

Emergency Procedures Manual

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Disaster Plan Written plan in how to respond if a natural disaster were to occur	5/2013
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Emergency Response, Reporting, Drills, and Review Policy EBI policy defining how to react and respond to an emergency, a description of what an emergency is, and documentation and notification responsibilities that you have if an emergency occurs within the home or involving a EBI resident	7/2022
Emergency Evacuation Plans per Client's Needs Description of evacuation plans for each EBI resident	8/2019
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Incident Reporting - Who Must Be Notified Within 24 hrs EBI list of who must be contacted if an incident were to arise concerning an EBI consumer	7/2020
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Death and Serious Injury Fax Transmission Cover Sheet – A document created by the State of MN that must be used to report consumer death and injury, including contact information	6/2019
Death or Serious Injury Report Form and notification to next of Kin form (2018) A document created by the State of MN that must be used to notify next of kin if a consumer death or serious injury occurs	5/2019
Incident and Emergency Report and Internal Review – Review process that must be completed when there are emergencies or incidents concerning EBI or EBI residents	7/2015
Emergency Drill Schedule (updated annually) – Drill schedule indicating dates and times emergency drills are scheduled to be performed at the EBI homes	1/2016
Seizure Report Form – A seizure report form that needs to be filled out and turned in by support staff if witnessing a resident related seizure	7/2017
Authorization to act in an emergency – Consent form that is provided to a consumer or the consumer's legal guardian in order for EBI staff to provide emergency care. The consent form is kept in the residents individual file	7/2014
<p>Staff Acknowledgement I have reviewed the emergency policy manual. I understand the contents contained in each policy. I understand I have access to this manual through Star Services or at EBI West House. I understand my responsibilities outlined in each policy.</p> <p>Signature: _____ Date: _____</p>	

EMERGENCY PHONE NUMBERS LIST

Program Site: EBI - West

Address: 625 North 56th Avenue West

Telephone: 218-624-3122

Emergency and non-emergency phone numbers

Emergencies: 911

Mental health crisis intervention team: St Luke's 218-249-7000

Closest emergency care center/hospital: St. Luke's 218-249-5555

St. Mary's 218-786-4000

Closest urgent care center: Denfeld Medical Clinic 218-249-6800

Emergency transportation service: Gold Cross 911

Police department (non-emergency): Duluth Police Dept 218-730-5890

Fire department (non-emergency): Duluth Fire Dept 218-730-4540

Poison control: 1-800-222-1222

County emergency management: St. Louis 218-727-8770

Minnesota Department of Health: 651-201-3920

Other: Common Entry Point/Minnesota Adult Abuse Reporting Center staff can call **844-880-1574** or report at mn.gov/dhs/reportadultabuse/.

Program-related emergency phone numbers

Designated Coordinator/Designated Manager: Sarah Hamilton 218-393-8162

Designated program emergency contact: Sarah Hamilton 218-393-8162

Designated program emergency contact: Linda Grover 218-428-8734

Designated program emergency contact: Lisa Sawyer 218-355-1529

Assigned nurse or nurse consultant: Essentia Health, Nurse online 218-786-3500

Nurse emergency contact: Essentia Health, Nurse online 218-786-3500

Utility emergency contacts

Gas company: Comfort System 218-730-4050

Electric power company: Minnesota Power 218-722-2625

Telephone company Telephone Associates call Sarah

Maintenance needs: Sarah Hamilton 218-393-8162 or Tom 218-391-5530

Emergency Maintenance: Tom 218-391-5530

EMERGENCY PHONE NUMBERS LIST

Program Site: EBI - Denfeld

Address: 3921 West 4th Street

Telephone: 218-624-3508

Emergency and non-emergency phone numbers

Emergencies: 911

Mental health crisis intervention team: St Luke's 249-7000

Closest emergency care center/hospital: St. Luke's 218-249-5555

St. Mary's 218-786-4000

Closest urgent care center: Denfeld Medical Clinic 218-249-6800

Emergency transportation service: Gold Cross 911

Police department (non-emergency): Duluth Police Dept 218-730-5890

Fire department (non-emergency): Duluth Fire Dept 218-730-4540

Poison control: 1-800-222-1222

County emergency management: St. Louis 218-727-8770

Minnesota Department of Health: 651-201-3920

Other: Common Entry Point/Minnesota Adult Abuse Reporting Center staff can call **844-880-1574** or report at mn.gov/dhs/reportadultabuse/.

Program-related emergency phone numbers

Designated Manager: Sarah Hamilton 218-393-8162

Designated Coordinator: Lisa Sawyer 218-355-1529

Designated program emergency contact: Sarah Hamilton 218-393-8162

Designated program emergency contact: Linda Grover 218-428-8734

Assigned nurse or nurse consultant: Essentia Health, Nurse online 218-786-3500

Nurse emergency contact: Nurse online 218-786-3500

Utility emergency contacts

Gas company: Comfort System 218-730-4050

Electric power company: Minnesota Power 218-722-2625

Telephone company Telephone Associates call Sarah

Maintenance needs: Sarah Hamilton 218-393-8162 or Tom 218-391-5530

Emergency Maintenance: Tom 218-391-5530

EMERGENCY PHONE NUMBERS LIST

Program Site: EBI - Berkeley

Address: 4760 Berkeley Road Hermantown, MN 55811

Telephone: 218-723-2308

Emergency and non-emergency phone numbers

Emergencies: 911

Mental health crisis intervention team: St Luke's 218-249-7000

Closest emergency care center/hospital: St. Luke's 218-249-5555

St. Mary's 218-786-4000

Closest urgent care center: St. Lukes Urgent Care 218-249-6095

St. Mary's Urgent Care 218-786-8364

Emergency transportation service: Gold Cross 911

Police department (non-emergency): Hermantown Police Dept 218-729-1200

Fire department (non-emergency): Duluth Fire Dept 218-723-3217

Poison control: 1-800-222-1222

County emergency management: St. Louis 218-727-8770

Minnesota Department of Health: 651-201-3920

Other: Common Entry Point/Minnesota Adult Abuse Reporting Center staff can call **844-880-1574** or report at mn.gov/dhs/reportadultabuse/.

Program-related emergency phone numbers

Designated Coordinator/Designated Manager: Sarah Hamilton 218-393-8162

Designated program emergency contact: Sarah Hamilton 218-393-8162

Designated program emergency contact: Amber Dumas 218-723-2308

Assigned nurse or nurse consultant: Essentia Health, Nurse online 218-786-3500

Nurse emergency contact: Essentia Health, Nurse online 218-786-3500

Other:

Other:

Utility emergency contacts

Gas company: Como 218-722-6666

Electric power company: Minnesota Power 218-722-2625

Telephone company CenturyLink call Sarah

Maintenance needs: Sarah Hamilton 218-393-8162 or Tom 218-391-5530

Emergency Maintenance: Tom 218-391-5530

Other: Septic – Midway Pumping 218-628-0346

Other: Alarm System – Great Lakes Alarm 218-724-4000

Medical Emergency Policy

Policy

All staff who provide direct services to persons served at the program will be trained in detecting signs and symptoms of illness and injury, including minor and serious illness or injury, medical emergencies, unexpected serious illness, and accidents that require physician treatment or hospitalization. Appropriate notification to health care providers and other authorized persons shall be made promptly.

Procedure

In the event of a life threatening illness or injury staff will follow the medical emergency procedures.

Responding, Transportation, Notification, and Documentation responsibilities

A. Responding

1. In the following life threatening situations, 911 will be called immediately to transfer the consumer to the emergency room. Situations include, but are not limited to:
 - a. apparent or suspected death;
 - b. absence of pulse;
 - c. absence of or difficulty with respirations;
 - d. sudden onset of chest pain, pressure, or discomfort and/or pain spreading down the shoulder, arm, back, jaw, or neck;
 - e. apparent or suspected spinal cord injury;
 - f. severe bleeding, hemorrhage, coughing up or vomiting blood;
 - g. third-degree burns;
 - h. extensive injuries, not conducive to home transportation;
 - i. coma, fainting, unconsciousness, unresponsive;
 - j. mental change (such as confusion, unusual behavior, difficulty walking or speaking);
 - k. shock;
 - l. drowning;
 - m. suicidal or homicidal feelings or attempts;
 - n. drug overdose or poisoning;
 - o. hypothermia or low body temperature, heat stress or exhaustion;
 - p. seizure emergencies: seizures that do not stop within 3 minutes; prolonged confusion after a seizure (10-15min); the person is not responsive after a seizure; the person has trouble breathing; the person is injured; the seizure is a first time seizure; there is a significant change in the type of character of the seizure from that person's usual seizure pattern;
 - q. or any other event deemed as a life threatening situation.
2. Staff will administer first aid and/or CPR until the emergency medical services (EMS) unit arrives on the scene.
3. Staff will bring the consumer's emergency face sheet, medical emergency consent form, contact list, and a medical visit form when accompanying the individual to the hospital emergency room to provide information to the EMS/hospital staff.

B. Transportation

1. If the emergency occurs at the day program, residential staff will meet the consumer at the emergency room.
2. If the emergency occurs at the residence, the residential staff will accompany the consumer in the ambulance, if possible, or arrange for someone to go to the emergency room. Staff shall stay with the consumer while receiving care in the emergency room or until admission to a hospital unit is completed.

