The Lutheran Home: Hope Residence
Policy & Procedure on Responding to and Reporting of Incidents

I. PURPOSE

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

II. 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 *Emergency Procedures Manual.*

All staff will be trained on this policy and the safe and appropriate response and reporting of incidents. In addition, a list of emergency phone numbers and emergency contact information for persons served at the facility including each person's representative, physician, and dentist is readily available.

III. PROCEDURE

Defining incidents- If any of the below occur an incident report needs to be completed.

A. 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 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, sections 626.557 or chapter 260E.
11. Any injuries (bruises, scratches) to a person that are of unknown origin.

Responding to falls and incidents

A. Staff will respond to incidents according to the following plans. For incidents including death of a person served and maltreatment, staff will follow the applicable policy and procedure:
    1. **Death of a person served**: *Policy and Procedure on Code Status and Death of a Client.*
    2. **Maltreatment**: *Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults*

B. **Fall- Nurse is present**
    1. Do not allow the person to move or get up and do not attempt to move person until the nurse has evaluated the person. (The exception to this would be if the person is in extreme danger if they remain in their current position.)
    2. Stay with the person.
    3. Call the nurse for help immediately or have someone get the nurse.
    4. The nurse will evaluate the person to determine the severity of the fall and will check vital signs or assign someone to check vital signs as needed.
    5. If the person is deemed medically appropriate to transfer from the floor, an EZ lift will be used (unless medically contraindicated by person's personal physician). If the person is not medically appropriate to transfer from the floor, 911 will be notified and emergency medical technicians will be notified and will transfer the person. The nurse will direct the staff on what course of action to take.
    6. Follow through accordingly as instructed by the nurse.
    7. Continue to observe the person and <u>check vital signs a minimum of every shift for three consecutive shifts</u>. Document the vital signs and make a progress note in the person's ECS record until the person's monitoring of vital signs is completed and the person's condition is stable.
    8. If the person's condition is not stable, update the physician or nurse practitioner, follow up according to their recommendations.
    9. If the person loses a tooth, there is a possibility that the tooth may be saved. The tooth should be handled carefully – avoid touching the roots if present – pick up by the crown (the white part). Place tooth in milk, saline or have person spit in container and place tooth in it (if milk or saline are not available). Do not store in water. Seek emergency dental treatment immediately (usually 30-60 minute treatment window). The dentist should be notified anytime there is a fall that might jeopardize the person's dental health and ask for direction as to appropriate emergency dental care.
    10. When the fall is unwitnessed, treat it as a head injury, unless the person is reliable and can clearly state whether or not they hit their head. Refer to the *Neurological Assessment Policy and Procedure.*

C. **Fall- Nurse is NOT present**
    1. Do not allow the person to move or get up and do not attempt to move person until the person has been evaluated. (The exception to this would be if the person is in extreme danger if they remain in their current position.)
    2. Stay with the person. If you are alone and need to get help, explain to the person that you are going to get help and will be back.
    3. Evaluate the person to determine if there is a serious injury. If the injury appears serious or

there is uncertainty about the extent of injury, call 911. To help determine the severity of the injury, does the person appear to be in severe pain, do you notice any deformities in their extremities, person is bleeding and bleeding will not stop, or injury to eye affecting vision.

4. If uncertain what to do, and time allows – try to contact the Director of Nursing or her designee for guidance. You may also contact the supervisor on call for further direction. Phone numbers are located in the HUB.
5. The staff on duty will monitor the person, to the best of his/her knowledge, to determine the severity of the fall and carry out the appropriate action: If the person is deemed medically appropriate to transfer from the floor, an EZ lift will be used (unless medically contraindicated by person's personal physician). If the person is not medically appropriate to transfer from the floor, 911 will be notified and emergency medical technicians will be notified and will transfer the person.
6. Check the person's vital signs.
7. Notify the nurse as soon as they arrive at Hope Residence of the fall to follow up on the person's condition and any remaining tasks that must be completed.
8. If the person loses a tooth, there is a possibility that the tooth may be saved. The tooth should be handled carefully – avoid touching the roots if present – pick up by the crown (the white part). Place tooth in milk, saline or have person spit in container and place tooth in it (if milk or saline are not available). Do not store in water. Seek emergency dental treatment immediately (usually 30-60 minute treatment window). The dentist should be notified anytime there is a fall that might jeopardize the person's dental health and ask for direction as to appropriate emergency dental care.
9. If the fall is unwitnessed, treat it as a head injury unless the person is reliable and can clearly state whether or not they hit their head. Refer to the *Neurological Assessment Policy and Procedure.*

