

POLICY AND PROCEDURE PERTAINING TO INCIDENT RESPONSE AND REPORTING

PURPOSE

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

POLICY

EON, Inc. will respond to incidents as defined in [Sec. 245D.02 MN Statutes](#), 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 Emergency Response and Reporting Policy and Procedures.

All staff will be trained on this policy and the safe and appropriate response and reporting of incidents. The 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, advanced practice registered nurse, physician assistant, and dentist is readily available.

PROCEDURE

- I. Incident(s) means an occurrence which involves a person and requires EON, Inc. to make a response that is not part of the programs ordinary provision of services to that person, and includes:
 - A. Serious injury of a person as determined by [Sec. 245.91 MN Statutes](#) , subdivision 6:
 1. Fractures;
 2. Dislocations;
 3. Evidence of internal injuries;
 4. 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, if further medical attention was sought;
 5. Lacerations involving injuries to tendons or organs and those for which complications are present;
 6. Extensive second degree or third degree burns and other burns for which complications are present;
 7. Extensive second degree or third-degree frostbite, and other frostbite for which complications are present;
 8. Irreversible mobility or avulsion of teeth;
 9. Injuries to the eyeball;
 10. Ingestion of foreign substances and objects that are harmful;
 11. Near drowning;

12. Heat exhaustion or sunstroke;
 13. Attempted suicide; and
 14. All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injuries 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.
- B. Death of person served.
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician, advanced practice registered nurse, physician assistant treatment, or hospitalization.
- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team or a similar mental health response team or service when available and appropriate.
- E. An act or situation involving a person that requires the program to call 911, law enforcement, or the fire department.
- F. A person's unauthorized or unexplained absence from a program.
- G. Conduct by a person served against another person receiving services that:
1. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;
 2. Places the person in actual and reasonable fear of harm;
 3. Places the person in actual and reasonable fear of damage to property of the person;
or
 4. Substantially disrupts the orderly operation of the program.
- H. Any sexual activity between persons receiving services involving force or coercion as defined under [Sec. 609.341 MN Statutes](#) , subd. 3 and 14:
1. "Force" means either (1) the infliction by the actor of bodily harm the attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which causes the complainant to reasonably believe that the actor has the present ability to execute the threat.
 2. "Coercion" means the use by the actor of words or circumstances that cause the complainant reasonably to fear the infliction, the complainant or another, or the use by the actor of confinement, or superior size or strength, against the complainant to accomplish the act. Proof of coercion does not require proof of a specific act or threat.
- I. Any use of Emergency Use of Manual Restraint (EUMR) as identified in [Sec. 245D.061 MN Statutes](#) or successor, or
- J. A report of alleged or suspected child or vulnerable adult maltreatment in Minnesota Statutes, chapter [Ch. 260E MN Statutes](#) or [Sec. 626.557 MN Statutes](#)

II. Response Procedures

- A. A list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the program. In addition, each person's legal representative, physician, advanced practice registered nurse, or physician assistant, and dentist is readily available.

- B. Staff will respond to incidents according to the following policies and procedures:
1. **Death of Person Served:** *Death of Person Served Policies and Procedures.*
 2. **Maltreatment:** *Reporting and Review of Maltreatment of Vulnerable Adults or Reporting and Review of Maltreatment of Minors.*
 3. **Emergency use of Manual Restraint:** *EUMR and Positive Behavior Supports.*
- C. **Any Medical Emergencies (Including Serious Injury), Unexpected Serious Illness, or Significant Unexpected Change in an Illness or Medical Condition:**
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.
 - a. Staff will give first aid and/or cardiopulmonary resuscitation 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 *Death of Person Served Policy and Procedure* for more information.
 - b. If the person is transported to a hospital by emergency personnel. Staff will ensure that a *Consultation form*, all insurance information including current medical insurance card(s), and any other applicable or necessary information accompanies the person.
 - i. If there is adequate coverage for any remaining individuals at the site, a staff member may accompany the transported individual to the emergency room.
 - c. Staff will coordinate an admission to the hospital, if needed. If the person served is not to be admitted to the hospital, staff will arrange for transportation home.
 2. 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.
 - a. If Staffing allows for transport, the person will be transported to the medical clinic or urgent care and will remain with the person. A *Consultation form* will be completed at the time of the visit.
 - b. If Staffing does not allow for transport, 911 will be called. Staff will follow process in Section C step 1.
 3. Staff will notify the Community Supports Supervisor (CSS) or designee
 4. Upon discharge from hospital, emergency room, clinic or urgent care, staff will coordinate with the assigned nurse (if applicable), CSS or designee and ensure that:
 - a. All new medications/treatments and cares have been documented on the *Consultation form*;
 - b. All medications or supplies have been obtained from the pharmacy;
 - c. All new orders have been recorded on the monthly medication sheet; and
 - d. All steps and findings are documented in the program and health documentation, as applicable.

