

Incident Response, Reporting and Review Policy for Basic Services

Policy

Lifeworks Services, Inc. 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 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.

Procedure:

Defining Incidents

- 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:
 - 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 or third degree burns and other burns for which complications are present
 - g. Extensive second or third degree frostbite and others for which complications are present
 - h. Irreversible mobility or avulsion of teeth
 - i. Injuries to 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 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," or a mental health crisis intervention.

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 receiving services involving force or coercion.
 - "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
 - "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
9. Any use of manual restraint
10. A report of alleged or suspected child or vulnerable adult maltreatment

Responding to Incidents

A. Staff will respond to incidents according to the following plans:

1. Serious injury
 - a. In the event of a serious injury, staff will provide emergency first aid following instructions received during training
 - b. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care
 - c. Seek medical attention, including calling "911" for emergency medical care, as soon as possible
2. Death
 - a. If staff are alone, immediately call "911" and follow directives given to you by the emergency responder
 - b. If there is another person(s) with you, ask them to call "911", and follow directives given to you by the emergency responder
3. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
 - a. Assess if the person requires the program to call "911", seek physician treatment, or hospitalization.
 - b. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call "911"
 - c. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for treatment

4. Mental health crisis
 - a. 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
 - b. Staff will follow any instructions provided by the “911” operator or the mental health crisis intervention team contact person
5. Requiring “911,” law enforcement, or fire department
 - a. For incidents requiring law enforcement, or fire department, staff will call “911”
 - b. For non-emergency incidents requiring the law enforcement, staff will call the non-emergency law enforcement number in that area
 - c. For non-emergency incidents requiring the fire department, staff will call the non-emergency fire department number in that area
 - d. Staff will explain to the need for assistance to the emergency personnel
 - e. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call
6. Unauthorized or unexplained absence
 - a. If the person has a specific plan outlined in his/her coordinated services and support plan addendum to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise
 - b. An immediate and thorough search of the immediate area that the person was last seen will be completed by staff
 - c. If after no more than 15 minutes, the search of surrounding area is unsuccessful, staff will contact law enforcement authorities
 - d. After contacting law enforcement, staff will notify the legal representative
 - e. The legal representative will continue to monitor the situation until the individual is located
 - f. 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
7. Conduct of the person
 - a. Follow the persons individualized strategies in a person’s coordinated service and support plan (CSSP), CSSP Addendum and positive support strategies and techniques
 - b. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are noted, provide necessary treatment and contact medical personnel if indicated
8. Sexual activity involving force or coercion
 - a. Staff will follow any procedures as directed by the Individual Abuse Prevention Plans and/or Coordinated Service and Support Plan Addendums, as applicable
 - b. 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
 - c. If the person does not respond to a verbal redirection, intervene to protect the person from force or coercion, following the EUMR Policy as needed

- d. If the persons 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
 - e. Staff will call "911" in order to seek medical attention if necessary and inform law enforcement
 - f. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings
 - g. If the incident resulted in injury, staff will provide necessary treatment according to their training
9. Emergency use of manual restraint (EUMR)
 - a. Follow the EUMR Policy
 10. Maltreatment
 - a. Follow the Maltreatment of Vulnerable Adults and Minors Reporting Policy

Reporting Incidents

A. Completing a report

1. Incident reports will be completed as soon as possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. The written report will include:
 - a. The name of the person or persons involved in the incident
 - b. The date, time, and location of the incident
 - c. A description of the incident
 - d. A description of the response to the incident and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable
 - e. The name of the staff person or persons who responded to the incident
 - f. The results of the review of the incident (see section IV)
2. If the incident involves more than one person, this program 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 this program has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident

B. Reporting incidents to team members

1. All incidents must be reported to the person's legal representative or designated emergency contact and case manager:
 - a. Within 24 hours of the incident occurring while services were provided
 - b. Within 24 hours of discovery or receipt of information that an incident occurred
 - c. As otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum
2. This program will not report an incident when it has a reason to know that the incident has already been reported
3. Any emergency use of manual restraint of a person must 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 must be completed according to the requirements in the program's emergency use of manual restraint policy

- C. Additional reporting requirements for deaths and serious injuries
 - 1. A report of the death or serious injury of a person must be reported to the Department of Human Services Licensing Division
 - 2. A 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
 - 3. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies
- D. Additional reporting requirements for maltreatment
 - 1. When reporting maltreatment, this program must inform the case manager unless there is reason to believe that the case manager is involved in the suspected maltreatment
 - 2. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report
- E. Additional reporting requirements for emergency use of manual restraint (EUMR)
 - 1. Follow the EUMR Policy

Reviewing Incidents

- A. Conducting a review of incidents and emergencies
 - 1. The review will be completed by Lifeworks Incident Review Committee
 - 2. The review will be completed **within 5 working days of receiving the incident**
 - 3. The review will ensure that the written report provides a written summary of the incident
 - 4. The review will identify trends or patterns
 - 5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period
- B. Conducting an internal review of incident reports of deaths and serious injuries
 - 1. The review will be completed by Lifeworks Incident Review Committee
 - 2. The review will be completed **within 30 calendar** days of the death or serious injury
 - 3. The internal review must include an evaluation of whether:
 - a. Related policies and procedures were followed
 - b. The policies and procedures were adequate
 - c. There is need for additional staff training
 - d. The reported event is similar to past events with the persons or the services involved to identify incident patterns
 - e. There is need for corrective action by the program to protect the health and safety of the persons receiving services and to reduce future occurrences
 - 4. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any
 - 5. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy

Record Keeping Procedures

- A. The review of an incident will be documented on the “Incident Review community quarterly analysis of Incidents” form and will include identifying the summary of incidents
- B. Incident reports will be maintained in the person’s served file.