the staff becoming aware of the incident. If an incident occurs during overnight hours, on a weekend, or on a holiday, the *Incident Report* must be entered in CARES **by 12:00 noon on the next calendar day**. The *Incident Report* in CARES must include the following:
  - Incident date and time;
  - Incident type and category;
  - Facility name, building, and specific location in the facility where the incident occurred;
  - All incident participants including clients and staff. (Rather than typing participant information into CARES, link participants' names to the report,

which connects to CARES client homepages and client history, and include in the incident description. This will ensure all the information is added in their DHS client record.);

- A complete description of the incident (who, what, where, when), which must include:
  - Factual narrative in sequence noting the source of all information;
  - Date and time of incident;
  - Date and time the facility was notified, if different from date and time the incident occurred;
  - All participants involved (clients, staff, etc.);
  - Emergency responders (name and badge numbers);
  - Resolution/update (e.g., whether the missing child was located, elevator repaired, or the expected date of repairs, etc.).

**Notes:**

- The *Incident Report* in CARES must not include less information than staff provided to SIU.
  - All pertaining information contained in attachments must be included in the incident description or resolution; attachments are not visible to OTDA.
  - All incident questions must be answered. If a question does not apply – the answer must be “no.”
2. The Shelter Director/on-site designee must review and **within 24 hours** of the incident, submit the *Incident Report* in CARES which goes to SIU. SIU will review the report to determine if the incident contains all required information.
  3. In instances when the *Incident Report* requires updating, SIU will return it to the Shelter Director/on-site designee through CARES and will detail what is missing, incomplete, or incorrect. The Shelter Director/on-site designee will update the report accordingly.
  4. If SIU finds the CARES *Incident Report* sufficient, SIU will approve and submit it to ORCA for final review.
  5. ORCA will then review the *Incident Report* in CARES. If ORCA determines the report is complete, ORCA will close-out the report in CARES, generate a PDF of the report, and submit the PDF via email to OTDA if it meets the OTDA-mandated criteria for serious incidents. However, if ORCA determines additional or clarifying information is required, the report will be returned to SIU to obtain the necessary information from the Shelter Director/on-site designee.

**Notes:**

- Refer to **Attachment B** to view the Serious Incident Reporting Workflow for Providers in a process chart format.

- To delete duplicate incident reports entered into CARES, facility staff must send a request via email to their program administrator. If approved, the program administrator will contact SIU to have the duplicate report deleted within CARES.
- SRO Housing incidents do **not** need to be entered into CARES.

## **PRIORITY 2 OR 3 INCIDENT REPORTING PROCESS IN CARES**

1. In the event of a Priority 2 or 3 incident, facility staff must complete an *Incident Report* in CARES, reviewed by either the Shelter Director/on-site designee, and submit the report through CARES within **72 hours** of the incident. The report goes to SIU.
2. If the Priority 2 or 3 incident occurs during the weekend or on a holiday, a report must be submitted by the close of the **next business day**.  
The *Incident Report* in CARES must include the following:
  - Incident date and time;
  - Incident type and category;
  - Facility name, building, and specific location where the incident occurred;
  - All incident participants including clients and staff. (Rather than typing participant information into CARES, link participants' names to the report, which connects to CARES client homepage and client history, and include in the incident description. This will ensure all the information is added in their DHS client record.);
  - A complete description of the incident (who, what, where, when), which must include:
    - Factual narrative in sequence, noting the source of all information;
    - Date and time of incident;
    - Date and time the facility was notified, if different from the incident date and time;
    - All participants involved (e.g., clients, staff, etc.);
    - Emergency responders (name and badge numbers); and
    - Resolution.

### **Notes:**

- If the resolution includes an arrest, ACS removal, or a hospitalization, follow the procedure for reporting Priority 1 – Serious Incidents.
  - All incident questions must be answered. If a question does not apply, the answer must be “no.”
3. Within **5 days** of the *Incident Report* submission in CARES, SIU will review it, determine if the report has been correctly categorized, and whether it contains all required information.

4. If more information or a correction is needed, SIU must return the *Incident Report* to the facility staff through the CARES reporting function and indicate what is missing, incomplete, and/or incorrect. The facility staff must update the report accordingly.
5. If the *Incident Report* is complete and correct, SIU will approve it and close it out in CARES.

**Notes:**

- Refer to **Attachment C** to view the incident reporting workflow for providers in a process chart format.
- To delete duplicate incident reports entered into CARES, facility staff must send a request via email to the program administrator. If approved, the program administrator will contact SIU to have the duplicate report deleted from CARES.

**INCIDENT FOLLOW-UP**

All client-related incidents require case management follow-up which must be documented with an “incident follow-up” case note within one business day of the incident. Case management staff are responsible for documenting all engagement with the client after the incident in order to understand the nature of the incident and determine whether follow-up services and/or support is needed. Supervisors must ensure staff are appropriately documenting incidents and all follow-up services in the “incident follow-up” case notes in CARES.

When an incident is being investigated by outside units (e.g., SIU, OLA, etc.), supervisors must ensure case management staff include information about the specific outside unit(s) involved in the incident follow up. Case management staff must communicate with their program administrator or analyst to maintain updates on the incident as needed.

Many medical or mental health incidents require specific follow-up actions. Please refer to *DHS-PB-2019-014, “Guidelines for Facility Staff: Medical and Critical Incident Follow-up”*.

Domestic Violence incidents require very specific follow-up action. For all incidents between intimate partners, regardless of the incident priority level, staff must respond appropriately regarding client safety and risk. Specific follow-up procedures concerning these types of incidents are outlined in *“DHS Procedure #11-003 Responding to Domestic Violence Incidents in Shelter”*, as they may result in the removal of a family member from shelter, a safety transfer, or a referral to HRA’s Office of Domestic Violence & Emergency Intervention Services (ODVEIS). Staff must record domestic violence incidents and the required follow-up action in CARES case notes for future reference.



**Note:** Incident updates may also be added to a closed *Incident Report* in CARES by DHS or DSS who enter the information in the "post closure incident notes" section of the report. However, facility staff must continue to enter case notes in CARES as needed.

## **LOGBOOK AND CRITICAL FILES**

### **Logbook recordings**

All incidents must be recorded in the facility logbook pursuant to **DHS Procedure #16-403 Shelter Log Maintenance**.