D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team or similar when available:

1. Staff will follow any crisis prevention plans (if any) as indicated in person served *Outcome, Support Plan (SP), Support Plan Addendum (SPA), Individual Abuse Prevention Plan (IAPP), Self-Management Assessment (SMA)* as a means to de-escalate, minimize, or prevent a crisis from occurring.
2. If a mental health crisis were to occur, 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. If the person is transported to a hospital by emergency personnel. Staff will ensure that a *Consultation form*, all insurance information including current medical insurance card(s), and any other applicable or necessary information accompanies the person.
 - a. If there is adequate coverage for any remaining individuals at the site, a staff member may accompany the transported individual to the emergency room.
 - b. Staff will coordinate an admission to the hospital, if needed. If the person served is not to be admitted to the hospital, staff will arrange for transportation home.
6. Staff will notify the (CSS) or designee.
7. Upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the assigned nurse (if applicable), CSS or designee and ensure that:
 - a. All new medications/treatments are documented on the *Consultation form*;
 - b. All medications or supplies have been obtained from the pharmacy;
 - c. All new orders have been recorded on the monthly medication sheet; and
 - d. All steps and findings are documented in the program and health documentation, as applicable.

E. An Act or Situation Involving a Person Served that Requires the Program to Call 911, Law Enforcement, or Fire Department:

1. Staff will contact 911 immediately if there is a situation or act that puts the person at imminent risk of harm. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.
2. Staff will follow any applicable procedures indicated in person served *Outcome, SP, SPA, IAPP, SMA*, or other.
3. Staff will immediately notify the CSS or designee of any 911, law enforcement, or fire department involvement or intervention.
4. If a person served has been the victim of a crime, staff will follow applicable policies and procedures *Reporting and Review of Maltreatment of Vulnerable Adults or Reporting and Review of Maltreatment of Minors*.

5. 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.
6. If a person served is suspected of committing a crime or participating in unlawful activities, staff will follow the person's *SPA* when possible criminal behavior has been addressed by the support team.
7. If a person served is suspected of committing a crime and the possibility has not been addressed by the support team, CSS or designee will determine immediate actions and contact support team members to arrange a planning meeting.
8. If a person served is incarcerated, the CSS or designee will provide the police with information regarding vulnerability, challenging behaviors, and medical needs.
9. If law enforcement and/or fire department personnel have been summoned to the house or other location (robbery of person or dwelling, physical assault, obscene or threatening phone call, security/safety concerns, person served behavioral issues, missing person, etc.), explain the reason they were called upon their arrival. Answer all questions asked and follow any instructions provided.
10. If law enforcement and/or fire department personnel arrive at the house or other location unannounced, ask for identification as warranted (non-uniformed official). Ask how you can be of assistance, be cooperative and answer all questions asked, but avoid offering additional information. Ask the law enforcement and/or fire department official for his/her business card.
11. If involved in a vehicle accident, provide all information requested and provide officials with necessary insurance information. Obtain insurance information from other drivers involved. Refer *Driving and The Use of Motor Vehicles* Policy and Procedures for further details.