D. **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. In an emergency situation, staff will notify a nurse if they are in the facility to assess the situation and follow the nurse's directions. Staff will refer to the *Policy and Procedure on Medical Emergencies.*
2. If a nurse is not available, the staff will 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 refer to the *Policy and Procedure on Medical Emergencies.*
3. Staff will give first aid and/or CPR when it is indicated by the person's code status or nurse direction. Staff will refer to the *Policy and Procedure on Code Status and Death of a Client* for more information.
4. Staff will notify the supervisor or nurse who will assist in securing any staffing coverage that is necessary.
5. If the person is transported to a hospital, staff will either accompany the person or go to the hospital as soon as possible. At times staff may be bring the person to the ER if the supervisor or nurse feels that person will be appropriate during the transfer.
6. Staff will ensure that a completed *Provider Consult and/or Hospital Transfer* form and all insurance information including copies of current medical insurance card(s) accompany the person, if needed.
7. 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, with the assistance of the supervisor or nurse.
8. Upon discharge from the hospital or emergency room, staff transporting the person home will coordinate with the nurse and ensure that:
    a. All new medications/treatments and cares have been documented on the *Provider Consult* form
    b. All medications or supplies have been obtained from the pharmacy
    c. All new orders have been recorded on the physician orders
    d. All steps and findings are documented in the program and health documentation, including ECS, as applicable
9. If a person's condition does not require a call to "911," but prompt medical attention is necessary, staff will contact the nurse in the facility or the on-call nurse and will follow any instructions provided.
10. Staff will transport the person to the medical clinic or urgent care and will remain with the person. A

Provider Consult 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 nurse and ensure that:
    a. All new medications/treatments and cares have been documented on the *Provider Consult* form
    b. All medications or supplies have been obtained from the pharmacy
    c. All new orders have been recorded on the physician forms
    d. All steps and findings are documented in the program and health documentation, including ECS, as applicable

E. **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. Staff will refer to the *Policy and Procedure on the Emergency Use of Manual Restraint* for positive support strategies in dealing with challenging issues with the persons served.
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 notify the supervisor and nurse as soon as possible. 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. This is often done by the Director of Nursing or a supervisor.
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 supervisor or nurse 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. At times staff may be bring the person to the ER if the supervisor or nurse feels that person will be appropriate during the transfer.
7. Staff will ensure that a completed *Provider Consult* form and all current insurance information including copies of current medical insurance card(s) accompany the person, if needed.
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, with the assistance of the supervisor or nurse.
9. Upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the nurse designee and ensure that:
    a. All new medications/treatments and cares have been documented on the *Provider Consult* form
    b. All medications or supplies have been obtained from the pharmacy
    c. All new orders have been recorded on the physician forms
    d. All steps and findings are documented in the program and health documentation, including ECS, 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 supervisor and nurse 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.
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 *Coordinated Service and 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 supervisor will determine immediate actions and contact support team members to arrange a planning meeting.
7. If a person served is incarcerated, the supervisor 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 Hope Residence or from supervision in the community.
2. It is the responsibility of all staff to continually check on the persons they are responsible for and be aware of where they are and what they are doing.
3. It is the responsibility of all staff to report any person attempting to leave the premises to the living area of the person, and to the nurse and supervisor of the living area, if present. It is the responsibility of all staff to prevent the person from leaving (eloping) and obtain assistance in doing so if necessary.
4. If a person cannot be accounted for, the staff should immediately check if the person is on an outing, a doctor appointment, checked themselves out, if determined appropriate by the IDT or authorized visit with someone. If this is not the case, ask for assistance to search for the person in the living area, i.e. bathrooms, locked rooms, and then in other areas of Hope Residence. All staff should be alerted to assist with the search. If a supervisor and/or nurse are in Hope Residence, they should be notified.
5. If the person is still is not accounted for after an internal search alert, call the nursing home receptionist desk (Ext. 2100), and the First Floor Nursing Station (Ext. 2116) and inform them that we have a missing person.
6. Check the outside grounds and areas close to the facility. If necessary get into the vehicles and drive around the perimeter of The Lutheran Home to search.
7. Notify the Administrator, the Supervisor On-Call, and the Program Manager of the living area involved of the missing person. Together a more extensive search will be organized, if feasible, by checking locations where the person may have gone.
8. Notify the police at 9-911 if the person has not been found within 30 minutes. Give them a photo of the person or at least a description of the person and if possible what the person is wearing. Staff will provide the police with information about the person's appearance, last known location, disabilities, and other information as requested. The authorities will assume command and direction of the search from this point.
9. The family and/ or responsible party of the resident will be notified. Explain what is being done to find the resident and encourage them to assist if able.
10. The Administrator, the Supervisor On-Call, and the Program Manager of the living area will continue to monitor the situation until the person is located. A designee should remain in the building to coordinate care, handle phone calls, and assist with coordinating the search. Recruit other staff to assist in the search. If possible, search in pairs and designate search areas so that a large area is searched. Maintain communication via cell phones.
11. Inform all parties involved in the search, Administrator, the Supervisor On-Call, the Program Manager of the living area and the police when the person is found.
12. The person must be checked by the nurse on duty to rule out any injury. The nurses performing the exam will determine if the person needs to be seen by a physician.
13. Documentation of the elopement must be done on an Incident Report form, including details such as times, persons contacted, condition of resident upon return to Hope, treatment indicated and physician notification/ orders if necessary. An investigation will be done as to why and how the person was able to go missing. This will be on the incident report. This incident will also be reported on ECS under Behavior Program, and in the medical chart. This incident should also be discussed at the Behavior Management Panel.
14. 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.