### **Critical files**

All incidents must be filed as part of the facility's critical files. The incidents may be filed by category (P1, P2, or P3), or in chronological order with the most recent in the front. The incidents binder(s) must also include an updated "Listing of Incident" form. Additionally, each incident must be accompanied by a written resolution or follow-up. The written resolution can be a case note or progress note demonstrating steps taken to address the incident/issue.

When an incident is being investigated by outside units (e.g., SIU, OLA, etc.), supervisors must ensure case management staff include information about the specific outside unit(s) involved in the incident follow up. Case management staff must communicate with their program administrator or analyst to maintain updates on the incident as needed.

## **TRAINING ON CATEGORIZING AND REPORTING INCIDENTS IN DHS-FUNDED FACILITIES**

For staff who work in any DHS-funded facility (including all shelters, intake centers, safe havens, drop-in centers, and stabilization beds), ORCA provides training on this procedure in conjunction with a separate technical CARES training offered year-round. Barring any extreme circumstances, the training on this procedure will be offered annually. When training is available from ORCA, provider staff are required to participate in the training at least once per year. If training is not available, staff will not be required to take this training.

## **INCIDENT REPORTING FOR STREET OUTREACH TEAMS**

All street outreach teams are required to report and call-in all Priority 1 incidents. Priority 1 incidents are reported to the Shift Supervisor and called into the Joint Command Center (JCC). To accurately report an incident, outreach staff must first determine whether or not the incident is Priority 1 level:

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## PRIORITY LEVEL DEFINITIONS

- **Priority 1 Incidents** are referred to as “serious incidents.” Serious incidents have a significant impact upon the safety and well-being of clients, the community, and/or staff. They must be reported to the JCC and must be recorded in the StreetSmart system following the timelines specified below.
- **Non-priority 1 or Other Incidents** do not significantly impact the safety and well-being of clients, the community, or the staff. These are not reported to JCC.

**Note:** A complete list of Priority 1 and Non-Priority 1 incidents for street outreach teams is available in the **Glossary for Priority 1 Incidents Reporting in StreetSmart DHS-93a (E)**. This glossary provides guidance on the incident options listed in StreetSmart.

## Transition Reports

All Priority 1 incidents and reports **must** be included in the transition report between shifts. In order to adhere to reporting timelines set forth in this procedure, it may be necessary for incoming shifts to submit and/or approve an *Incident Report*. When this occurs, the shift personnel who originally learned of the Priority 1 incident will be responsible for follow-up and close-out. Priority 1 incidents must be included in the transition report for awareness, even if the incoming shift does not have to enter or approve the *Incident Report*.

## PRIORITY 1 IMMEDIATE NOTIFICATION PROCESS

1. In the event of a Priority 1 - Serious Incident, the Shift Supervisor **must** notify JCC by telephone: (212) 607 – 6040 **within 1 hour** of becoming aware of the incident. JCC is available 24-hours a day, 7 days a week. The caller must provide the following information:
  - Caller’s name, title, and call-back number;
  - Outreach team and main office address;
  - Location of incident;
  - Description of the incident using factual information and noting the source of all information;
  - Date and time of the incident;
  - When outreach staff was notified;
  - All participants involved (e.g., staff, clients, etc.);
  - Any injuries suffered; and
  - Whether or not there was an arrest/hospitalization.
2. Upon gathering all the pertinent information, JCC will send an email to the Priority 1 Distribution List, include relevant DHS and DSS administrative offices, as well as the DSS Commissioner's Office. JCC’s notification will include the following:
  - DHS division;
  - Incident date and time;

- 
- Incident type and category (must be Priority 1);
  - Reporter's name (JCC staff member who took the report);
  - Reporter's call-back number;
  - Client's name and family composition;
  - Incident details (including emergency responders);
  - Action taken (steps taken by provider to address the incident); and
  - Current status (determined by DHS).
3. The Shift Supervisor must call JCC with any updates.
  4. JCC will email the update to the Priority 1 Distribution List, include staff in the relevant DHS and DSS administrative offices, as well as the DSS Commissioner's Office.

### **PRIORITY 1 REPORTING PROCESS IN STREETSMART**

1. When a Priority 1 - Serious Incident occurs, after contacting JCC, the Shelter Director/On-site Designee will ensure staff creates an *Incident Report* in the StreetSmart system **within four hours** of the staff becoming aware of the incident. Even if the incident occurs during the overnight hours, weekend, or on a holiday, the *Incident Report* must still be entered within four hours. On occasions when the *Incident Report* is entered by the next shift, the original shift who took the report will be responsible for follow up and close out.
2. The *Incident Report* in StreetSmart must include the following:
  - Incident date and time;
  - Incident type and category;
  - Outreach team, and main office address;
  - Location of incident;
  - All incident participants (e.g., clients, staff);
    - Rather than typing participant information into StreetSmart, link participants' StreetSmart profile to the report and include in the incident description. This will ensure all the information is added in their DHS client record;
  - A complete description of the incident (who, what, where, when), which must include:
    - Actual narrative in sequence, noting the source of all information;
    - Date and time of incident;
    - Date and time the staff was notified, if different from the incident date and time;
    - All participants involved (clients, staff, etc.);
    - Emergency responders (name and badge numbers); and
    - Resolution/update (e.g., "client recanted report").

**Notes:**

- The *Incident Report* in StreetSmart must not include less information than what staff provided to JCC.
  - All incident questions must be answered. If a question does not apply, the answer must be “no.”
3. After the initial *Incident Report* is submitted, the Shift Supervisor will have an additional four hours to review and approve the report in StreetSmart. On occasions when the *Incident Report* is approved by the next shift’s supervisor, the original shift who took the report will be responsible for follow up and close out. JCC will review the report to determine if the incident contains all required information.
  4. In instances when the *Incident Report* requires updating, JCC will return it to the Shift Supervisor, or On-site Designee, through StreetSmart and will detail what is missing, incomplete, or incorrect. The Shift Supervisor will update the report accordingly. StreetSmart auto-generates an internal email to notify staff the *Incident Report* was created. The *Incident Report* will be recorded in the client’s record. Staff will follow up as needed.