F. Unauthorized or Unexplained Absence or A Person Served

1. Based on the person's agreed upon supervision, staff will determine when the person is missing from their site or from staff in their community.
2. Staff will follow any applicable procedures indicated in person served *Outcome SP, SPA, IAPP, SMA*, or other.
3. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
4. Staff will immediately call 911 if the person is determined to be missing. Provide the police with information about the person's appearance, last known location, disabilities, and other information as requested. If a current photo is available, share with police.
5. After contacting law enforcement, staff will notify CSS or designee who will determine if additional staff are needed to assist in the search.
6. The CSS or designee will continue to monitor the situation until the person served is located.
7. When the person is found, staff will return the person to the site, or make necessary arrangements for the person to be returned to the site.

G. Conduct of The Person Served Against Another Person Served

1. When a person is exhibiting conduct against another person receiving services that 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, staff will take the following steps:
 - a. Summon additional staff (if available) to protect the health and safety of the persons involved.
 - b. Follow any applicable procedures indicated in person served Outcome, SP, SPA, IAPP, SMA, or other.
 - c. If injury to a person has occurred or there is eminent possibility of injury to a person, implement approved therapeutic intervention procedures following the *Emergency Use of Manual Restraints and Positive Support Strategies Policy and Procedures* or call 911.
 - d. After the situation is brought under control, to the extent possible, question the person(s) as to any injuries and visually observe their condition for any signs of injury and document any findings.
 - e. If injuries are noted, provide necessary treatment as trained and contact medical personnel if needed.

H. Sexual Activity Between Persons Served Involving Force or Coercion

1. Staff will follow any applicable procedures indicated in person served Program, SP, SPA, IAPP, SMA, or other.
2. Instruct the person in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the person's interaction. Verbally direct each person to separate area.
 - a. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the approved therapeutic intervention
 - b. procedures following the *Emergency Use of Manual Restraints and Positive Support Strategies Policy and Procedures* or call 911.
 - c. Summon additional staff if necessary and feasible.
 - d. If the person(s) served are unclothed, provide them with clothing. Do not have them redress in the clothing that they were wearing and discourage the person to bathe or shower until law enforcement has responded and cleared the situation.
 - e. Staff will leave the areas where the sexual activity took place untouched it is under the company's control.
 - f. Staff will call 911 to seek medical/emotional attention as soon as possible and follow all instructions.
 - g. To the extent possible, question the person(s) as to any injuries and visually observe their condition for any signs of physical injury and document any findings.
 - h. If the incident resulted in injury, provide necessary treatment as trained.

III. Reporting Incidents

- A. Staff will call 911 if they believe that the person served requires emergency medical treatment for a life-threatening health situation or a mental health crisis.
- B. Staff will immediately notify the CSS or designee that an incident or emergency has occurred and follow direction issue to them and will document the incident or emergency in *Therap's General Event Report (GER) and Health T-log*. Each GER will contain the required information as stated in the *Reviewing of Incidents and Emergencies Policy and Procedures*.
- C. The GER will be completed as soon possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence.
- D. When the incident involves more than one person, the program and staff will not disclose personally identifiable information about any other person when making the report to the legal representative or designated emergency contact and case manager unless the program has consent of the person and/or legal representative. The written report will not contain the name or initials of the other person(s) involved in the incident.
- E. The CSS or designee 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 *SP* and/or *SPA*.
- F. **Additional Reporting for the 9544.0110 Reporting Use of Restrictive Interventions and Incidents.**
 - 1. *EON must use the Behavior Intervention Report Form (BIRF)* required by the commissioner to report the following to the commissioner:
 - a. an emergency use of manual restraint; (Follow *EMERGENCY USE OF MANUAL RESTRAINT AND POSITIVE SUPPORT STRATEGIES POLICY*)
 - b. a medical emergency occurring as a result of the use of a restrictive intervention with a person that leads to a call to 911 or seeking physician treatment or hospitalization for a person;
 - c. a behavioral incident that results in a call to 911;
 - d. a mental health crisis occurring as a result of the use of a restrictive intervention that leads to a call to 911 or a provider of mental health crisis services as defined in Minnesota Statutes, section [245.462, subdivision 14c](#);
 - e. an incident that requires a call to mental health mobile crisis intervention services;
 - f. a person's use of crisis respite services due to use of a restrictive intervention;
 - g. use of pro re nata (PRN) medication to intervene in a behavioral situation. This does not include the use of a psychotropic medication prescribed to treat a medical symptom or a symptom of a mental illness or to treat a child with severe emotional disturbance;