C. Notification

1. Staff will notify the Designated Coordinator/Manager immediately
2. The Designated Coordinator/Manager will notify the Legal Representative, County Case Manager, Day Program, and RN consultant, if appropriate, within 24 hours of incident. Ombudsmen MH/MR, DHS Licensing, health department (west) and AFC Licensing (Denfeld and Berkeley) will be notified within 24 hours of incidents involving serious injury as determined by section 245.91, subdivision 6 and a consumer's death.
3. The Designated Coordinator/Manager will follow EBI's incident reporting policy as appropriate.

D. Documentation

1. When an individual is discharged from the ER, staff shall obtain signed discharge orders that include a statement of diagnosis, treatments provided, and any medications or treatments ordered by the physician. Staff also needs to obtain a completed medical visit form from the attending physician.
2. Staff will document all details in the consumer's medical notes and will file the medical visit form and any orders received in the consumer's file book.

3. Staff will be responsible for notifying the Designated Coordinator/Manager and completing an incident report form.

Poisoning

A. Responding

1. Call The Poison Control Unit (1-800-222-1222):
 - a. Whenever it is believed an individual has swallowed or inhaled a poisonous substance.
 - b. Whenever it is believed an individual's skin or eye has come in contact with a poisonous substance.
 - c. If an individual takes or receives an overdose of medications, as appropriate.
 - d. If an individual takes or receives another consumer's medications, as appropriate.
 - e. To verify whether or not any substance is poisonous.
2. Staff will provide the Poison Control Unit with information in order for the unit to provide telephone assessment.
3. Staff will follow the Poison Control Unit's treatment directions and referral information for all situations involving possible poisoning.

B. Transportation, if applicable

1. The residential staff will accompany the consumer in the ambulance, if possible, or arrange for someone to go to the emergency room. Staff shall stay with the consumer while receiving care in the emergency room or until admission to a hospital unit is completed.

C. Notification

1. Staff will notify the Designated Coordinator/Manager immediately.
2. The Designated Coordinator/Manager will notify the Legal Representative, County Case Manager, Day Program, and RN consultant, if appropriate, within 24 hours of incident. Ombudsmen MH/MR, DHS Licensing, health department (west) and AFC Licensing (Denfeld and Berkeley) will be notified within 24 hours of incidents involving serious injury as determined by section 245.91, subdivision 6 and a consumer's death.
3. The Designated Coordinator/Manager will follow the incident reporting policy as appropriate.

D. Documentation

1. If applicable, when an individual is discharged from the ER, staff shall obtain signed discharge orders that include a statement of diagnosis, treatments provided, and any medications or treatments ordered by the physician. Staff will also need to obtain a completed medical visit form from the attending physician. Staff will document results from medical visits in the consumer's medical notes and in the consumer's file.
2. Staff will be responsible for notifying the Designated Coordinator/Manager and completing an incident report form within 24 hours from the incident or receipt of the incident.

Emergency First Aid Equipment and Supplies

1. EBI West, EBI Denfeld, and EBI Berkeley shall have a first aid kit that contains a first aid manual, sterile bandages, band-aids, sterile compresses, ace bandages, scissors, an ice bag or cold pack, an oral or topical thermometer, first aid creams and adhesive tape. In addition, the first aid kit at EBI West will be approved in writing by a physician for use for residents and staff.
2. The first aid kit and manual shall be accessible to staff in a central and marked location in all EBI homes.
3. The Designated Coordinator/Manager will be responsible for ensuring adequate supplies are in the kit.
4. EBI staff are trained in emergency first aid procedures through a certified training center, upon hire and prior to their training expiration date.

Staff Training

1. All staff will be certified in CPR and First Aid.
2. All staff will be trained in the Medical Emergency Policy upon hire and annually.

Emergency Response, Reporting & Review Policy

PURPOSE

The purpose of this policy is to provide guidelines on preparing for, reporting, and responding to emergencies to ensure the safety and well-being of persons served.

POLICY

The company, EBI, Inc., will be prepared to respond to emergencies as defined in MN Statutes, section 245D.02, subdivision 8, that occur while providing services, to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all emergencies according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures, if applicable. For incident response procedures, staff will refer to the *Policy and Procedure on Responding to and Reporting Incidents*.

All staff will be trained on this policy and the safe and appropriate response to and reporting of emergencies. Program sites will have contact information of a source of emergency medical care and transportation readily available for quick and easy access. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the facility including each person's representative, physician, and dentist.

Procedure

Defining emergencies

- A. Emergency is defined as any event that affects the ordinary daily operation of the program including, but not limited to:
1. Fires.
 2. Severe weather.
 3. Natural disasters.
 4. Power failures.
 5. Emergency evacuation or moving to an emergency shelter.
 6. Temporary closure or relocation of the program to another facility or service site for more than 24 hours.
 7. Other events that threaten the immediate health and safety of persons served and that require calling "911."

Preparing for emergencies

- A. To be prepared for emergencies, a staff person trained in first aid will be available on site in a community residential setting, and when required in a person's *Support Plan* and/or *Support Plan Addendum*, be able to provide cardiopulmonary resuscitation (CPR), whenever persons are present and staff are required to be at the site to provide direct services.
- B. Each community residential setting will have a first aid kit readily available for use by, and that meet the needs, of persons served and staff. The first aid kit will contain, at a minimum, bandages, sterile compresses, scissors, and ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.
- C. Community residential setting facilities will have:
1. A floor plan available that identifies the locations of:
 - a. Fire extinguishers and audible or visual alarm systems
 - b. Exits, primary and secondary evacuation routes, and accessible egress routes, if any
 - c. An emergency shelter within the facility
 2. A site plan that identifies:
 - a. Designated assembly points outside the facility
 - b. Locations of fire hydrants
 - c. Routes of fire department access

3. An emergency escape plan for each resident.
 4. A floor plan that identifies the location of enclosed exit stairs for facilities that have three (3) or more dwelling units.
- D. Quarterly fire and severe weather drills will be conducted throughout the year on various days of the week and times of the day or night. Staff and persons served in the facility will not be notified prior to the drill, if possible, to ensure correct implementation of staff responsibilities for response. The manager or designee will be responsible for the initiation of the emergency drill and will record the date, day, and time of the drill in the emergency plan files.
- E. As part of the emergency plan file kept at the facility site, the following information will be maintained:
1. The log of quarterly fire and severe weather drills.
 2. The readily available emergency response plan.
 3. Emergency contact information for persons served at the facility including each person's representative, physician, and dentist.
 4. Information on the emergency shelter within the facility and the designated assembly points outside the facility.
 5. Emergency phone numbers that are posted in a prominent location.
- F. If persons served require the use of adaptive procedures or equipment to assist them with safe evacuation, staff will receive specific instruction on these procedures and equipment.
- G. A staff person trained in CPR and first aid will be available on site whenever a person receiving services is present and staff are required to provide direct service.
- H. EBI will provide a emergency response plan and a emergency phone list on the bulletin board in the main living area of each home, a non-coin operated telephone, a battery-operated flashlight, batteries, portable radio, and first aid kits in each home that are readily available for use by staff. First aid kits must include accessible first aid supplies including bandages, sterile compresses, scissors, an ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual. Supplies are located in the following areas:
- West – File cabinet next to desk, bottom drawer
 - Denfeld – File cabinet in dining room, bottom drawer.
 - Berkeley – File cabinet in living room, bottom drawer
- I. EBI staff will receive training in emergency plans and procedures upon hire and quarterly. Training and plans will include: How to report a fire or other emergency;
- Procedures to notify, relocate, and evacuate occupants;
 - Instructions on closing off the fire area, using fire extinguishers, and activating and responding to alarm systems.
 - Floor plan that identifies: Location of fire extinguishers; Location of audible or visual alarm systems, including but not limited to manual fire alarm boxes, smoke detectors, fire alarm enunciators and controls, and sprinkler systems; Location of exits, primary and secondary evacuation routes, and accessible egress routes, if any; and Location of emergency shelter within the facility.
 - Site plan that identifies: Designated assembly points outside the facility; Locations of fire hydrants; and Routes of fire department access.
 - Responsibilities each staff person must assume in case of emergency.
 - Procedures for conducting quarterly drills each year and recording the date of each drill in the file of emergency plans.
 - Procedures for relocation or service suspension when services are interrupted for more than 24 hours.
 - Floor plan that identifies the location of an enclosed exit stairs.
 - Emergency escape plan for each person

Responding to emergencies

A. Staff will call "911" based upon the emergency situation as provided in each individual response procedure as stated below.