**INCIDENT FOLLOW-UP**

All Priority 1 client-related incidents require case management follow-up with an “incident follow-up” case note within the next business day. Outreach staff are responsible for documenting all engagement with the client after the incident in order to understand the nature of the incident and determine whether follow-up services and/or support is needed. Supervisors must ensure staff are appropriately following-up and documenting these incidents.

Many medical or mental health incidents require specific follow-up actions. When applicable, please refer to “*DHS-PB-2019-014 Guidelines for Facility Staff: Medical and Critical Incident Follow-up.*”

In the event a client experiencing unsheltered homelessness wants to enter the shelter system and that client also has a Priority 1 *Incident Report* in their record related to domestic violence, shelter staff must enter a case note in StreetSmart and notify providers of the history including any other clients involved.

**LOGBOOK AND CRITICAL FILES****Confidentiality**

Information about client-related incidents is governed by DSS Executive Order # 746 Confidentiality Policy, DHS Procedure #12-150 DHS Client Confidentiality and Data Protection Policy, and DHS Procedure #07-180 Media Policy, and may not be discussed/disseminated outside the scope of any inter-agency memorandum of understanding (MOU) without a written release from the client and/or approval of the DSS Office of Legal Affairs (OLA). All requests for/approvals of release of information

(other than those involving the media, elected officials, and/or advocates) must be routed through OLA.

All inquiries involving the media, elected officials, and/or advocates, must be forwarded to the DSS Assistant Deputy Commissioner of Press Relations & Press Communications, and the DSS Deputy Commissioner of Intergovernmental and Legislative Affairs. Under no circumstances may any information be released by any DSS/DHS staff, and DHS-funded provider staff, without authorization from the DSS Assistant Deputy Commissioner of Press Relations & Press Communications, and the DSS Deputy Commissioner of Intergovernmental and Legislative Affairs.

### RELATED PROCEDURES:

- [DHS-PB-2020-002 Suicide Prevention Procedure](#)
- [DHS-PB-2019-014 - Guidelines For Facility Staff: Medical and Critical Incident Follow-up](#)
- [DHS Procedure #16-403 - Shelter Log Maintenance](#)
- [DHS Procedure #16-400 Control and Confiscation of Contraband](#)
- [DHS Procedure #12-150 - DHS Client Confidentiality and Data Protection Policy](#)
- [DHS Procedure #11-003 - Responding to Domestic Violence Incidents in Shelter](#)
- [DSS Executive Order #746 – Confidentiality Policy](#)

### REFERENCES

- [Part 352.38\(b\) - Requirements for Priority Incident Reporting](#)
- [CARES Incident Reporting](#)
- **Mayoral Executive Order 64 Notice to DSS-HRA-DHS Staff**

### ATTACHMENTS:

- **Attachment A:** Sample of NYC Department of Homeless Services Incident Report from CARES
- **Attachment B:** Priority 1 - Serious Incident Reporting Workflow for Providers
- **Attachment C:** Priority 2 or 3 - Incident Reporting Workflow for Providers
- [DHS-93\(E\) Revised Glossary for Incident Reporting Types and Categories](#)  
(While the Revised Glossary is included as an attachment here, readers should use the embedded link for the most recent version of this document.)
- [DHS-93a \(E\)Glossary for Reporting Priority 1 Incidents in StreetSmart](#)  
(While the Revised Glossary is included as an attachment here, readers should use the embedded link for the most recent version of this document.)

*Effective Immediately*

**ATTACHMENT A**

**NYC Department of Homeless Services Incident Report**

Incident Number:            Priority Code:            Incident Type:            Incident Date:  
Incident Time:            Day of Week:

Incident Recorded Date:

Incident Recorded Time:

Facility Type:            Facility Code:  
Facility Name:            FacFacility Class:  
Facility Address:

Facility Phone Number:  
Building Address:            Incident Category:

Service Provider:

**PERSONS INVOLVED:** O=Other S=Staff C=Client V=Victim W=Witness Ob=Observer P=Perpetrator  
O=Other

O-S-C	V-W- Ob-P-	Last Name	First Name	Sex	CARESID	SSN	Age	DOB	Unit Bed

Shelter Staff Notified Date And Time:

**BRIEF DESCRIPTION OF INCIDENT:** (Who, what, where, when) Attach additional sheet if necessary  
Created by:

**IMMEDIATE ACTION TAKEN:** (By on-site staff responding to the incident) **INCIDENT QUESTIONS:**  
Was Emergency Services Called? (FDNY, NYPD, EMS):  
Was a weapon used?:



DOC|INCIDENT\_REPORTS

**ATTACHMENT A**

Was an arrest made?:  
Was someone Hospitalized?:  
Did the incident involve a minor?:  
made?: Was the incident perpetrated by staff?:

Was ACS Contacted?:  
Was a safety transfer offered?:  
Was DV Referral

Report Prepared By/Signature:

Title:

Date:

\_\_\_\_\_

\_\_\_\_\_

Report Reviewed By/Signature:

Title:

Date:

\_\_\_\_\_

\_\_\_\_\_

**DHS REVIEW: *To be completed by DHS Staff***

Program Admin Notified Date And Time:

Follow up Action Required?:

Follow up details:

Date:

\_\_\_\_\_  
Signature of DHS Program  
Analyst

\_\_\_\_\_

**ATTACHMENT A**

**DISPOSITION/RESOLUTION:** *To be completed by DHS Program Administrator*

**RESOLUTION DETAILS:**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of DHS Program Administrator

**POST CLOSURE INCIDENT COMMENTS:**

**ORCA REVIEW:**

Was OTDA Notified:

OTDA Notified Date And Time:

**COMMENTS:**

DATE REPORT RETURNED TO FACILITY (**CLIENT SUSPENSIONS ONLY**):