15. Staff will assure that all safety alarms are operational and in the event of an alarm malfunction, maintenance will be notified immediately.

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. Staff will notify the nurse or supervisor if they are available.
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 *Coordinated Service and 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. Staff will report the incident immediately to the Administrator or designee if the injury caused pain, injury or persistent emotional distress.
8. If the conduct results in injury, staff will immediately notify the nurse for treatment.

G. **Unknown Injuries**

1. If staff notice a bruise/scratches or other injuries on the person, staff will immediately report it to the nurse. The nurse will assess the injury to determine if treatment is necessary. The nurse and staff will attempt to determine where they bruise/scratches or other injuries came from.
2. If the nurse and staff are unable to determine where they injury came from, the nurse will notify the Administrator immediately.
3. The nurse on duty, Program Manager/QDDP and/or Administrator will document thoroughly the investigation done for injuries, or unknown injuries. The documentation needs to include interviews done with staff, Day Program input, environmental survey, include injury origin, recommendations, corrective action and pattern of injury.
4. The Administrator or designee is responsible to report any injuries of unknown origin investigated, with origin still undetermined and any injuries defined under Serious Injury between persons to the Common Entry Point/MN Adult Abuse Reporting Center within 24 hours.

H. **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 *Coordinated Service and 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. Staff will immediately notify the nurse, supervisor and Administrator.
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 immediately notify the nurse for treatment.

Reporting incidents

A. 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.

B. Staff will immediately notify the nurse in the building to provide necessary treatment. If there is not a nurse in the building, staff will immediately contact the Designated Coordinator, Designated Manager, Director of Nursing, and/or Administrator that an incident or emergency has occurred. Staff will follow direction issued to them and the staff witnessing the incident will document the incident or emergency on an *Incident Report Form* in its entirety and any related program (behavior program in ECS if needed) or health documentation (nurse will document in ECS). Each *Incident Report Form* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies.*

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. For incidents with an +, *, and/or # next to it on the incident report, the nurse will immediately notify the Administrator, Director of Nursing, Physician or Nurse Practitioner, Dentist (if it involves loss of tooth or serious mouth injury) of any incident or serious injury. All other incidents, the nurse will notify the Administrator, DON, Person Program Manager, Supervisor on call (if applicable), and Aegis Therapy via e-mail. The date and time of each will be documented on the report.

E. The nurse will review the report and ensure the report is filled out by staff correctly and the nurse will fill out the remainder of the incident report.

F. The nurse will maintain information about and report incidents to the legal representative, case manager, and other licensed care providers 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 *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*. If the incident occurs on the weekend, leave a message for the guardian, case manager, and other licensed care providers if needed and call at the beginning of the week to insure the information was received. A copy of the incident report will be mailed to the case manager if requested in the CSSP.

G. The date and time the information was relayed to the guardian, case manager and other licensed care providers will be documented on the Incident Report.

H. A report will be made to the MN Office of the Ombudsman for Mental Health and Developmental Disabilities, the Department of Human Services Licensing Division, and the Office of Health and Facility Complaints 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 can 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.
      A. The DON or designee will complete a death and serious injury report.
      B. If a designee completes the reports, the report should be reviewed by the Administrator or another Supervisor at the request of the Administrator for accuracy and completeness.

C. The date and time the information was relayed to Office of the Ombudsman, Division of Licensing and the Office of Health Facility Complaints (OHFC) will be documented on the Incident Report. Verification that the faxes have been transmitted to the correct numbers and the original report faxed should be given to Administrator to be on file.
D. Additional information will be provided upon their request.

I. 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.

J. Within 24 hours of reporting maltreatment, the designee will inform the guardian, case manager, and other licensed care providers of the nature of the activity or occurrence reported and the agency that received the report. The Administrator and/or designee will follow *The Policy and Procedure on Reporting and Review of Maltreatment of Vulnerable Adults.*
   1. Injuries found by staff that is unknown origin must be immediately reported to the Administrator. If concerns are noted the nurse should immediately contact the Program Manager and the Supervisor on duty.
   2. Administrative staff has the authorization to immediately suspend staff if there is a concern for Maltreatment or Abuse.
   3. The Administrator or designee is responsible to report any injuries of unknown origin investigated, with origin still undetermined and any injuries defined under Serious Injury between persons to the Common Entry Point/MN Adult Abuse Reporting Center within 24 hours.
   4. The date and time the information was relayed to the guardian, case manager and other licensed care providers will be documented on the Incident Report.
   5. Additional information will be provided upon their request.