B. Fire

1. Staff will respond immediately to all fire and smoke detector alarms or signs of fire by activating the alarm system.
 - EBI West has a pull station on each level. If the alarm has not sounded, staff will continue to announce "Fire".
 - Activation instructions for alarm:
 - Fire Alarm (red box @ west): Pull the lever down on the pull station, it is also intended to sound automatically.
 - Hard wired Smoke Alarm (Berkeley): Intended to sound automatically. For Non-emergency – ok to use small tip screwdriver and hit the test button on the side of alarm. Once the alarm has sounded, locate the alarm box in the garage and type in the code 12341 to silence the alarm.
 - Battery operated Smoke Alarm or Carbon Monoxide alarm (all houses): For Emergency – Intended to sound automatically. To activate to test or practice: Locate the test button on the alarm and hold in until alarm sounds.
2. All persons will be evacuated from the building by staff and assembled at the established designated assembly point outside the facility.
 - West – Garage or front side walk; Denfeld – Garage or front side walk; Berkeley – Driveway in front of garage or driveway entrance.
3. "911" will be immediately called from a neighbor's telephone or a cell phone in order to report the fire.
4. Staff will contain the area of the fire, if feasible, by closing doors. If it is possible to put out the fire with a fire extinguisher, staff will attempt to do so.
 - **Instructions on using fire extinguishers-** PASS, Pull the pin in the handle, Aim the nozzle at the base of the fire, Squeeze the lever slowly, Sweep from side to side. Only use a fire extinguisher if you have had training, it is safe to do so, it is a small fire, and all persons have been evacuated.
 - **Location of Fire Extinguishers:** West – Basement pole by hot water heater; Back stairwell off kitchen; 2nd floor hallway; kitchen on 3rd floor; Denfeld – Bathroom outside wall in basement; Kitchen on main floor; hallway on 2nd floor; Berkeley – Kitchen, laundry room, and garage.
5. Staff will notify the owner of EBI, Sarah Hamilton – 218-393-8162. EBI's owner will take responsibility of reporting to state and county licensing and contacting insurance company.
6. Persons served and individuals will not reenter the program site until the police or fire department issue instructions that the area is safe.
7. If the program site is not habitable and relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.

C. Severe weather conditions and natural disasters

1. At the first sign of severe weather, including but not limited to high winds, heavy snow or rain, or extreme temperatures, staff will confirm the location and safety of all persons served.
2. Staff will listen to the radio or watch television for current weather conditions.
 - **WARNING:** severe weather is either occurring or is imminent. A warning is the most significant and staff must take immediate action to protect people by seeking immediate shelter.
 - **WATCH:** severe weather is possible as conditions are favorable for the weather event. Staff should plan and prepare for the possibility of the severe weather. Staff should help people change their plans for travel and outdoor activities.
 - **ADVISORY:** weather conditions may cause inconvenience or difficulty when traveling or being outside. Staff should help people consider changing their plans for travel and outdoor activities or consider that additional time may be required to complete their plans.
3. Upon hearing sirens or a take cover warning, staff will notify all persons that they need to seek shelter and will

guide all persons to the designated safe area in the facility and will also bring a battery operated radio or television set, first aid kit, and flashlight. Designated safe area:

- West – Basement, by storage shelf
- Denfeld – Basement, by bathroom
- Berkeley – Main Bathroom

Location of radio, flashlight and first aid kit

- West – File cabinet next to desk, bottom drawer
- Denfeld – File cabinet in dining room, bottom drawer
- Berkeley – File cabinet in living room, bottom drawer

4. If feasible, persons served but not scheduled for supervision will be called and warned.
5. Staff will assist all persons in staying in the safe area until an all clear is issued through the radio or by other means.
6. If injury or damage occurs, staff will notify the manager or designee and follow directions given.
7. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.

D. **Power failure (electricity outage or gas leak)**

1. During a power failure, all staff will remain with persons served. If persons are not in the immediate area at the program, staff will locate them and bring them to the central program area.
2. The power company will be contacted by cell phone to determine estimated length of the power outage. If estimated to last less than two hours, the house supervisor or owner, Sarah Hamilton, will be contacted to determine what actions will be taken. If the power outage is to last more than two hours, staff will transport the persons to a safe area or location as previously established by the house supervisor or owner, Sarah Hamilton.

Power/gas company contact info:

- Berkeley: - Gas company: Como 218-722-6666; Electric: Minnesota Power 218-722-2625
- West and Denfeld: Gas company: Comfort System 218-730-4050 Electric power company: Minnesota Power 218-722-2625

3. If gas is smelled or a gas leak is suspected, staff will evacuate persons to the established designated assembly point outside the facility. West – Garage or front side walk; Denfeld – Garage or front side walk; Berkeley – Driveway in front of garage or driveway entrance.
4. The gas company will be immediately notified and instructions followed.
5. No one will be permitted to use lighters, matches, or any open flame during this time. All electrical and battery-operated appliances and machinery will be turned off until the all clear has been provided.
7. The owner, Sarah Hamilton, will be notified of the gas leak. This call will be made by staff from the safe area using a cell phone or from a neighbor's phone.
8. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.
9. Staff will report any failures, alarms, smells, or faulty equipment to the house supervisor and follow instructions provided.

E. **Emergency evacuation, moving to an emergency shelter, and temporary closure or relocation of the program to another facility or service site for more than 24 hours**

1. Staff will ensure that everyone leaves the building and will assist all persons in gathering at the designated assembly point outside the facility. West – Garage or front side walk; Denfeld – Garage or front side walk; Berkeley – Driveway in front of garage or driveway entrance.
 - EBI West and EBI Denfeld– All consumers are ambulatory and staff will use verbal prompting to evacuate the area. If a person uses a cane or walker to assist with mobility, staff will provide physical assistance, if able, to ensure safe evacuation.
 - EBI Berkeley – Staff will physically assist the individuals who use wheelchairs, if safe to do so. Staff will physically guide or assist all individuals with safe evacuation.
2. Staff will immediately notify Sarah Hamilton of the conditions that may require emergency evacuation,

- 3. moving to an emergency shelter, temporary closure, or the relocation of program to another site. Sarah Hamilton will coordinate relocation of services in a way that promotes continuity of care of persons served.
- 4. Sarah Hamilton will coordinate and assist staff as necessary in transporting persons to the designated location.
- 5. If access to the program site is permitted, staff will transfer persons' program files, clothing, necessary personal belongings, current medications, and medication administration records to the designated location.
- 6. Sarah Hamilton will notify the legal representative or designated emergency contact, and case manager, and other licensed caregiver (if applicable) of the new location or any closures of the program if necessary.

F. Other events that threaten the immediate health and safety of persons served and that require calling "911"

- 1. Pandemic event: Upon request, staff will cooperate with state and local government disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak.
- 2. Bomb threat
 - a. Upon receiving a bomb threat, staff at the program site should pull the fire alarm, if available.
 - b. Staff will ensure that everyone leaves the building and assembles at the designated assembly point outside the facility.
 - c. Staff will immediately call "911" from a neighbor's telephone or a cell phone.
 - d. Staff and persons will remain outside the building until further instructions are received from the police or fire department.
 - e. If unable to re-occupy the building, staff will follow the procedures in Letter E of this **Responding to emergencies** section.
- 3. Repeated and unwanted or threatening phone calls
 - a. Upon receiving repeated and unwanted or threatening phone calls, staff will hang up the phone immediately or encourage the person served to hang up the phone.
 - b. Staff will lock all doors and windows.
 - c. Staff will monitor the frequency of disruptive phone calls, informing the manager when the calls continue to a point where the safety of persons served is in question or when the calls are personally threatening or environmentally threatening to a program site or property.
 - d. Staff will call "911" if at any point they feel threatened.
 - e. The manager will determine when and if the telephone number will be changed due to the harassing or threatening telephone calls.

Reporting emergencies

- A. Staff will immediately notify the house supervisor or EBI's owner, Sarah Hamilton, that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies*.
- B. If an incident resulted from the emergency situation, the house supervisor will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the company has reason to know that the incident has already been reported, or as otherwise directed in the person's *Support Plan* and/or *Support Plan Addendum*.
- C. When the incident or emergency involves more than person served, the company and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the company has the consent of the person and/or legal representative.

D. If a serious injury or death were to occur as a result of the emergency situation, staff will follow the response and reporting procedures as stated in the *Policy and Procedures on Responding to and Reporting Incidents* and, if needed, the *Policy and Procedure on Death of a Person Served*.

Safety procedures / Additional safety procedures for facilities.

Fires. Additional information on safety in fires is available online at: <http://www.ready.gov/fires>.

Severe weather and natural disasters. Additional information on safety in severe weather or natural disasters is available online at: <http://www.ready.gov/natural-disasters>.

Power failures, sounding gas alarms, gas smells or faulty equipment (heating, cooling, appliances, etc). Additional information on safety during power failures is available online at: <http://www.ready.gov/technological-accidental-hazards>.

Emergency shelter. Additional information on emergency shelter is available online at: <http://www.ready.gov/shelter> . Some emergencies will be best met by seeking safety in an emergency shelter. Depending on the emergency you may need to shelter in place or shelter outside the disaster area.

Emergency evacuation. Additional information on emergency evacuation is available online at:

<http://www.ready.gov/evacuating-yourself-and-your-family>. Some emergencies will be best met by leaving a program site or the community and seeking safety in an emergency shelter. Often the emergency evacuation will be directed by police, fire, or other emergency personnel who will direct people where to seek safety.

Temporary closure or relocation. Some emergencies will be best met by temporarily closing or relocating a program site for more than 24 hours. This decision will be directed by program administrative staff.