\_\_\_\_\_

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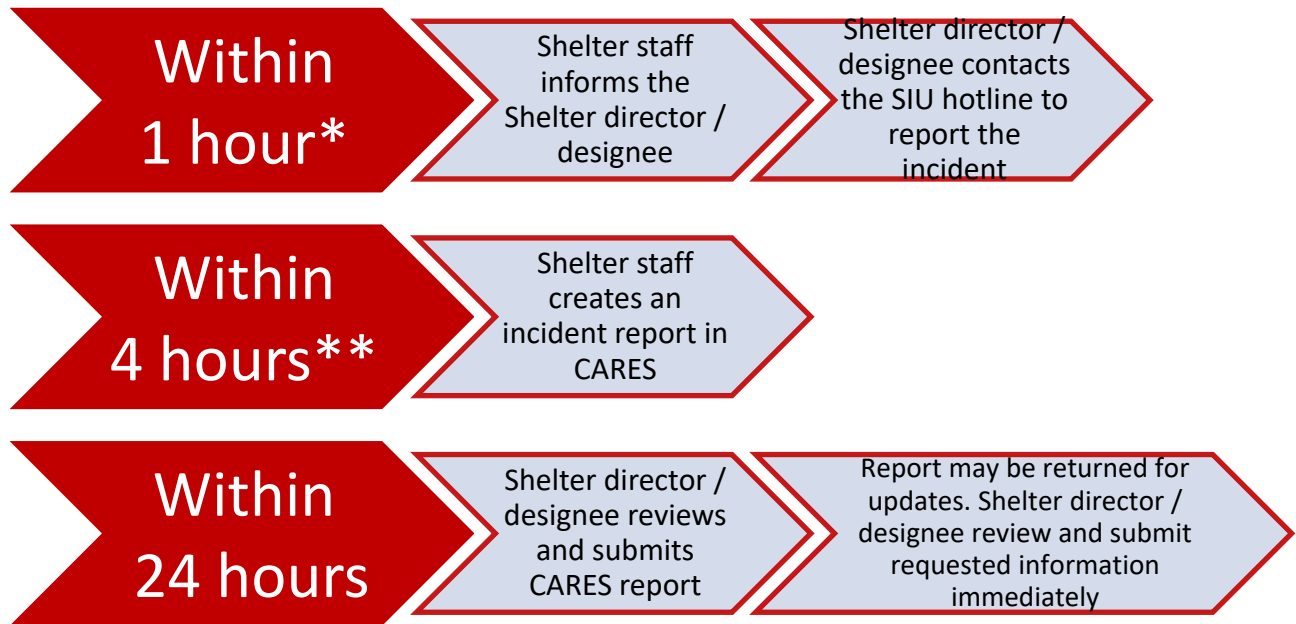
**Special Cases:**

- If NYPD, FDNY or EMS has been called, and is not responding within a reasonable time, immediate notification must be made to at least the Assistant Commissioner for guidance and assistance



**ATTACHMENT B**

**Priority 1 - Serious Incident Reporting Workflow for Providers**

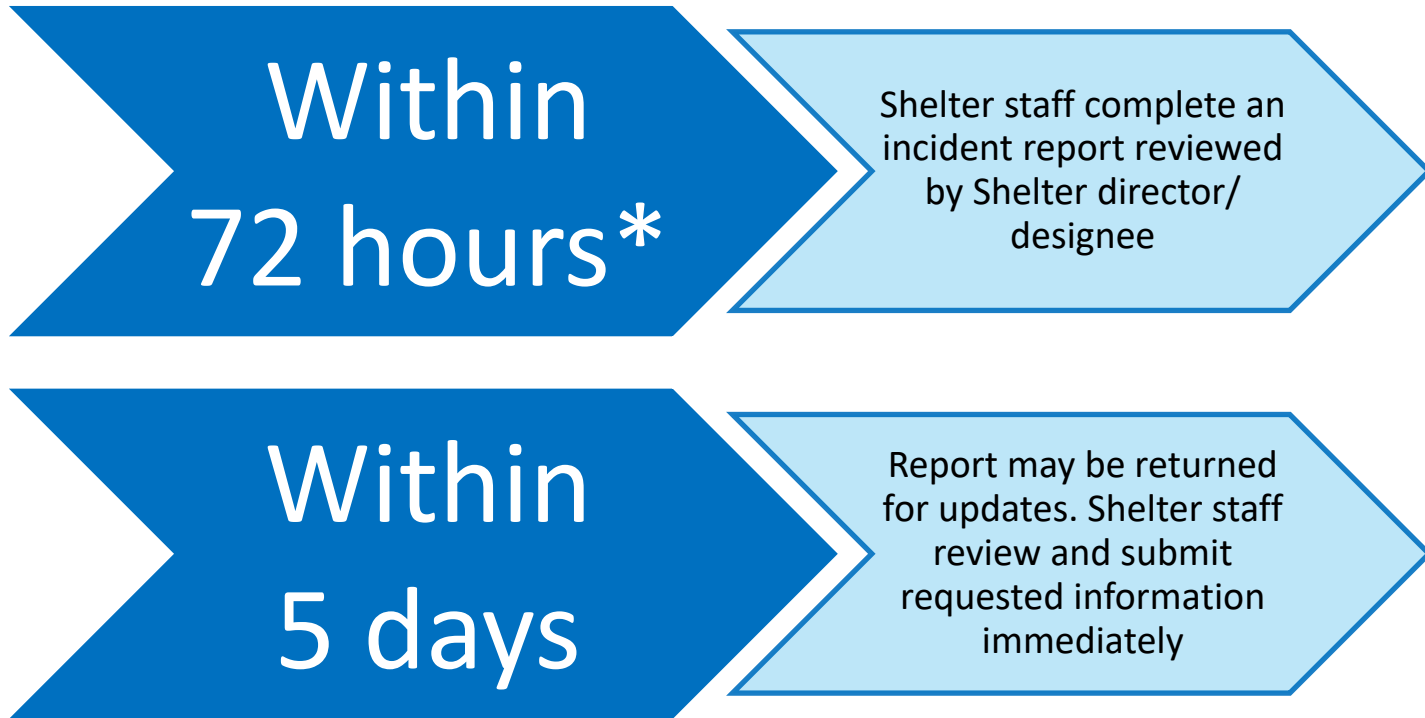


\* Time clock starts once shelter becomes aware of an incident.

\*\* If incident occurs during overnight hours, weekend or holiday, the incident report in CARES is due by 12 pm the next calendar day.

**ATTACHMENT C**

**Priority 2 or 3 - Incident Reporting Workflow for Providers**



\* Time clock starts once shelter becomes aware of an incident. If incident occurs during the weekend or holiday, incident report must be completed within close of the next business day.