- h. an incident that the person's positive support transition plan requires the program to report; or (Follow *EMERGENCY USE OF MANUAL RESTRAINT AND POSITIVE SUPPORT STRATEGIES POLICY*)
- i. use of a restrictive intervention as part of a positive support transition plan as required in the plan. (Follow *EMERGENCY USE OF MANUAL RESTRAINT AND POSITIVE SUPPORT STRATEGIES POLICY*).

G. Additional reporting requirements for Deaths and Serious injuries of person served.

1. A report will be made to the:
 - a. Department of Human Services Licensing Division, and the Office of Ombudsman for Mental Health and Developmental Disabilities as required under [Sec. 245.94 MN Statutes](#) , subdivision 2a,
 - b. For intermediate care facility or for persons with developmental disabilities, the Department of Health, Office of Health Facility Complaints, and the Office of Ombudsman for Mental Health and Developmental Disabilities, as required under [Sec. 245.91 MN Statutes](#) and [Sec. 245.94 MN Statutes](#) , subdivision 2a,
2. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred, unless EON, Inc. has a reason to know the incident has already been reported to the required agencies on the following forms:
 - a. *Death Reporting Form*
 - b. *Serious Injury Form*
 - c. *Death of Serious Injury Report Fax Transmission Cover Sheet*

H. Additional reporting requirements for Maltreatment

Within 24 hours, of reporting maltreatment as required under [Ch. 260E MN Statutes](#) or [Sec. 626.557 MN Statutes](#) , the CSS or designee will inform the case manager of the nature of the activity or occurrence reported and the agency that received the maltreatment report unless there is reason to believe that the case manager is involved in the suspected maltreatment. The company and staff will follow the *Reporting and Review of Maltreatment of Vulnerable Adults* or *Reporting and Review of Maltreatment of Minors Policy and Procedures*.

I. Additional reporting requirements for Emergency Use of Manual Restraint (EUMR)

Emergency use of manual restraint of a person will be verbally reported to the person's legal representative or designated emergency contact and case manager within 24 hours of the occurrence. The written report will be completed according to the *Emergency Use of Manual Restraints and Positive Support Strategies Policy* and Procedures which includes the requirements of reporting incidents according to [Sec. 245D.06 MN Statutes](#) subdivision 1 and [Sec. 245D.061 MN Statutes](#) . Follow *PR-5 EMERGENCY USE OF MANUAL RESTRAINT AND POSITIVE SUPPORT STRATEGIES POLICY*.

J. Additional reporting requirements for Community Residential Settings (CRS)

The CSS or designee will notify the local agency within 24-hours of onset of changes in a residence resulting from construction, remodeling, or damages requiring reports that require a building permit or may affect a licensing requirement on MN Statutes, chapter [Sec. 245D.23 MN Statutes](#) Subdivision 2.

REFERENCED POLIICES

Driving and The Use of Motor Vehicles
Reviewing of Incidents and Emergencies
Death of Person Served
Reporting and Review of Maltreatment of Vulnerable Adults
Reporting and Review of Maltreatment of Minors
Emergency Use of Manual Restraint and Positive Behavior Supports

REFERENCED FORMS

Consultation
Therap's General Event Report (GER)
Health T-log
Outcome
Support Plan (SP)
Support Plan Addendum (SPA)
Individual Abuse Prevention Plan (IAPP)
Self-Management Assessment (SMA)
<https://edocs.dhs.state.mn.us/lfs/Secure/DHS-5148-ENG>
Death Reporting Form https://mn.gov/omhdd/assets/dr-form-editable_tcm23-27651.pdf
Serious Injury Form https://mn.gov/omhdd/assets/si-form-editable_tcm23-27653.pdf
Death of Serious Injury Report Fax Transmission Cover Sheet
<https://edocs.dhs.state.mn.us/lfs/Public/DHS-6929-ENG>