Reviewed by: Sarah Hamilton, EBI DM

Date of Plan: 8/2015

Last revised date: 8/2015; 7/2022

NOTE: Websites from the Federal Emergency Management Agency (FEMA) are included as a resource for additional information. Another useful website is the Minnesota Department of Public Safety, Homeland Security and Emergency Management Division (<https://dps.mn.gov/divisions/hsem/planning-preparedness/Pages/default.aspx>)

Conducting Emergency Drills

Monthly to quarterly drills will be conducted throughout the year on various days of the week and times of the day or night. Staff and persons served in the facility will not be notified prior to the drill, if possible, to ensure correct implementation of staff responsibilities for response. The manager or designee will be responsible for the initiation of the emergency drill and will record the date, day, and time of the drill in the emergency plan files. Upon completion of the drill, direct care staff on duty will fill out a drill report form. When completing the drill report, you must find the correct section on the drill report form and document the consumers' response to the drill. Areas of concern will need to be reviewed with the consumer by staff on duty. Continued area of concern needs to be reported to your supervisor.

Direct care staff will be familiar with EBI's emergency policies and will perform the scheduled drill as indicated below:

Fire drill: Staff on duty will sound the fire alarm and will use an identifying object to block an exit indicating that there is a fire in that specific area. Direct care staff will watch for all consumers to respond to the designated meeting area and provide assistance as needed. If a consumer is trying to enter the blocked exit, staff will provide verbal feedback to the consumer. After the consumers and staff have met in the designated area, the alarm will be silenced and the direct care staff will role play problem areas observed and will educate about additional responding and safety procedures if there was an actual fire. If a consumer is unable to respond independently to a drill, staff on duty will physically assist the consumer by verbally or physically guiding the consumer to the designated meeting spot.

Carbon/gas drill: Staff on duty will sound the carbon alarm. Direct care staff will watch for all consumers to respond to the designated meeting area and provide assistance as needed. After the consumers and staff have met in the designated area, the alarm will be silenced and the direct care staff will role play problem areas observed and additional responding and safety procedure if there was an actual carbon/gas leak. If a consumer is unable to respond independently to the drill, staff on duty will physically assist the consumer by verbally or physically guiding the consumer to the designated meeting spot.

Intruder drill: Staff on duty will role play with each consumer what to do if there was an intruder in the home and may act out an intruder situation. Staff will discuss what an intruder is, how to keep quiet and calm, keep doors shut and locked if possible, and how to call for help if a phone is available.

Severe weather: Staff on duty will role play with each consumer what to do in a severe weather threat and ask each consumer what they would do if they had to take cover at home and in the community. Staff will discuss the difference in warnings, watches, and advisories. Staff will review locations of emergency supplies, locate house and consumer flashlights to ensure they work, and will discuss safety and response procedures for the weather threat.

Bomb threat: Staff on duty will role play with each consumer what to do if a bomb threat occurred. Staff will discuss what a bomb is and safety and response procedures to take if there was a bomb.

Power Outage: Staff on duty will role play with each consumer what to do if the power went out. Staff will discuss how to use flash lights, location of flash lights, how to stay warm, and locations of shelter

if needing to relocate. Staff will check each person's flashlight to ensure that it is working. Staff will check the battery operated radio to make sure it is working.

Upon completion of each drill, staff on duty will complete the drill report form and turn it into the supervisor. Staff on duty must perform the drill with each consumer. If the consumer is not home, direct care staff must role play the drill with the consumer when they get home and document their results on the drill report form at that time.

General Details	
Person's Name: David L	
Location: 4760 Berkeley Road Hermantown, MN 55811	
Mobility: Ambulatory Communication Mode: Verbal Hearing impaired: No Visually impaired: Wears glasses	
Evacuation Requirements	
Is the person able to recognize all types of emergencies: No Able to open/close doors: Yes, may need reminders	
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes; May need reminders with alarms.	
Does the person know how to call 911 and will they do so if directed: No, has difficulty with numbers.	
Equipment required for evacuation: None Can the person yell for help: Yes	
Type of assistance needed for evacuation: Independent; Verbal cues/direction; Possible physical assistance	
Plan for external evacuation:	
1) Call for help, 911 as applicable	
2) Inform David that there is an emergency and that you are evacuating the area. Tell him what he needs to do and where he needs to go.	
3) Verbally guide/direct David to safety. David can follow verbal directions provided. Check with David that he knows where the designated area is if providing him verbal instructions. Instruct David to stay at the designated area.	
4) If the emergency exit is blocked and you must exit through a window or other rooms that are not on the main floor, David would need physical assistance. If David is in his apartment and it is safe to do so, instruct David in person or by phone to use the back stairs that exit to the outside of his apartment. If David is confined to an area and he cannot exit safely, remind David to stay at the location and keep doors closed, if able, until help arrives.	
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)	
1) Inform David that there is an emergency and that you are taking cover.	
2) Verbally guide/direct David to safety. David can follow verbal directions provided. Check that David knows where the designated area is. Instruct David to stay at the designated area.	
3) Staff will provide David with pillows and blankets or other necessary items needed to safely cover David.	
4) Stay with David if able.	

Personal Emergency Evacuation Plans – Denfeld Home

General Details
Person's Name: Rosemary H
Location: 3921 West 4 th Street Duluth, MN 55807
Mobility: Ambulatory Communication Mode: Verbal Hearing impaired: Has hearing aids Visually impaired: Wears glasses
Evacuation Requirements
Is the person able to recognize all types of emergencies: No Able to open/close doors: Yes, may need reminders
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes
Does the person know how to call 911 and will they do so if directed: Yes Can the person yell for help: Yes
Equipment required for evacuation: None
Type of assistance needed for evacuation: Independent; Verbal cues/direction; Possible physical assistance
Plan for external evacuation:
1) Call for help, 911 as applicable
2) Inform Rosemary that there is an emergency and that you are evacuating the area. Tell her what she needs to do.
3) Verbally guide/direct Rosemary to safety. Rosemary can follow verbal directions provided. Check with her that she knows where the designated area is if providing her verbal instructions. Instruct Rosemary to stay at the designated area.
4) If the emergency exit is blocked and you must exit through a window or other rooms that are not on the main floor, Rosemary would need physical assistance. Remind Rosemary to stay where it is safe and keep doors closed if needed.
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)
1) Inform Rosemary that there is an emergency and that you are taking cover.
2) Verbally guide/direct Rosemary to safety. Rosemary can follow verbal directions provided. Check that Rosemary knows where the designated area is. Instruct Rosemary to stay at the designated area.
3) Staff will provide Rosemary with pillows and blankets or other necessary items needed to safely cover Rosemary.
4) Stay with Rosemary if able.

General Details
Person's Name: Chris H
Location: 3921 West 4 th Street Duluth, MN 55807
Mobility: Ambulatory Communication Mode: Verbal Hearing impaired: No Visually impaired: Wears glasses
Evacuation Requirements
Is the person able to recognize all types of emergencies: No Able to open/close doors: Yes, may need reminders
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes
Does the person know how to call 911 and will they do so if directed: Yes Can the person yell for help: Yes
Equipment required for evacuation: None
Type of assistance needed for evacuation: Independent; Verbal cues/direction; Possible physical assistance
Plan for external evacuation:
1) Call for help, 911 as applicable
2) Inform Chris that there is an emergency and that you are evacuating the area. Tell her what she needs to do.
3) Verbally guide/direct Chris to safety. Chris can follow verbal directions provided. Check with her that she knows where the designated area is if providing her verbal instructions. Instruct Chris to stay at the designated area.
4) If the emergency exit is blocked and you must exit through a window or other rooms that are not on the main floor, Chris would need physical assistance. Remind Chris to stay where it is safe and keep doors closed if needed.
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)
1) Inform Chris that there is an emergency and that you are taking cover.
2) Verbally guide/direct Chris to safety. Chris can follow verbal directions provided. Check that Chris knows where the designated area is. Instruct Chris to stay at the designated area.
3) Staff will provide Chris with pillows and blankets or other necessary items needed to safely cover Chris.
4) Stay with Chris if able.

General Details			
Person's Name: Esther J			
Location: 3921 West 4 th Street Duluth, MN 55807			
Mobility: Ambulatory	Communication Mode: Verbal	Hearing impaired: No	Visually impaired: Wears glasses
Evacuation Requirements			
Is the person able to recognize all types of emergencies: No		Able to open/close doors: Yes, may need reminders	
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes			
Does the person know how to call 911 and will they do so if directed: Yes		Can the person yell for help: Yes	
Equipment required for evacuation: None			
Type of assistance needed for evacuation: Independent; Verbal cues/direction; Possible physical assistance			
Plan for external evacuation:			
1) Call for help, 911 as applicable			
2) Inform Esther that there is an emergency and that you are evacuating the area. Tell her what she needs to do.			
3) Verbally guide/direct Esther to safety if needed. Esther can follow verbal directions provided. Check with her that she knows where the designated area is if providing her verbal instructions. Instruct Esther to stay at the designated area.			
4) If the emergency exit is blocked and you must exit through a window or other rooms that are not on the main floor, Esther would need physical assistance. Remind Esther to stay where it is safe and keep doors closed if needed.			
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)			
5) Inform Esther that there is an emergency and that you are taking cover.			
6) Verbally guide/direct Esther to safety. Esther can follow verbal directions provided. Check that Esther knows where the designated area is. Instruct Esther to stay at the designated area.			
7) Staff will provide Esther with pillows and blankets or other necessary items needed to safely cover Esther.			
8) Stay with Esther if able.			