## Glossary for Incident Reporting Types and Categories

April 27, 2021

*This glossary supersedes all prior versions*

### ■ INTRODUCTION

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This glossary serves as a reference guide to the incident types and categories established in the DHS incident reporting process. The glossary is organized in alphabetical order by incident type, which indicates a broader group of incident categories. Within each incident type, incident categories are listed by priority level (1, 2 or 3), with a description of what each category means.

Please note that incidents classified as Priority 2 or 3 become a Priority 1 incident when at least one of the persons involved, client or staff, is arrested. The incident title remains the same; however, CARES will classify it as Priority 1 when the question “Whether an arrest occurred” is answered “Yes.” For example, “Threat” is a Priority 3 incident. If the perpetrator is arrested, it is still entered as “Threat” in CARES, but it will change to Priority 1 when the question whether an arrest occurred is answered yes.)

### ■ ACCIDENTS / HEALTH CONCERNS / HOSPITALIZATIONS

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- **Contagious disease that results in quarantine or isolation of client or staff:** Client or shelter staff worker who is quarantined or isolated due to a contagious disease or experiencing symptoms consistent with a contagious disease. (i.e., COVID-19, chickenpox, Hepatitis A, tuberculosis, measles, meningitis, H1N1, Ebola). Exposure alone, unless it leads to quarantine, is not reportable under this category. Classified as Priority 1 Incident.
- **Incident leading to life threatening injury:** Accident or health issue onsite or offsite that results in a life-threatening condition or injury as evidenced by concern on behalf of staff that life may be in danger. This includes seizures, with/without medical attention. For offsite incidents, shelter staff is only responsible for reporting upon notification of such incidents. Classified as Priority 1 Incident.
- **Accident - Injury resulting in transportation to the hospital by ambulance** onsite or offsite (i.e., falling and hurting oneself) that results in EMS removal. For offsite incidents, shelter staff is only responsible for reporting upon notification of such incidents. Classified as Priority 1 Incident.
- **Health Issue - Resulting in transportation to the hospital by ambulance:** Health issue that results in EMS-removal, i.e., Asthma attack, miscarriage/stillbirth, etc. If the life of the mother appears to be in danger, then the incident should be reported as an “Incident leading to life threatening injury”. See above. Classified as a Priority 3 Incident.
- **Accident/Health Issue Reported:** Health issue or accident that happens on site that does NOT result in EMS removal. EMS may be called but client is not removed, or client goes to urgent care or clinic. Classified as a Priority 3 Incident.

### ■ ACS INCIDENT

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- **Report made with ACS - Resulting in immediate arrest or removal:** The immediate arrest of a parent or removal of a child as a result of an incident either onsite or offsite and report made to the state central registry. Classified as a Priority 1 Incident.
- **ACS Notification - Resulting in immediate arrest or removal (Offsite):** The immediate arrest of a parent or removal of a child offsite as a result of an incident that occurred offsite and reported to the state central registry by someone other than facility staff. This includes removals by ACS without a report, i.e., removal of child based on non-compliance in an existing case by a parent/guardian. Classified as a Priority 1 Incident.

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## ■ ACS INCIDENT (*continued*)

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- **Report made with ACS / Investigation opened / No immediate removal:** A report is made to the state central registry as a direct result of an incident onsite which results in an investigation being opened but no immediate removal of child.  
Classified as a Priority 3 Incident.

## ■ BOMB THREAT

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- **Riots or Bomb threat:** Riots consist of a group of individuals engaged in a violent public disturbance. Threat by client or other person to blow up shelter or a tip that bomb is onsite.  
Classified as Priority 1 Incident.

## ■ DEATH

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- **Death-Natural/Accidental - Adult - Onsite:** Onsite death by natural or accidental causes of person aged 18 years or older.  
Classified as a Priority 1 Incident.
- **Death-Natural/Accidental - Minor - Onsite:** Onsite death by natural or accidental causes of person under 18.  
Classified as a Priority 1 Incident.
- **Homicide - Adult - Onsite:** Onsite death by homicide of person aged 18 years or older.  
Classified as a Priority 1 Incident.
- **Homicide - Adult - Offsite:** Offsite death of adult client by homicide.  
Classified as Priority 1 Incident.
- **Homicide - Minor - Onsite:** Onsite death by homicide of person under 18 years.  
Classified as a Priority 1 Incident.
- **Homicide - Minor - Offsite:** Offsite death of minor client by homicide.  
Classified as Priority 1 Incident.
- **Suicide - Adult - Onsite:** Onsite death by suicide of person aged 18 years or older.  
Classified as a Priority 1 Incident.
- **Suicide - Adult - Offsite:** Offsite death of adult client by suicide.  
Classified as a Priority 1 Incident.
- **Suicide - Minor - Onsite:** Onsite death by suicide of person under 18 years.  
Classified as a Priority 1 Incident.
- **Suicide - Minor - Offsite:** Offsite death of minor client by suicide.  
Classified as a Priority 1 Incident.
- **Death Notification Only:** Shelter is notified of death offsite without incident (ex: client was already sick, in hospital, etc.)  
Classified as Priority 1 Incident.

## ■ DOMESTIC FIGHTS / DISPUTES (BETWEEN INTIMATE PARTNERS)

The following categories can only be part of the Domestic Fights/Disputes type between intimate partners. The term intimate partners is generally defined as, but not limited to, two people in a romantic relationship or who share children in common.

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- **Fight - Resulting in serious injury or weapon used: DV Referral - Resulting in removal from case or safety transfer:** Physical fight onsite between intimate partners where a weapon is used, including the wielding of a sharp object or makeshift weapon (i.e., knife, scissors, box cutter, lock in sock, etc.) or serious injuries occurred that also results in a person being removed from the case, a safety transfer or domestic violence referral. Serious injuries are interpreted as physical injuries - "an impairment of physical condition or substantial pain". Individual must display signs of experiencing substantial pain (i.e. crying, describing the pain, requesting medical attention). Superficial scratches are not physical injuries. A soft bruise or black eye alone does not constitute physical injury. A broken bone or separated shoulder are examples of physical injuries.  
Classified as a Priority 1 Incident.

