

Create General Event Reports (GER)

Therap's system allows service providers to document reportable incidents of persons with disabilities. Users with **GER Submit** role can create, save and submit GER and users with **GER Approve** role can approve GER.

1. Click on the New link beside General Event Reports (GER) from Individual tab

To Do	Care		Issue Tracking
Individual	T-Log	New Search Archive	SComm "
Health	General Event Reports (GER)	New Search	Inbox
Admin	Witness Report (GER)	Search	Sent Items Compose
Agency	Event Summaries	View	Drafts Custom User Group
Reports	ISP Data	New Search Report Search Report Archive	Message Audit Delete Message

2. Select the specific **Program**

Select Program For GER

AII A B C D E	F G H I J K L M N O P	Q R S T U	V W X Y Z	
Filter			1	5 • Records
► Program Name	\$ Site Name	Program Type	Cost Center Rumber	Program
Day Shift	DEMO SITE (BD)	School		01
Day Shift (Lesotho)	Demo Site (Lesotho)	School		555
Day Shift (Tanzania)	Demo Site (Tanzania)	Day School		777



3. Select the specific Individual

Individual List for GER

AII A B C D E F G H I	J K L M N O P Q R	S T U V W X Y Z	
Filter		15	• Record
Last Name 🔺	First Name	Individual ID	¢
Bakari	Anwar		

 $4.\ \text{GER}$ has four steps which are <code>Basic Information</code>, <code>Event Information</code>, <code>Actions Taken</code> & <code>Preview</code>

General Event Reports (GER) New 8 8				
1	2	3	4	
Basic Information	Event Information	Actions Taken	Preview	

Basic Information:

1. In the **Basic Information section**, enter the **Event Date** and **Report Date** fields. Select **Reported By** and **Reporter's Relationship to Individual** from the drop down menu

Basic Information		?
Individual	Anwar Bakari	
Program	Day Shift (Tanzania)	
Site	Demo Site (Tanzania)	
* Event Date	10/06/2019	
* Report Date	10/06/2019	
* Reported By	Rahman, Ferdaus / Supervisor 🔹	
* Reporter's Relationship to Individual	Staff -	

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2. In the **Event Basics** section, select **Event Type and Notification Level**. **You can also** fill up **Location**, **Address** and **Describe what happened before the event** fields but these are not mandatory



 Event Type Injury Medication Error Restraint Related to Behavior Restraint Other Death Other Medium Location School Address Demo Address Street 2 Mwanza ZIP State Tanzania Phone Fax Fax Bakari fell on the ground while running. 	ent Basics			
 Medication Error Restraint Related to Behavior Restraint Other Death Other Medium Address Demo Address Street 2 Mwanza ZIP State Tanzania Phone Phone Fax Fax Bakari fell on the ground while running. 	* Event Type	Injury		
 Restraint Other Death Other Address Demo Address Street 2 Mwanza ZIP State Tanzania Phone Fax Fax Describe what happened Bakari fell on the ground while running. 				
 Death Other Medium Location School Address Demo Address Street 2 Mwanza ZIP State Tanzania Phone Fax Fax Bakari fell on the ground while running. 		Restraint Related to Behavior		
 Other * Notification Level Medium Location School Address Demo Address Street 2 Mwanza ZIP State Tanzania Phone Phone Fax Fax 		Restraint Other		
 Notification Level Medium Location School Address Demo Address Street 2 Mwanza ZIP State Tanzania Phone Phone Fax Fax Describe what happened Bakari fell on the ground while running. 		Death		
Image: Mealum Image: Location School Image: Address Demo Address Demo Address Street 2 Mwanza ZIP State Tanzania Phone Fax Fax Bakari fell on the ground while running.		Other		
Address Demo Address Street 2 Mwanza ZIP State Tanzania Phone Phone Fax Fax Fax Bakari fell on the ground while running.	* Notification Level	Medium		
Phone Phone Fax Fax Describe what happened Bakari fell on the ground while running.	> Location	School •		
Phone Fax Describe what happened Bakari fell on the ground while running.	Address	Demo Address	Street 2	
Fax Fax Describe what happened Bakari fell on the ground while running.		Mwanza	State •	Tanzania 🗸
Describe what happened Bakari fell on the ground while running.	Phone	Phone		
Dakati teli ofi tile dioutid while futtilitid.	Fax	Fax		
		Bakari fell on the ground while running.		
		About 2960 characters left		

3.

- In Abuse/Neglect/Exploitation section if any Abuse, Neglect or Exploitation is observed during the incident, click on Yes beside Abuse, Neglect or Exploitation and also select the type from the dropdown menu otherwise select No
- If you select **Other** from the drop down menu, you have mention the type in **If Other** field.
- After that click on the **Next** button.

Abuse/Neglect/Exploitation			
* Abuse Suspected?	○ Yes ● No		
* Neglect Suspected?	● Yes 🔘 No	Type of Neglect •	
* Exploitation Suspected?	○ Yes ● No	Type of Neglect Neglect by Responsible Provider Questionable Clinical Practice	
		Neglect by Parent/Guardian Other	
Cancel Back			Next

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🔘 Yes 💿 No			
🖲 Yes 🔘 No	Other -	If Other	
🔘 Yes 🖲 No			
			Next
	🖲 Yes 🔘 No	● Yes ● No Other ・	● Yes ● No Other If Other

Event Injury:

- Please select the time of injury in the **Time of Injury** field otherwise check on the box beside **Unknown**.
- Select if the incident was **Observed** or **Discovered from This Event Was** field. If you select **Observed** then **Discover Date/ Time** will be locked.
- Select the **Specific Location**, **Type**, **Cause** and **Severity** of the injury from the dropdown menu of these fields. You can also mention the **Color** and **Size** of the injury.
- Select the injured body parts by clicking on **Body Diagram** button in **Body Part(s)** section.