General Details			
Person's Name: Molly C			
Location: 4760 Berkeley Road Hermantown, MN 55811			
Mobility: Ambulatory, may use a walker or canes for safety	Communication Mode: Verbal	Hearing impaired: No	
Visually impaired: No			
Evacuation Requirements			
Is the person able to recognize all types of emergencies: No		Able to open/close doors: Yes, may need reminders	
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes			
Does the person know how to call 911 and will they do so if directed: Yes		Can the person yell for help: Yes	
Equipment required for evacuation: Has a walker and canes for safety. Is able to ambulate independently with use of canes or walker for safety.			
Type of assistance needed for evacuation: Molly is generally independent with ambulation. She has canes and a walker she uses for stability but is able to ambulate without them if needed. During times of emergency, Molly may need physical assistance as anxiety may be brought on to her quickly. Molly does also respond well to verbal direction.			
Plan for external evacuation:			
1) Call for help, 911 as applicable			
2) Inform Molly that there is an emergency and that you are evacuating the area. Tell her what she needs to do.			
3) Physically or verbally guide Molly to safety. Encourage Molly to use her canes or walker to ensure safe mobility. Molly can follow verbal directions provided. Guide Molly to the designated area.			
4) If the emergency exit is blocked and you must exit through a window or other rooms that are not on the main floor, Molly would need physical assistance.			
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)			
1) Inform Molly that there is an emergency and that you are taking cover.			
2) Physically or verbally guide Molly to safety. Encourage Molly to use her canes to ensure safe mobility. Molly can follow verbal directions provided. Guide Molly to the designated area.			
3) Staff will provide Molly with pillows and blankets or other necessary items needed to safely cover Molly.			
4) Stay with Molly if able.			

Personal Emergency Evacuation Plans – West Home

General Details			
Person's Name: Keith F			
Location: 625 North 56 th Ave West Duluth, MN 55807			
Mobility: Ambulatory	Communication Mode: Verbal	Hearing impaired: No	Visually impaired: Wears glasses
Evacuation Requirements			
Is the person able to recognize all types of emergencies: No		Able to open/close doors: Yes, may need reminders	
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes; May need reminders with alarms.			
Does the person know how to call 911 and will they do so if directed: No, may have difficulty using the phone.			
Equipment required for evacuation: None		Can the person yell for help: Yes	
Type of assistance needed for evacuation: Independent; Verbal cues/direction; Possible physical assistance			
Plan for external evacuation:			
1) Call for help, 911 as applicable			
2) Inform Keith that there is an emergency and that you are evacuating the area. Tell him what he needs to do and where he needs to go.			
3) Verbally guide/direct Keith to safety. Keith can follow verbal directions provided. Check with Keith that he knows where the designated area is if providing him verbal instructions. Instruct Keith to stay at the designated area.			
4) If the emergency exit is blocked and you must exit through a window, Keith would need physical assistance. If Keith is confined to an area and he cannot exit safely, remind Keith to stay at the location and keep doors closed, if able, until help arrives.			
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)			
1) Inform Keith that there is an emergency and that you are taking cover.			
2) Verbally guide/direct Keith to safety. Keith can follow verbal directions provided. Check that Keith knows where the designated area is. Instruct Keith to stay at the designated area.			
3) Staff will provide Keith with pillows and blankets or other necessary items needed to safely cover him.			
4) Stay with Keith if able.			
General Details			
Person's Name: Julie A			
Location: 625 North 56 th Ave West Duluth, MN 55807			
Mobility: Ambulatory	Communication Mode: Verbal	Hearing impaired: No	Visually impaired: Wears glasses
Evacuation Requirements			
Is the person able to recognize all types of emergencies: No		Able to open/close doors: Yes, may need reminders	
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes; May need reminders with alarms.			
Does the person know how to call 911 and will they do so if directed: Yes, if directed		Can the person yell for help: Yes	
Equipment required for evacuation: None			
Type of assistance needed for evacuation: Independent; Verbal cues/direction; Possible physical assistance			
Plan for external evacuation:			
1) Call for help, 911 as applicable			
2) Inform Julie that there is an emergency and that you are evacuating the area. Tell her what she needs to do and where she needs to go.			
3) Verbally guide or direct Julie to safety. Julie can follow verbal directions provided. Check with Julie that she knows where the designated area is if providing her verbal instructions. Instruct Julie to stay at the designated area.			
4) If the emergency exit is blocked and you must exit through a window, Julie would need physical assistance. If Julie is confined to an area and she cannot exit safely, remind Julie to stay at the location and keep doors closed, if able, until help arrives.			
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)			
1) Inform Julie that there is an emergency and that you are taking cover.			
2) Verbally guide or direct Julie to safety. Julie can follow verbal directions provided. Check that Julie knows where the designated area is. Instruct Julie to stay at the designated area.			
3) Staff will provide Julie with pillows and blankets or other necessary items needed to safely cover her.			
4) Stay with Julie if able.			

General Details			
Person's Name: Kathy N			
Location: 625 North 56 th Ave West Duluth, MN 55807			
Mobility: Ambulatory	Communication Mode: Verbal	Hearing impaired: No	Visually impaired: No
Evacuation Requirements			
Is the person able to recognize all types of emergencies: No		Able to open/close doors: Yes, may need reminders	
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes; May need reminders with alarms.			
Does the person know how to call 911 and will they do so if directed: Yes, if directed		Can the person yell for help: Yes	
Equipment required for evacuation: None			
Type of assistance needed for evacuation: Independent; Verbal cues/direction; Possible physical assistance			
Plan for external evacuation:			
1) Call for help, 911 as applicable			
2) Inform Kathy that there is an emergency and that you are evacuating the area. Tell her what she needs to do and where she needs to go.			
3) Verbally guide or direct Kathy to safety. Kathy can follow verbal directions provided, but may ask several questions and demonstrate anxiety during evacuation. Check with Kathy that she knows where the designated area is if providing her verbal instructions to evacuate. Instruct Kathy to stay at the designated area.			
4) If the emergency exit is blocked and you must exit through a window, Kathy would need physical assistance. If Kathy is confined to an area and she cannot exit safely, remind Kathy to stay at the location and keep doors closed, if able, until help arrives.			
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)			
1) Inform Kathy that there is an emergency and that you are taking cover.			
2) Verbally guide or direct Kathy to safety. Kathy can follow verbal directions provided. Check that Kathy knows where the designated area is if providing her cues to report to the designated area. Instruct Kathy to stay at the designated area.			
3) Staff will provide Kathy with pillows and blankets or other necessary items needed to safely cover her.			
4) Stay with Kathy if able.			
General Details			
Person's Name: Becky W			
Location: 625 North 56 th Ave West Duluth, MN 55807			
Mobility: Ambulatory	Communication Mode: Verbal	Hearing impaired: No	Visually impaired: Wears glasses
Evacuation Requirements			
Is the person able to recognize all types of emergencies: No		Able to open/close doors: Yes, may need reminders	
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes; May need reminders with alarms.			
Does the person know how to call 911 and will they do so if directed: Yes		Can the person yell for help: Yes	
Equipment required for evacuation: None			
Type of assistance needed for evacuation: Independent; Verbal cues/direction; Possible physical assistance			
Plan for external evacuation:			
1) Call for help, 911 as applicable			
2) Inform Becky that there is an emergency and that you are evacuating the area. Tell her what she needs to do and where she needs to go.			
3) Verbally guide or direct Becky to safety. Becky can follow verbal directions provided. Check with Becky that she knows where the designated area is if providing her verbal instructions. Instruct Becky to stay at the designated area.			
4) If the emergency exit is blocked and you must exit through a window, Becky would need physical assistance. If Becky is confined to an area and she cannot exit safely, remind Becky to stay at the location and keep doors closed, if able, until help arrives.			
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)			
1) Inform Becky that there is an emergency and that you are taking cover.			
2) Verbally guide or direct Becky to safety. Becky can follow verbal directions provided. Check that Becky knows where the designated area is. Instruct Becky to stay at the designated area.			
3) Staff will provide Becky with pillows and blankets or other necessary items needed to safely cover her.			
4) Stay with Becky if able.			