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## ■ DOMESTIC FIGHTS / DISPUTES (BETWEEN INTIMATE PARTNERS) *continued*

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- **Fight - Resulting in serious injury or weapon used: DV Referral:** Physical fight onsite between intimate partners where a weapon is used, including the wielding a sharp object or makeshift weapon (i.e., knife, scissors, box cutter, lock in sock, etc.) or serious injuries occurred. Serious injuries are interpreted as physical injuries - "an impairment of physical condition or substantial pain". Individual must display signs of experiencing substantial pain (i.e., crying, describing the pain, requesting medical attention). Superficial scratches are not physical injuries. A soft bruise or black eye alone does not constitute physical injury. A broken bone or separated shoulder are examples of physical injuries. Classified as a Priority 1 Incident.
- **Dispute - No serious injury/no medical attention required: DV Referral - Removal from case or safety transfer:** Physical fight or argument onsite that does not result in serious injury or involve a weapon used, but does result in safety transfer of domestic violence referral. Classified as a Priority 3 Incident.
- **Dispute - No serious injury or weapon used DV Referral:** Physical fight or argument onsite that does not result in serious injury or involve a weapon used. Classified as a Priority 3 Incident.
- **Dispute - No serious injury or weapon used DV Referral:** Physical fight or argument onsite that does not result in serious injury or involve a weapon used. Classified as a Priority 3 Incident.
- **Threat:** Threat of physical violence. However, if the incident involves the wielding of a sharp object or makeshift weapon (i.e., knife, scissors, box cutter, lock in sock, etc.) then the incident falls under one of the "Fight" categories described above where a weapon is used. Classified as a Priority 3 Incident.

## ■ DRUGS / ALCOHOL

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- **Drug Overdose:** Incident where client is found to have lost consciousness or ability to function after ingesting drugs as evidenced by a positive response to Narcan administration or drug paraphernalia found near the client. Classified as a Priority 1 Incident.
- **Drug Possession - Staff:** Incident where shelter staff is found to be in possession of drugs onsite. Classified as a Priority 1 Incident.
- **Drug Sale - Staff:** Incident where shelter staff is found to be distributing drugs for sale onsite. Classified as a Priority 1 Incident.
- **Drug Use/Intoxication - Staff:** Incident where shelter staff is found to be under the influence of drugs onsite. Classified as a Priority 1 Incident.
- **Drug Sale - Client:** Incident where shelter client is found to be distributing drugs for sale onsite. Classified as a Priority 3 Incident.
- **Drug Possession - Client:** Incident where client is found to be in possession of drugs onsite. Classified as a Priority 3 Incident.
- **Drug Use/Intoxication - Client:** Incident where client is found to be under the influence of drugs onsite. Classified as a Priority 3 Incident.
- **Alcohol possession or intoxication:** Incident where client is found to be in possession or under the influence of alcohol onsite. Classified as a Priority 3 Incident.

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## ■ FACILITIES INCIDENTS

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- **Environmental Hazard:** Incident during which there is an environmental hazard that threatens the general well-being of clients (i.e., bed bugs, lead paint, asbestos, etc.) as verified by either a certified inspector or DHS' Facilities and Logistics Division staff. This category also includes conditions such as a collapsed ceiling, exposed wire, etc., and any environmental hazard that leads to either a partial or full evacuation of the shelter.  
Classified as a Priority 1 Incident.
- **Heating/Water/Electrical Failure - More than 4 hours:** Incident during which a heating, water or electrical failure occurs and lasts more than 4 hours before resolved.  
Classified as a Priority 1 Incident.
- **Heating/Water/Electrical Failure - Lasting 4 hours or less:** Incident during which a heating, water or electrical failure occurs and lasts less than 4 hours before resolved.  
Classified as a Priority 3 Incident.
- **Significant facility damage caused by a natural disaster or catastrophic event such as a hurricane, tornado, flood, winter storm, etc.:** Incident during which a natural disaster significantly damages facility.  
Classified as a Priority 1 Incident.
- **Fire Safety System - offline for more than 24 hours:** Incidents involving the shelter's fire safety system (annunciator panel, alarm system, sprinkler system, etc.) being inoperable for reasons other than routine maintenance for over 24 hours.  
Classified as a Priority 1 Incident.
- **Miscellaneous Non - P1 Facility Incident:** A facility incident that does not fall under any other category listed and which is not a Priority 1, such as internet/telephone outage, broken door knob (when is not a result of intentional property damage by client/staff), a single bedbug finding which does not result in a client's move or transfer, etc.  
Classified as a Priority 3 Incident.

## ■ FIGHTS / DISPUTES

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- **Fight - Resulting in Serious Injury or Weapon Used:** Physical fight onsite where a weapon is used, including the wielding of a sharp object or makeshift weapon (i.e., knife, scissors, box cutter, lock in sock, etc.) or visible injuries occurred between clients that are not intimate partners. Visible injuries are interpreted as physical injuries - "an impairment of physical condition or substantial pain". Individual must display signs of experiencing substantial pain (i.e. crying, describing the pain, requesting medical attention). Superficial scratches are not physical injuries. A soft bruise or black eye alone does not constitute physical injury. A broken bone or separated shoulder are examples of physical injuries. This incident type is to be used for fights between family members that are not intimate partners, as well as fights between clients, staff, others.  
Classified as a Priority 1 Incident.
- **Dispute - No Serious Injury or Weapon Used:** Physical fight or argument onsite that does not result in visible injury or involve a weapon used.  
Classified as a Priority 3 Incident.
- **Threat:** Threat of physical violence, includes the threat of using a weapon. However, if the incident involves the wielding of a sharp object or makeshift weapon (i.e., knife, scissors, box cutter, lock in sock, etc.), then the incident falls under the "Fight" category described above where a weapon is used.  
Classified as a Priority 3 Incident.

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## ■ FIRE

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- **Arson:** Fire onsite that is set on purpose and with criminal intent. Classified as a Priority 1 Incident.
- **Fire that leads to evacuation:** Fire onsite that leads to evacuation of facility by emergency responders. Classified as a Priority 1 Incident.
- **Fire that leads to relocation:** Fire onsite that leads to relocation of residents. Classified as a Priority 1 Incident.
- **Fire that does not lead to evacuation:** Fire onsite that does not lead to evacuation by emergency responders. Classified as Priority 2 Incident.
- **Alarm - Leads to evacuation (no cause):** Alarm is pulled and evacuation occurs, but with no issue or cause. Classified as Priority 1 Incident.
- **Alarm - No evacuation (no cause):** Alarm is pulled but there is no cause and no evacuation occurs. Classified as Priority 3 Incident.