- \bullet Enter the ${\bf Summary}$ of the incident.
- If all mandatory fields are filled up, click on the **Next** button.



Event Injury			?
* Time of Injury	12:00 pm 🕑		
	Unknown		
* This event was	 Observed Discovered 		
Discovered Date/Time	10/06/2019	12:08 pm	
Specific Location	Hallway		
* Туре	Bleeding		
* Cause	Fall •		
* Severity	Minor (First aid)		
Color	- Please Select -		
Size	Length (cm)	Width (cm)	Depth (mm)
* Body Part(s)	ForeArm Right •	Elbow Right •	- Please Select -
	Body Diagram	Body Diagram	×
Treatment by	- Please Select -	Front Back	Selected Body Parts Forearm Right X
Time of Treatment	hh:mm a	Systemic Informal	Elbow Right X
Treatment date, if different than event date	MM/DD/YYYY		
Injury Photo	Add Image		
* Summary	Bakari fell down while running		Citian Ali Suberti
			E.
Witness(es)	About 3970 characters left		
44101633(62)	- Please Select -	•	
Cancel Previous			Next



The event information will be added in the **GER** form. Click on the **Edit** or **Remove** button to edit or remove the event otherwise click on the **Next** button

Event Information	?
Event List	
Injury Bakari fell down while running	Edit Remove
	Add Another Event
Cancel Previous	Preview Next

Event Other:

- Select the **Event Type** from the dropdown menu.
- Enter the **Event Time** if it is known otherwise check the box beside **Unknown**.
- Select if the incident was **Observed** or **Discovered from This Event Was** field. If you select **Observed** then **Discover Date/ Time** will be locked.
- Select the **Specific Location** from the dropdown menu and enter the **Summary** of the event.
- If all the mandatory fields are filled up, click on the **Next** button.

NERAOGlobal Person-Centered. Data-Driven. General Event Reports (GER) New () (1) (3) (4) **Basic Information Event Information** Actions Taken Preview NOTE: This GER might contain unsaved changes. To ensure no information is lost, please save the GER from Preview page. **Event Other** ? * Event Type Accident no apparent injury -* Event Time 12:00 pm ╚ Unknown Observed
Discovered This event was **Discovered Date/Time** 10/06/2019 12:08 pm G Specific Location Hallway • * Summary Bakari fell down while running. About 3969 characters left Witness(es) - Please Select -• Cancel Previous Next

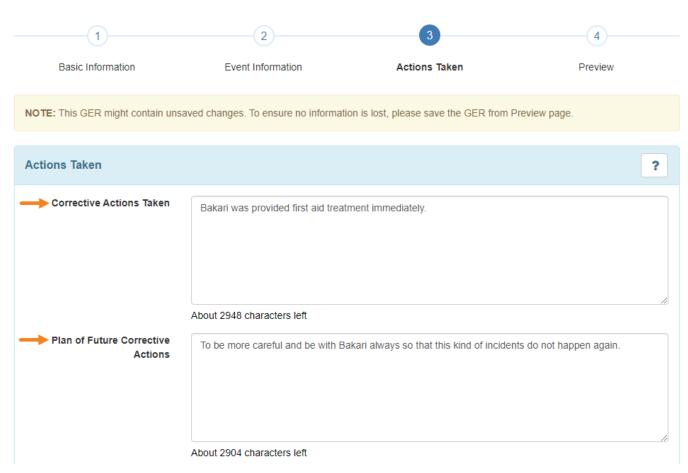
The event information will be added in the **GER** form. Click on the **Edit** or **Remove** button to edit or remove the event otherwise click on the **Next** button

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Event Information	?
Event List Other Bakari fell down while running.	Edit Remove
	Add Another Event
Cancel Previous	Preview Next

Actions Taken:

1. You can enter appropriate information in **Corrective Actions Taken** and **Plan of Future Corrective Actions** fields under **Actions Taken** section

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2.

- Check the box next to **Notified?** field under the **Notification(s)** section, . The form will extend to let you enter information on who was notified regarding the event.
- You can attach or scan any file by clicking on Add File or Scan File under External Attachment(s) section.
- After that click on the **Preview** button at the bottom right corner.



Notification(s)		
Required Notification(s)		
	Not configured. Please follow policy.	
Additional Notification(s)		
* Person/Entity	Adult/Child protective servi Notified?	
→ Name of Person Notified	Linda Noel	
* Notification Date/Time	10/06/2019 🗎 01:30 pm 🕲	
Notified By	Rahman, Ferdaus / Superv 🕶	
* Method of Notification	Email	
External Attachment(s)		Add More Notifications
The total size of all attachments ca	annot exceed 10 MB	
Add File Scan File		
Cancel Previous		Preview

Preview:

- In Preview section, users with the **GER Review** role can add **Review/Followup Comments**.
- Photos can be added by clicking on the Add Image button beside the Attach Photo.



• After entering the information, click on the **Save** button to save the **GER**. Click on the **Submit** button to submit the **GER** for approval. Click on the Approve button to approve the **GER**.

Review/Followup Comments		Jump to	?
I have reviewed this report	Image: A state of the state		
Review Comments	I have reviewed this report and took necessary steps regarding this.		
Attach Photo	About 2932 characters left Add Image		
Cancel	Save	ıbmit App	prove