General Details			
Person's Name: Cheryl B			
Location: 625 North 56 th Ave West Duluth, MN 55807			
Mobility: Ambulatory	Communication Mode: Verbal	Hearing impaired: No	Visually impaired: No
Evacuation Requirements			
Is the person able to recognize all types of emergencies: No		Able to open/close doors: Yes, may need reminders	
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes; May need reminders with alarms.			
Does the person know how to call 911 and will they do so if directed: No		Can the person yell for help: Yes	
Equipment required for evacuation: None			
Type of assistance needed for evacuation: Verbal cues/direction; Possible physical assistance			
Plan for external evacuation:			
1) Call for help, 911 as applicable			
2) Inform Cheryl that there is an emergency and that you are evacuating the area. Tell her what she needs to do and where she needs to go.			
3) Verbally guide or direct Cheryl to safety. Cheryl can follow verbal directions provided. Check with Cheryl that she knows where the designated area is if providing her verbal instructions. Instruct Cheryl to stay at the designated area.			
4) If the emergency exit is blocked and you must exit through a window, Cheryl would need physical assistance. If Cheryl is confined to an area and she cannot exit safely, remind Cheryl to stay at the location and keep doors closed, if able, until help arrives.			
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)			
1) Inform Cheryl that there is an emergency and that you are taking cover.			
2) Verbally guide or direct Cheryl to safety. Cheryl can follow verbal directions provided. Check that Cheryl knows where the designated area is. Instruct Cheryl to stay at the designated area.			
3) Staff will provide Cheryl with pillows and blankets or other necessary items needed to safely cover her.			
4) Stay with Cheryl if able.			
General Details			
Person's Name: Dorothy S			
Location: 625 North 56 th Ave West Duluth, MN 55807			
Mobility: Ambulatory	Communication Mode: Verbal	Hearing impaired: No	Visually impaired: Wears glasses
Evacuation Requirements			
Is the person able to recognize all types of emergencies: No		Able to open/close doors: Yes, may need reminders	
Is the person able to independently respond to emergencies provided verbal cues or alarms: Yes			
Does the person know how to call 911 and will they do so if directed: Yes		Can the person yell for help: Yes	
Equipment required for evacuation: None			
Type of assistance needed for evacuation: Independent; Verbal cues/direction; Possible physical assistance			
Plan for external evacuation:			
1) Call for help, 911 as applicable			
2) Inform Dorothy that there is an emergency and that you are evacuating the area. Tell her what she needs to do.			
3) Verbally guide Dorothy to safety. Dorothy can follow verbal directions provided. Guide Dorothy to the designated area.			
4) If the emergency exit is blocked and you must exit through a window or other rooms that are not on the main floor, Dorothy would need physical assistance.			
Plan for taking cover within the home: (Staff to obtain flash light, radio, cell phone, pillows, blankets, if able)			
1) Inform Dorothy that there is an emergency and that you are taking cover.			
2) Verbally guide Dorothy to safety. Dorothy can follow verbal directions provided. Guide Dorothy to the designated area.			
3) Staff will provide Dorothy with pillows and blankets or other necessary items needed to safely cover Dorothy.			
4) Stay with Dorothy if able.			

POLICY AND PROCEDURE ON RESPONDING TO AND REPORTING INCIDENTS

PURPOSE

The purpose of this policy is to provide instructions to staff for responding to and reporting incidents.

POLICY

The company will respond to incidents as defined in MN Statutes, section 245D.02, subdivision 11, that occur while providing services to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all incidents according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures. For emergency response procedures, staff will refer to the *Policy and Procedure on Emergencies*.

All staff will be trained on this policy and the safe and appropriate response and reporting of incidents. In addition, program sites will have contact information of a source of emergency medical care and transportation readily accessible. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the facility including each person's representative, physician, and dentist is readily available.

PROCEDURE

Defining incidents

- C. An incident is defined as an occurrence which involves a person and requires the program to make a response that is not a part of the program's ordinary provision of services to that person, and includes:
1. Serious injury of a person as determined by MN Statutes, section 245.91, subdivision 6:
 - a. Fractures
 - b. Dislocations
 - c. Evidence of internal injuries
 - d. Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought
 - e. Lacerations involving injuries to tendons or organs and those for which complications are present
 - f. Extensive second degree or third degree burns and other burns for which complications are present
 - g. Extensive second degree or third degree frostbite and others for which complications are present
 - h. Irreversible mobility or avulsion of teeth
 - i. Injuries to the eyeball
 - j. Ingestion of foreign substances and objects that are harmful
 - k. Near drowning
 - l. Heat exhaustion or sunstroke
 - m. Attempted suicide
 - n. All other injuries considered serious after an assessment by a health care professional including, but not limited to, self-injurious behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury
 2. Death of a person served.

3. Any medical emergency, unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call “911,” physician, advanced practice registered nurse, or physician assistant treatment, or hospitalization.
4. Any mental health crisis that requires the program to call “911,” a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.
5. An act or situation involving a person that requires the program to call “911,” law enforcement, or the fire department.
6. A person’s unauthorized or unexplained absence from a program.
7. Conduct by a person served against another person served that:
 - a. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person’s opportunities to participate in or receive service or support
 - b. Places the person in actual and reasonable fear of harm
 - c. Places the person in actual and reasonable fear of damage to property of the person
 - d. Substantially disrupts the orderly operation of the program
8. Any sexual activity between persons served involving force or coercion as defined under MN Statutes, section 609.341, subdivisions 3 and 14.
9. Any emergency use of manual restraint as identified in MN Statutes, section 245D.061.
10. A report of alleged or suspected maltreatment of a minor or vulnerable adult under MN Statutes, section 626.557 or chapter 260E.

Responding to incidents

- A. Staff will respond to incidents according to the following plans. For incidents including death of a person served, maltreatment, and emergency use of manual restraints, staff will follow the applicable policy and procedure:
 1. **Death of a person served:** *Policy and Procedure on the Death of a Person Served*
 2. **Maltreatment:** *Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults or Policy and Procedure on Reporting and Review of Maltreatment of Minors*
 3. **Emergency use of manual restraint:** *Policy and Procedure on Emergency Use of Manual Restraint*
- B. **Any medical emergency (including serious injury), unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call “911,” physician treatment, or hospitalization**
 1. Staff will first call “911” if they believe that a person is experiencing a medical emergency (including serious injury), unexpected serious illness, or significant unexpected change in illness or medical condition that may be life threatening and provide any relevant facts and medical history.
 2. Staff will give first aid and/or CPR to the extent they are qualified, when it is indicated by their best judgment or the “911” operator, unless the person served has an advanced directive. Staff will refer to the *Policy and Procedure on the Death of a Person Served* for more information.
 3. Staff will notify the Designated Coordinator and/or Designated Manager or designee who will assist in securing any staffing coverage that is necessary.
 4. If the person is transported to a hospital, staff will either accompany the person or go to the hospital as soon as possible. Staff will not leave other persons served alone or unattended.
 5. Staff will ensure that a completed *Medical Referral* form and all insurance information including current medical insurance card(s) accompany the person.
 6. Staff will remain at the hospital and coordinate an admission to the hospital. If the person served is not to be admitted to the hospital, staff will arrange for transportation home.
 7. Upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the assigned nurse or nurse consultant, Designated Coordinator and/or Designated Manager or designee and ensure that:
 - a. All new medications/treatments and cares have been documented on the *Medical Referral* form
 - b. All medications or supplies have been obtained from the pharmacy

- c. All new orders have been recorded on the monthly medication sheet
 - d. All steps and findings are documented in the program and health documentation, as applicable
8. If the person's condition does not require a call to "911," but prompt medical attention is necessary, staff will consider the situation as health threatening and will call the person's physician, licensed health care professional, or urgent care to obtain treatment.
 9. Staff will contact the assigned nurse or nurse consultant or Designated Coordinator and/or Designated Manager or designee and will follow any instructions provided including obtaining necessary staffing coverage.
 10. Staff will transport the person to the medical clinic or urgent care and will remain with the person. A *Medical Referral* form will be completed at the time of the visit.
 11. Upon return from the medical clinic or urgent care, staff will coordinate with the assigned nurse or nurse consultant, Designated Coordinator and/or Designated Manager or designee and ensure that:
 - a. All new medications/treatments and cares have been documented on the *Medical Referral* form
 - b. All medications or supplies have been obtained from the pharmacy
 - c. All new orders have been recorded on the monthly medication sheet
 - d. All steps and findings are documented in the program and health documentation, as applicable

C. Any mental health crisis that requires the program to call "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.

1. Staff will implement any crisis prevention plans specific to the person served as a means to de-escalate, minimize, or prevent a crisis from occurring.
2. If a mental health crisis were to occur, staff will ensure the person's safety, and will not leave the person alone if possible.
3. Staff will contact "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate, and explain the situation and that the person is having a mental health crisis.
4. Staff will follow any instructions provided by the "911" operator or the mental health crisis intervention team contact person.
5. Staff will notify the Designated Coordinator and/or Designated Manager or designee who will assist in securing any staffing coverage that is necessary.
6. If the person is transported to a hospital, staff will either accompany the person or go to the hospital as soon as possible. Staff will not leave other persons served alone or unattended.
7. Staff will ensure that a completed *Medical Referral* form and all current insurance information including current medical insurance card(s) accompany the person.
8. Staff will remain at the hospital and coordinate an admission to the hospital. If the person served is not to be admitted to the hospital, staff will arrange for transportation home.
9. Upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the assigned nurse or nurse consultant, Designated Coordinator and/or Designated Manager or designee and ensure that:
 - a. All new medications/treatments have been documented on the *Medical Referral* form
 - b. All medications or supplies have been obtained from the pharmacy
 - c. All new orders have been recorded on the monthly medication sheet
 - d. All steps and findings are documented in the program and health documentation, as applicable

D. An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department

1. Staff will contact "911" immediately if there is a situation or act that puts the person at imminent risk of harm.
2. Staff will immediately notify the Designated Coordinator and/or Designated Manager or designee of any "911," law enforcement, or fire department involvement or intervention.
3. If a person served has been the victim of a crime, staff will follow applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.
4. If a person has been sexually assaulted, staff will discourage the person from bathing, washing, or

changing clothing. Staff will leave the area where the assault took place untouched, if it is under the company's control.