## ■ FIREARM

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- **Firearm Discharge:** Incident where client discharges firearm onsite. Classified as a Priority 1 Incident.
- **Firearm Discharge - Staff:** Incident where staff member discharges firearm onsite. Classified as a Priority 1 Incident.
- **Firearm Possession:** Incident where client is found to be in possession of firearm onsite. Classified as a Priority 1 Incident.
- **Firearm Possession - Staff:** Incident where staff is found to be in possession of firearm onsite. Classified as a Priority 1 Incident.

## ■ MISSING PERSON

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- **Hostage or Abduction:** Incident where a hostage situation is reported onsite and/or abduction of individual. Classified as a Priority 1 Incident.
- **Missing Person (minor) - 17 and under:** Incident where a child 17 or under is reported missing. Classified as a Priority 1 Incident.
- **Missing Person - 18 or older:** Incident where an individual aged 18 or older is reported missing. Staff should verify by requesting a missing person's report. Classified as a Priority 1 Incident.

## ■ OTHER / OFFSITE INCIDENT / NOTIFICATION WITHOUT DETAILS

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- **Arrest Notification:** Onsite arrest of shelter client by warrant. This category also includes notification to shelter staff of client's arrest offsite. If the arrest is the result of police responding to an incident in the shelter, the incident should be reported under its corresponding category, i.e., "Fight - Resulting in Serious Injury or Weapon Used". Classified as a Priority 1 Incident.

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**OTHER / OFFSITE INCIDENT / NOTIFICATION WITHOUT DETAILS (continued)**

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- **Notification of other offsite incident:** Notification of offsite incident involving a client, not including death or arrest, by police, healthcare worker or any other person.  
Classified as a Priority 3 Incident.
- **Criminal Activity in or around the facility by residents that threatens the safety of the community as a whole:** Any onsite or offsite criminal activity involving clients where shelter staff has been notified by law enforcement, clients, witnesses or other individual or entity. An example of this category include: NYPD notifies shelter staff of a client suspected of robbing a nearby bodega. This category does not apply to clients who have been logged out.  
Classified as a Priority 1 Incident.
- **Staff misconduct resulting in injury to a resident or suspension of staff:** Staff misconduct other than drug-related and firearm-related incidents, which injures a client(s) and/or results in a staff suspension. This category includes, but not limited to, incidents where staff physically assault a client, sexually assault a client, engages in an improper relationship with a client, etc. This category does not include time/leave issues and other personnel issues that do not directly affect clients.  
Classified as a Priority 1 Incident.
- **Unauthorized Person:** Incident where an unauthorized person enters the shelter. This category includes unauthorized persons in cluster or hotel units, regardless of whether they were provided access by clients assigned to such units.  
Classified as a Priority 1 Incident.

**PRESS**

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- **Community Protest or Press Unscheduled Onsite or Public Official Onsite:** Incident where a community protest is occurring near the shelter or press, or a public official is onsite without prior notification.  
Classified as a Priority 1 Incident.

**PSYCHIATRIC RESPONSE**

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- **Attempted Suicide:** Incident where client attempts suicide. Must include an act of significant harm. Does not include suicidal ideation.  
Classified as a Priority 1 Incident.
- **Psychiatric Hospitalization:** Incident where client is hospitalized due to erratic behavior, suicidal ideation, psychotic episode, and/or drug induced psychosis.  
Classified as a Priority 2 Incident.
- **Mental Health Concern:** Incident where client shows symptoms of mental health concern or psychosis but does not require medical response.  
Classified as a Priority 3 Incident.

**QUALITY OF LIFE INCIDENTS**

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- **Disorderly Conduct:** Incidents including arguments with others or staff, yelling, throwing items, etc. that does not fall into another incident category.  
Classified as Priority 3 Incident
- **Threat to staff:** Threat of physical violence toward staff.  
Classified as a Priority 3 Incident
- **Property Damage - Greater than \$1500:** Onsite destruction of property valued over \$1,500.  
Classified as a Priority 1 Incident
- **Property Damage - Less than \$1500:** Onsite destruction of property valued under \$1,500.  
Classified as a Priority 3 Incident.



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## ■ SEX OFFENSES

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- **Onsite-Rape/Attempted Rape/Sexual Assault:** Onsite incident during which sexual contact or behavior occurs without the explicit consent of the recipient, include rape, attempted rape. Classified as a Priority 1 Incident.
- **Offsite-Rape/Attempted Rape/Sexual Assault:** Offsite incident during which sexual contact or behavior occurs without the explicit consent of the client, include rape, attempted rape. Classified as a Priority 1 Incident.
- **Unwanted sexual advances:** Onsite incident during which verbal or physical conduct of a sexual nature occurs without the explicit consent of the recipient including but not limited to touching, leaning over, fondling, sexual comments, pressure for sexual favors, and sexual looks or gestures. Classified as a Priority 1 Incident.

## ■ THEFT

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- **Theft of Property - Greater than \$1500:** Theft reported onsite of property valued over \$1,500. Classified as a Priority 1 Incident
- **Theft of Property - \$1500 or Less:** Theft reported onsite of property valued over \$1,500. Classified as a Priority 2 Incident.

SAMPLE

## Glossary for Priority 1 Incidents Reporting in StreetSmart Involving Unsheltered Individuals Experiencing Homelessness

### ■ INTRODUCTION

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This glossary serves as a reference guide to the Priority 1 incidents types and categories for reporting in StreetSmart, established in the DHS incident reporting process. The glossary is organized in alphabetical order. Only Priority 1 incidents are listed here since staff are not required to report Non-Priority 1 incidents (i.e. Priority 2 or 3). Please note: Even when an arrest is made, an incident can only become a Priority 1 if it meets any of the criteria below.

