

## **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**

Gleseners Assisted Living, and Eon Inc. Home Care will respond to incidents 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, or advanced practice registered nurse and dentist is readily available.

### **PROCEDURE**

- I. Incident(s) means an occurrence which involves a person and requires Gleseners Assisted Living, and Eon Inc. Home Care 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:
    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 resident.
- 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 or advanced practice registered nurse 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 resident 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 MN Statutes section 609.341, subd. 3 and 14:
1. Force means the infliction, 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 (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.
  2. Coercion means words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat).
- I. A report of alleged or suspected vulnerable adult maltreatment in Minnesota Statutes, chapter 626.557

## 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, and dentist is readily available.
- B. Staff will respond to incidents according to the following policies and procedures:
  - 1. **Death of Resident:** Death of Resident Policies and Procedures.
  - 2. **Maltreatment:** Reporting and Review of Maltreatment of Vulnerable Adults or Reporting.
- 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. Staff will call building nurse or nurse on call to update when safe to do so
    - a. Staff will give first aid and/or cardiopulmonary resuscitation to the extent they are qualified, when it is indicated by the 911 operator, unless the resident has an advanced directive.
    - 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.
    - c. Staff will update the building nurse or nurse on call of the transport and follow their directions. Staff will update the primary emergency contact or guardian of the client's transfer.
  - 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. Staff will notify the building nurse or nurse on call for further direction.
  - 3. Prior to discharge from hospital, emergency room, clinic or urgent care, staff will direct the hospital to coordinate with the assigned nurse to ensure that the residents needs can be met and the nurse will coordinate:
    - 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 resident assessment, service plan or behavior plan.
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 building or on call nurse or 911 if resident is in immediate danger.,
4. Staff will follow any instructions provided by the nurse or 911 operator.
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.
6. Staff will notify the building or on call nurse.
  - a. Prior to discharge from hospital, emergency room, clinic or urgent care, staff will direct the hospital to coordinate with the assigned nurse to ensure that the residents needs can be met and the nurse will coordinate:
    - 1) All new medications/treatments and cares have been documented on the Consultation form;
    - 2) All medications or supplies have been obtained from the pharmacy;
    - 3) All new orders have been recorded on the monthly medication sheet; and
    - 4) All steps and findings are documented in the program and health documentation, as applicable.

**E. An Act or Situation Involving a Resident 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 resident assessment, service plan or behavior plan.
3. Staff will immediately notify the building nurse or on call nurse.
4. If a resident has been the victim of a crime, staff will follow applicable policies and procedures Reporting and Review of Maltreatment of Vulnerable Adults.
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 resident is suspected of committing a crime or participating in unlawful activities, staff will follow the person's assessment, service plan, or behavior plan when possible criminal behavior has been addressed by the support team.
7. If a resident is suspected of committing a crime and the possibility has not been addressed by the support team, CSS and/or CSPD or designee will determine immediate actions and contact support team members to arrange a planning meeting.

8. If a resident is incarcerated, the CSS and/or CSPD 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, resident 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. Conduct of The Resident Against Another Resident**

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 resident assessment, service plan, behavior plan or other.
  - c. If injury to a person has occurred or there is eminent possibility of injury to a person, call building nurse, nurse on call or 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.

#### **G. Sexual Activity Between Persons Served Involving Force or Coercion**

1. Staff will follow any applicable procedures indicated in resident assessment, service plan, behavior plan 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 call 911.
- b. Summon additional staff if necessary and feasible.
- c. 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.
- d. Staff will leave the areas where the sexual activity took place untouched if it is under the company's control.
- e. Staff will call 911 to seek medical/emotional attention as soon as possible and follow all instructions.
- f. 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.
- g. If the incident resulted in injury, provide necessary treatment as trained.

### III. Reporting Incidents

- A. Staff will call 911 if they believe that the resident requires emergency medical treatment for a life-threatening health situation or a mental health crisis.
- B. Staff will immediately notify the building nurse or nurse on call that an incident or emergency has occurred and follow direction issued to them.
- 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 building nurse, nurse on call 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

#### F. Additional reporting requirements for Maltreatment

Within 24 hours, of reporting maltreatment as required under Minnesota Statutes section 626.557 or chapter 260E, the CSS and/or CSPD 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.

**REFERENCED FORMS**

Consultation

Therap's General Event Report (GER)

Health T-log

Assessment

Service Plan

Behavior Plan