5. If a person served is suspected of committing a crime or participating in unlawful activities, staff will follow the person's *Support Plan Addendum* when possible criminal behavior has been addressed by the support team.
6. If a person served is suspected of committing a crime and the possibility has not been addressed by the support team, the Designated Coordinator and/or Designated Manager will determine immediate actions and contact support team members to arrange a planning meeting.
7. If a person served is incarcerated, the Designated Coordinator and/or Designated Manager or designee will provide the police with information regarding vulnerability, challenging behaviors, and medical needs.

E. Unauthorized or unexplained absence of a person served from a program

1. Based on the person's supervision level, staff will determine when the person is missing from the program site or from supervision in the community.
2. Staff will immediately call "911" if the person is determined to be missing. Staff will provide the police with information about the person's appearance, last known location, disabilities, and other information as requested.
3. Staff will immediately notify the Designated Coordinator and/or Designated Manager or designee. Together a more extensive search will be organized, if feasible, by checking locations where the person may have gone.
4. The Designated Coordinator and/or Designated Manager or designee will continue to monitor the situation until the individual is located.
5. If there is reasonable suspicion that abuse and/or neglect led to or resulted from the unauthorized or unexplained absence, staff will report immediately in accordance with applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.

F. Conduct by a person served against another person served

1. Staff will immediately enlist the help of additional staff if they are available and intervene to protect the health and safety of persons involved.
2. Staff will redirect persons to discontinue the behavior and/or physically place themselves between the aggressor(s) using the least intrusive methods possible in order to de-escalate the situation.
3. If the aggressor has a behavior plan in place, staff will follow the plan as written in addition to the methodologies that may be provided in the *Support Plan Addendum*.
4. Staff will remove the person being aggressed towards to an area of safety.
5. If other least restrictive alternatives were ineffective in de-escalating the aggressors' conduct and immediate intervention is needed to protect the person or others from imminent risk of physical harm, staff will follow the *Policy and Procedure on Emergency Use of Manual Restraint* and/or staff will call "911."
6. If the ordinary operation of the program is disrupted, staff will manage the situation and will return to the normal routine as soon as possible.
7. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
8. If the conduct results in injury, staff will provide necessary treatment according to their training.

G. Sexual activity between persons served involving force or coercion

1. Staff will follow any procedures as directed by the *Individual Abuse Prevention Plans* and/or *Support Plan Addendums*, as applicable.
2. Staff will immediately intervene in an approved therapeutic manner to protect the health and safety of the persons involved if there is obvious coercion or force involved, or based on the knowledge of the persons involved, that one of the persons may have sexually exploited the other.
3. If the persons served are unclothed, staff will provide them with a robe or other appropriate garment and will discourage the person from bathing, washing, changing clothing or redressing in clothing that they were wearing.

4. Staff will leave the area where the sexual activity took place untouched if it is under the company's control.
5. Staff will call "911" in order to seek medical attention if necessary and inform law enforcement.
6. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
7. If the incident resulted in injury, staff will provide necessary treatment according to their training.

Reporting incidents

- D. Staff will first call "911" if they believe that a person is experiencing a medical emergency that may be life threatening. In addition, staff will first call "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate for a person experiencing a mental health crisis.
- E. Staff will immediately notify the Designated Coordinator and/or Designated Manager that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* and any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies*.
- E. When the incident or emergency involves more than person served, the company and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the company has the consent of the person and/or legal representative.
- F. The Designated Coordinator and/or Designated Manager will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the company has reason to know that the incident has already been reported, or as otherwise directed in the person's *Support Plan* and/or *Support Plan Addendum*.
- G. A report will be made to the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division within 24 hours of the incident, or receipt of the information that the incident occurred, unless the company has reason to know that the incident has already been reported, by using the required reporting forms. A report made, must be made using the Office of the Ombudsman's Death Report webform or Serious Injury webform. Forms to fax include *Death Reporting Form*, *Serious Injury Form*, and *Death or Serious Injury Report FAX Transmission Cover Sheet*. Incidents to be reported include:
 1. Serious injury as determined by MN Statutes, section 245.91, subdivision 6.
 2. Death of a person served.
- F. Verbal reporting of an emergency use of manual restraint will occur within 24 hours of the occurrence. Further reporting procedures will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint* which includes the requirements of reporting incidents according to MN Statutes, sections 245D.06, subdivision 1 and 245D.061.
- G. Within 24 hours of reporting maltreatment, the company will inform the case manager of the nature of the activity or occurrence reported and the agency that received the report. The company and staff will follow the applicable policy and procedure on reporting maltreatment for vulnerable adults or minors, as applicable.
- H. For residential programs, licensed under the Adult Foster Care rule and not as a MN Statutes, chapter 245D-CRS Satellite license, the Designated Coordinator and/or Designated Manager will ensure that a report is made to the county licensing authority for the following incidents within 24 hours of:

1. The occurrence of a fire that causes damage to the residence or requires the services of a fire department or the onset of any changes or repairs to the residence that require a building permit.
 2. The occurrence of any injuries of a person served that require treatment by a physician.
 3. The occurrence of a death of a person served.
 4. Suspected or alleged maltreatment.
 5. Notification to a person's physician because medication has not been taken as prescribed and the physician has determined that the refusal or failure to take the medication as prescribed created an immediate threat to the person's health or safety or the health or safety of other persons served.
- I. For residential programs licensed as a MN Statutes, chapter 245D-CRS Satellite site, the company will notify the local agency within 24 hours of the onset of changes in a residence resulting from construction, remodeling, or damages requiring repairs that require a building permit or may affect a licensing requirement of MN Statutes, chapter 245D.

Review by: Sarah Hamilton, EBI DM/Owner

Date of Plan: 2014

Revision Date: 6/2017; 7/2020; 7/2022

INCIDENT AND EMERGENCY REPORT

Identifying data

Program or person served:

Phone:

Address:

Type of incident or emergency (check all that apply)

<input type="checkbox"/> Serious injury*	<input type="checkbox"/> Any mental health crisis that requires the program to call "911," a mental health crisis intervention team, or a similar mental health response team or service when available and appropriate	<input type="checkbox"/> Conduct by a person served against another person served (see 245D.02, subd. 11 for severity)
<input type="checkbox"/> Medical emergency, unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911;" physician, advanced practice registered nurse, or physician assistant treatment; or hospitalization	<input type="checkbox"/> Maltreatment of a minor	<input type="checkbox"/> Sexual activity between persons served involving force or coercion
	<input type="checkbox"/> Maltreatment of a vulnerable adult	<input type="checkbox"/> Death of a person served*
	<input type="checkbox"/> An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department	<input type="checkbox"/> Emergency use of manual restraint (complete the <i>EUMR Incident Report</i> form)
	<input type="checkbox"/> A person's unauthorized or unexplained absence from a program	<input type="checkbox"/> Emergency (state specific type):

*Reporting of these incidents must also be made to MN Department of Human Services and MN Office of the Ombudsman.

Date of incident: _____ Time of incident: _____ (indicate am or pm)

Location of incident: _____

Describe the incident and emergency including the effect on the person (delete unused rows)

Describe the response to the incident or emergency (delete unused rows)

Name and title of staff who responded

Date

Required notifications: completed within 24 hours of discovery or receipt of information that the incident occurred

Legal representative:	Date:	Time:	am/pm	<input type="checkbox"/> Left message
Case manager:	Date:	Time:	am/pm	<input type="checkbox"/> Left message
Designated emergency contact:	Date:	Time:	am/pm	<input type="checkbox"/> Left message
Rule 203 licensor (family foster care only): <input type="checkbox"/> N/A	Date:	Time:	am/pm	<input type="checkbox"/> Left message
Other: <input type="checkbox"/> N/A	Date:	Time:	am/pm	<input type="checkbox"/> Left message
DHS Licensing Division: <input type="checkbox"/> N/A	Date:	Time:	am/pm	<input type="checkbox"/> Left message
MN Office of the Ombudsman: <input type="checkbox"/> N/A	Date:	Time:	am/pm	<input type="checkbox"/> Left message
MN Office of Health Facility Complaints (ICF/DD only): <input type="checkbox"/> N/A	Date:	Time:	am/pm	<input type="checkbox"/> Left message
The MAARC/CEP/Child Protection Agency <input type="checkbox"/> N/A Name of intake worker:	Date:	Time:	am/pm	
Was an internal maltreatment report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No, if no, why:				

Name of staff person who notified the persons or entities

Date

Designated Manager review and recommendation

1. Was the person's *Support Plan Addendum* implemented as applicable?

Yes No: if no address in the corrective action section of this review

Were policies and procedures implemented as applicable?

Yes No: if no address in the corrective action section of this review

2. Identification of patterns:

3. Is corrective action necessary based upon the review? Yes No: if yes, what corrective action will be implemented as necessary to reduce occurrences:

Designated Coordinator and/or Designated Manager

Date

POLICY AND PROCEDURE ON REVIEWING INCIDENTS AND EMERGENCIES

I. PURPOSE

The purpose of this policy is to establish guidelines for the internal review of incidents and emergencies.

II. POLICY

This company is committed to the prevention of and safe and timely response to incidents and emergencies. Staff will act immediately to respond to incidents and emergencies as directed in the *Policy and Procedure on Responding to and Reporting Incidents* and the *Policy and Procedure on Emergencies*. After the health and safety of person(s) served are ensured, staff will complete all required documentation that will be compiled and used as part of the internal review process.