### ■ INCIDENT DEFINITIONS

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#### PRIORITY 1 INCIDENTS:

- **Arson:** A fire is set purposely and with criminal intent (i.e. to cause damage or harm).
- **Attempted Suicide:** An unsheltered client known to DHS attempts suicide. Must include an act of significant harm. Does not include suicidal ideation.
- **Bomb Threat** (reasonable belief): A threat is made to blow up shelter, or any other building, or a tip that a bomb has been placed in a DHS shelter or any other building. The threat can either be made by an unsheltered client known to DHS, or by another person and reported by an unsheltered individual known to DHS.
- **Child Abuse:** Accusations of child abuse against an unsheltered client known to DHS resulting in immediate arrest of guardian or removal of child. Any witness of an unsheltered minor child should be immediately called into JCC with all pertinent details as outlined in the incident reporting procedure. JCC will turn the details over to ACS as needed.
- **Contagious Disease:** (Contagious diseases include but are not limited to: Chickenpox, Hepatitis A, Tuberculosis, Measles, Meningitis, H1N1, Ebola, COVID-19, etc.)
  - A report that an unsheltered individual known to DHS, or an outreach worker, is quarantined or isolated due to either exhibiting symptoms, or testing positive for a contagious disease. Exposure alone, unless it leads to quarantine, is not reportable under this category.
- **Death** (Natural/Accidental – Adult): A death of an unsheltered client known to DHS, aged 18 years or older. Death can be by natural or accidental causes. Regardless of system prompts, outreach staff must use this option even if the death occurred off a DHS funded site.
- **Death** (Natural/Accidental – Minor): A death of an unsheltered client known to DHS, aged 17 years or younger. Death can be by natural or accidental causes. Regardless of system prompts, outreach staff must use this option even if the death occurred off a DHS funded site.
- **Death** (Suicide – Adult): A suicide of an unsheltered individual known to DHS, aged 18 years or older. Regardless of system prompts, outreach staff must use this option even if the death occurred off a DHS funded site.
- **Death** (Suicide – Minor): A suicide of an unsheltered individual known to DHS, aged 17 years or younger. Regardless of system prompts, outreach staff must use this option even if the death occurred off a DHS funded site.
- **Firearm Discharge:** Incident when a firearm is discharged by either outreach staff, or an unsheltered individual known to DHS.
- **Firearm Possession:** Incident when a firearm is found in the possession of either outreach staff, or of an unsheltered individual known to DHS.

## ■ INCIDENT DEFINITIONS *continued*

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### **PRIORITY 1 INCIDENTS** *(continued)*:

- **Domestic Violence:** [This option must be used for incidents occurring between clients with a known romantic involvement. Incidents occurring between non-romantic partners (*such as between siblings, parents to child, co-inhabitants, etc.*) should be categorized as “Fight.”]
  - When an incident results in a serious visible injury or a weapon was used, and at least one of the following occur: a referral is made to a domestic violence service, and/or relocation of the family/victim.
  - A weapon includes wielding a sharp object or makeshift weapon (i.e., knife, scissors, box cutter, lock in sock, etc.)
  - Serious injuries are interpreted as “physical injuries.” More specifically: “an impairment of physical condition or substantial pain.” The individual must display signs of experiencing substantial pain (i.e. crying, describing the pain, requesting medical attention). Superficial scratches are not physical injuries. A soft bruise or black eye alone does not constitute physical injury. A broken bone or separated shoulder are examples of physical injuries.
- **Drug Possession** (Staff): Incident when outreach staff is found in possession of illegal drugs or alcohol during their shift. When an unsheltered client is in possession of illegal drugs, this is not categorized as a Priority 1 Incident.
- **Drug** (Staff): Incident when outreach staff is found distributing or selling alcohol, controlled or illegal substances. When an unsheltered client is found distributing or selling illegal substances, this is not categorized as a Priority 1 Incident.
- **Drug Use/Intoxication** (Staff): Incident when outreach staff is found under the influence of drugs or alcohol during the course of their workday.
  - Providers must also use this when an unsheltered client known to DHS is found overdosed and results in hospitalization. Providers must be very specific when entering the information in this field to avoid confusion.
- **Fight:** (This option is to be used for incidents occurring between non-romantic partners such as between siblings, parents to child, co-inhabitants, two separate clients, clients and staff, etc. Incidents occurring between clients with a known romantic involvement must be categorized as “Domestic Violence.”)
  - When an incident results in a serious visible injury or a weapon was used.
  - A weapon includes wielding a sharp object or makeshift weapon (i.e., knife, scissors, box cutter, lock in sock, etc.)
  - Serious injuries are interpreted as “physical injuries.” More specifically: “an impairment of physical condition or substantial pain.” The individual must display signs of experiencing substantial pain (i.e. crying, describing the pain, requesting medical attention). Superficial scratches are not physical injuries. A soft bruise or black eye alone does not constitute physical injury. A broken bone or separated shoulder are examples of physical injuries.
- **Fire that leads to evacuation:** An offsite fire affecting unsheltered individuals known to DHS that results in evacuation of an area by emergency responders.
- **Fire that leads to relocation:** This category is not to be used when reporting incidents for unsheltered individuals known to DHS.
- **Heating/Water/Electrical Failure:** This category is not to be used when reporting incidents for unsheltered individuals known to DHS.

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**INCIDENT DEFINITIONS** *continued***PRIORITY 1 INCIDENTS** *(continued)*

- **Homicide (Adult):** A death by homicide of an unsheltered client known to DHS, aged 18 years or older. Regardless of system prompts, outreach staff must use this option even if the death occurred off a DHS funded site.
- **Homicide (Minor):** A death by homicide of an unsheltered client known to DHS, aged 17 years or younger. Regardless of system prompts, outreach staff must use this option even if the death occurred off a DHS funded site.
- **Hostage or Abduction:** Incident when a hostage or abduction situation is reported involving an unsheltered individual known to DHS.
- **Incident leading to life threatening injury:** Accident or health issue that results in a life-threatening condition or injury as evidenced by outreach staff's concern that a may be in danger. This includes seizures, with/without medical attention.
- **Missing Person (Minor; Under age of 13):** This category is not to be used when reporting incidents for unsheltered individuals known to DHS.
- **Rape/Attempted Rape/Sexual Assault:** Offsite incident involving an unsheltered individual known to DHS during which sexual contact or behavior occurs without explicit consent. Use this whether the client was the victim or the perpetrator.
- **Significant facility damage:** This category is not to be used when reporting incidents for unsheltered individuals known to DHS.
- **Unscheduled onsite presence of press or elected official:** This category is not to be used when reporting incidents for unsheltered individuals known to DHS.
- **9.58 Removal:** Incident where unsheltered individual known to DHS is hospitalized due to erratic behavior, suicidal ideation, psychotic episode, and/or drug induced psychosis.

SAMPLE