The company will ensure timely completion of the internal review procedure of incident and emergencies to identify trends or patterns and corrective action, if needed.

III. PROCEDURE

- A. The Designated Manager will conduct a review of all reports of incidents and emergencies for identification of patterns and implementation of corrective action as necessary to reduce occurrences. This review will include:
 1. Accurate and complete documentation standards that include the use of objective language, a thorough narrative of events, appropriate response, etc.
 2. Identification of patterns which may be based upon the person served, staff involved, location of incident, etc. or a combination.
 3. Corrective action that will be determined by the results of the review and may include, but is not limited to, retraining of staff, changes in the physical plant of the program site, and/or changes in the *Support Plan Addendum*.
- B. Each *Incident and Emergency Report* will contain the following information:
 1. The name of the person or persons involved in the incident. It is not necessary for staff to identify all persons affected by or involved in an emergency unless the emergency resulted in an incident.
 2. The date, time, and location of the incident or emergency.
 3. A description of the incident or emergency.
 4. A description of the response to the incident or emergency and whether a person's *Support Plan Addendum* or program policies and procedures were implemented as applicable.
 5. The name of the staff person or persons who responded to the incident or emergency.
 6. The determination of whether corrective action is necessary based on the results of the review that will be completed by the Designated Manager.
- C. In addition to the review for the identification of patterns and implementation of corrective action, the company will consider the following situations reportable as incidents or emergencies which will require the completion of an internal review:
 1. Emergency use of manual restraint as defined in MN Statutes, sections 245D.02, subdivision 8a and 245D.061. MN Statutes, section 245D.061, subdivision 6, has an internal review report requiring the answering of six questions.
 2. Death and serious injuries not reported as maltreatment according to MN Statutes, section 245D.06, subdivision 1, paragraph g.
 3. Reports of maltreatment of vulnerable adults or minors according to MN Statutes, sections 626.557 and 260E.
 4. Complaints or grievances as defined in MN Statutes, section 245D.10, subdivision 2.

- D. When the company has knowledge that a situation has occurred that requires an internal review, the Designated Manager will ensure that an *Incident and Emergency Report* or *Emergency Use of Manual Restraint Incident Report* has been completed.
1. In addition to the *Incident and Emergency Report*, if there was a death or serious injury, the Designated Manager will also ensure that the applicable documents have also been completed for the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division.
 2. For internal reports of suspected or alleged maltreatment of a vulnerable adult, a copy of the *Notification to an Internal Reporter* will also be submitted for the internal review.
 3. The internal review and reporting of emergency use of manual restraints will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint*.
- E. Documentation to be submitted to the designated person responsible for completing internal reviews will include, as applicable:
1. *Incident and Emergency Report*.
 2. *Notification to an Internal Reporter*.
 3. *Emergency Use of Manual Restraint Incident Report*.
 4. *Death Reporting Form*.
 5. *Serious Injury Form*.
 6. *Death or Serious Injury Report FAX Transmission Cover Sheet*.
 7. *Complaint Summary and Resolution Notice*.
- F. The Designated Manager is the primary individual responsible for ensuring that internal reviews are completed for reports. If there are reasons to believe that the Designated Manager is involved in the alleged or suspected maltreatment or is unable to complete the internal review, the Designated Coordinator is the secondary individual responsible for ensuring that internal reviews are completed.
- G. The internal review will be completed (within 30 calendar days for maltreatment reports) using the *Internal Review* form and will include an evaluation of whether:
1. Related policies and procedures were followed.
 2. The policies and procedures were adequate.
 3. There is a need for additional staff training.
 4. The reported event is similar to past events with the persons or the services involved.
 5. There is a need for corrective action by the license holder to protect the health and safety of persons served.
- H. Based upon the results of the review, the license holder will develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
- I. The following information will be maintained in the service recipient record, as applicable:
1. *Incident and Emergency Report* including the written summary and the Designated Manager's review.
 2. *Emergency Use of Manual Restraint Incident Report* and applicable reporting and reviewing documentation requirements.
 3. *Death Reporting Form*.
 4. *Serious Injury Form*.
 5. *Death or Serious Injury Report FAX Transmission Cover Sheet*.
 6. *Complaint Summary and Resolution Notice*.
- J. Completed *Internal Reviews* and documentation regarding suspected or alleged maltreatment will be maintained separately by the internal reviewer in a designated file that is kept locked and only accessible to authorized individuals.
- K. Internal reviews must be made accessible to the commissioner immediately upon the commissioner's request for internal reviews regarding maltreatment.

Review by: Sarah Hamilton, EBI DM/Owner

Date of Plan: 2014

245D HCBS Incident Reporting Requirements - Who Must Be Notified Within 24 Hours

Incident Type	Legal Rep/ Emerg. Contact	Case Manager	Ombuds MH/DD	DHS Licensing
Serious injury as determined by section 245.91, subdivision 6	X	X	X	X
A person's death	X	X	X	X
Any medical emergencies, unexpected serious illnesses, or significant unexpected change in illness or medical condition that requires the program to call 911, physician treatment, or hospitalization	X	X		
Any mental health crisis that requires the program to call 911 or mental health crisis intervention team, or a similar mental health response team or service when available and appropriate.	X	X		
Act or situation involving a person that requires the program to call 911, law enforcement, or fire department	X	X		
Person's unauthorized or unexplained absence from program	X	X		
Conduct by a service recipient against another service recipient that: <ul style="list-style-type: none"> • is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; • places the person in actual and reasonable fear of harm; • places the person in actual and reasonable fear of damage to property of the person; or • substantially disrupts the orderly operation of the program. 	X	X		
Sexual activity between service recipients involving force or coercion: <ul style="list-style-type: none"> • "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily harm or commission or threat of any other crime by the actor against the complainant or another, which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit. • "Coercion" means the use by the actor of words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon the complainant or another, or the use by the actor of confinement, or superior size or strength, against the complainant that causes the complainant to submit to sexual penetration or contact against the complainant's will. Proof of coercion does not require proof of a specific act or threat. 	X	X		
Any emergency use of manual restraint (Must submit external report required under section 245D.061, or successor provisions)	X	X		

A report of child or vulnerable adult maltreatment (Case managers and legal representatives must be notified of the nature of the activity or occurrence and the agency that received the report)	X	X		
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AUTHORIZATION TO ACT IN AN EMERGENCY		
Name:		
This authorization to act in a medical emergency will be in effect when the person's legal representative, if any, cannot be reached or is delayed in arriving during a medical emergency situation.		
I authorize the company who manages my services to obtain all or part of the emergency medical services as I have checked here:		
<input checked="" type="checkbox"/> Emergency first aid	<input checked="" type="checkbox"/> Paramedic care/"911"	<input checked="" type="checkbox"/> Outpatient or urgent care
<input checked="" type="checkbox"/> Emergency surgery	<input checked="" type="checkbox"/> Emergency dental care	<input checked="" type="checkbox"/> Lab work/procedures
<input checked="" type="checkbox"/> Examinations	<input checked="" type="checkbox"/> Immunizations	<input type="checkbox"/> Other:
Please describe any limitations to the authorizations checked:		
I authorize the company to maintain and release a photograph of the person served for use only in emergency situations. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
I understand that I may revoke these authorizations at any time. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
_____	_____	
Person served and/or legal representative	Date	

EBI's Emergency Drill Schedule for 2022

- January:** Fire Drill 1/7/22 @ 6pm;
Intruder Drill 1/24/22 @ 5pm
- February:** Carbon Monoxide – Gas Leak Drill 2/5/22 @ 4pm
Power Failure Drill 2/22/22 @ 7am
- March:** Bomb Threat Drill 3/6/22 @ 8pm
Severe Weather 3/23/22@ 6pm (Blizzard and extreme cold)
- April:** Fire Drill 4/5/22 @ 9:30am
Intruder Drill 4/17/22 @ 6pm
- May:** Carbon Monoxide – Gas Leak Drill 5/3/22 @ 11am
Power Failure Drill 5/23/22 @ 8pm
Fire Drill 5/25/22 @ 9:30am
- June:** Bomb Threat Drill 6/2/22 @ 6pm
Severe Weather (thunderstorm) 6/23/22 @ 5:30pm
Severe Weather (flooding) 6/30/22 @ 5pm
- July:** Fire Drill 7/11/22 @ 5am;
Intruder Drill 7/19/22 @ 1pm
Severe Weather 7/25/22@ 8am (Tornado)
- August:** Carbon Monoxide – Gas Leak Drill 8/8/22 @ 6:30pm
Power Failure Drill 8/19/22 @ 8:30pm
- September:** Bomb Threat Drill 9/6/22 @ 4pm
Severe Weather 9/24/22@ 5pm (Thunderstorm)
- October:** Fire Drill 10/10/22 @ 8:30pm;
Intruder Drill 10/22/22 @ 6pm

November: Carbon Monoxide – Gas Leak Drill 11/8/22 @ 8am
Power Failure Drill 11/20/22 @ 6pm

December: Bomb Threat Drill 12/6/22 @ 11am
Severe Weather 12/26/22@ 7pm (Blizzard and extreme cold)