

245D Intensive Incident Policy

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245D Intensive Incident Policy and Procedure

Purpose

This document outlines the policy and procedure of responding to incidents. Significant incidents, which must be documented and followed up, are defined in this policy. Significant Incident are required to be tracked and documented reports are used to track several types of significant incidents, including behaviors, illnesses, injuries, maltreatment, seizures, and medication errors.

Policy

Lifeworks Services, Inc. will respond to incidents as defined in CARF and MN 245D Statutes, that occur while providing services to protect the health and safety and minimize risk of harm to persons receiving services. Staff will address all incidents outlined in this policy and act immediately to ensure the safety of persons served and others involved. After the situation is resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation to comply with licensing requirements for reporting and reviewing. It is the policy of this DHS (Department of Human Services) licensed provider (program) to respond to, report, and review all incidents that occur while providing services in a timely and effective manner to protect the health and safety of and minimize risk of harm to persons receiving services.

Significant Incidents defined as (24-hour reporting requirement):

A. 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 degree or third degree burns and other burns for which complications are present
 - g. Extensive second degree or third-degree frostbite, and other frostbite 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; and
 - n. All other injuries and incidents 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.
- B. A person's death.
- 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, or physician assistant treatment, or hospitalization.
- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
- 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 receiving services against another person receiving services 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; or
 - d. Substantially disrupts the orderly operation of the program.
- H. 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.
- I. Any emergency use of manual restraint: Lifeworks does not allow the use of emergency manual restraint.
- J. A report of alleged or suspected child or vulnerable adult maltreatment.

Non-significant Incidents:

“Non-Significant Incidents” are illnesses, injuries, or behaviors that do not meet the “Significant” criteria and are not required to be sent to the support team. Lifeworks will follow the support team’s requests on whether to send completed reports based on the person’s SPA. It is the Lifeworks staff and Support Team members’ responsibility to communicate their preference as to what non-significant incidents need a written report. Team communication is the key. If you have questions about whether you should create a report or not, contact the Team Manager or Senior Manager or the compliance department.

Responding to Incidents

1. Staff will respond to incidents according to the **Emergency Procedures** for each location as required by 245D (**Emergency Reports** are completed) for:

- a. Any medical emergency (including serious injury), unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call “911,” physician treatment, or hospitalization
 - b. 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
 - c. An act or situation involving a person that requires the program to call “911,” law enforcement, or the fire department
 - d. Unauthorized or unexplained absence of a person served from a program
2. Staff will respond to a 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
 - c. Move other individuals away from the person who died.
 - d. Contact the person’s emergency contacts to report the situation.
3. Staff will respond 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:
- a. Summon additional staff, if available. If injury to a person has occurred or there is imminent possibility of injury to a person.
 - b. Follow the persons individualized strategies in a person’s Support Plan (SP) and Support Plan Addendum (SPA), and positive support strategies and techniques.
 - c. 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

4. Staff will respond to sexual activity between persons served involving force or coercion:
 - a. Staff will follow any procedures as directed by the person's Individual Abuse Prevention Plan (IAPP) and/or SPA, as applicable
 - b. Instruct the person in a calm, matter-of-fact, and nonjudgmental 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 by using your body to separate if possible and/or call 911.
 - d. Staff will notify local law enforcement and summon additional staff if necessary and feasible
 - e. If the persons are unclothed, staff will provide them with a covering or other appropriate garment and will discourage the person from bathing, washing, changing clothing or redressing in clothing that they were wearing until law enforcement has responded and cleared this action
 - f. If the incident resulted in injury, physical discomfort and/or emotional distress, staff would provide necessary treatment according to their training and/or will call "911" in order to seek medical attention if necessary
5. Staff will follow the **Emergency Use of Manual Restraint (EUMR) Policy as Lifeworks does not allow the use of Emergency Restraints.**
6. Staff will follow the **Maltreatment of Vulnerable Adults and Minors Reporting Policy**

Reporting Incidents:

Use **245D CRM Intensive incident procedure** for assistance on how to complete an incident report in CRM.

When an Incident Report is Required (**Significant Incident**) Significant Incidents must be reported immediately (**within 24 hours**) to the support team. See above for definition of a Significant Incident.

Use these guidelines as situations when **a non-significant incident** written report would be appropriate:

- An injury that did not require emergency response, but did require First Aid

- A behavior that results in injury to self or others.
- A behavior resulting in property destruction.
- A behavior that is unusual for that individual.
- A situation in which, had staff not intervened, potential serious harm may have occurred to the individual, e.g., running into the street or opening a moving car door.
- A behavior as specified in the person's Behavioral Support Plan (unless other documentation formats are used.)

Report to Others within 24 hours of the incident occurring, or of Lifeworks receiving information that the incident occurred:

- A. Communicable Diseases must be reported to others who may have had contact with the contagion by sending the **Notification of Exposure** document.
- B. An injury occurring while client is working for Lifeworks, requires a **First Report of Injury** to be filled out (not necessary if only first aid was provided) and faxed to HR.
- C. Serious injury or death of a person must be reported to the:
 - **Office of the Ombudsman for Mental Health and Developmental Disabilities** by completing it through their website:
<https://mn.gov/omhdd/reporting-death-or-serious-injury/>
 - **Department of Human Services, Licensing Division** using [DHS Form 6929-ENG](#). Lifeworks will not report a death or serious injury if it has already been reported to the required agencies by someone else.

Ombudsman for Mental Health and Developmental Disabilities
Metro Square Building
121 7th Place E, Suite 420
St. Paul, MN 55101
Phone: 651 757-1800 or 1 800 657-3506
Fax: 651 797-1950
Website: www.mn.gov/omhdd

Dept. of Human Services (DHS)
PO Box 64242,

St. Paul, MN 55164-0242
Phone: 651-431-6500
Fax: 651-431-7673
Form: [DHS Form 6929-ENG](#)

Reporting Emergencies

Emergency is defined as:

- 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.
- An act or situation involving a person that requires the program to call “911,” law enforcement, or the fire department.
- A person’s unauthorized or unexplained absence from a program.
- Any fires or other events that require the relocation of services for more than 24 hours, or circumstances involving a law enforcement agency or fire

Medical emergencies in which 911 was called requires a Lifeworks internal **Emergency Report** be completed (even if person did not leave with emergency services).

Maltreatment of adults must be reported to the MN Adult Abuse Reporting Center and the case manager, unless there is reason to believe the case manager is involved in the suspected maltreatment. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.

- See the **Maltreatment of Vulnerable Adults and Minors Policy** for reporting maltreatment of minors to the County.

MN Adult Abuse Reporting Center at 1-844-880-1574
Website: www.mn.gov/dhs/reportadultabuse

A **behavioral incident or mental health crisis** that results in a call to 911, an emergency hold, or the use of a PRN medication must be reported to the Dept. of

Human Services with a BIRF – MN Behavior Intervention Report Form.

Website: <https://edocs.dhs.state.mn.us/lfserver/Secure/DHS-5148-ENG>

Recordkeeping:

1. All Incident Reports are Maintained in the Person's CRM Record.
2. All Incident Review Reports and Quarterly Analysis Documents are maintained in the Incident Review Committee folder.

Resources

MN Statutes 245D; MN Rule 9544
Health & Safety Manual
Emergency Procedures for Each Location
Emergency Report
Reviewing Incident Reports Procedure
Incident Review Report
Quarterly Incident Review Process

Rights & Responsibilities

The Rights and Responsibilities statements should define policy expectations for each person or functional area that must follow the policy and explain the consequences if the policy is not followed.

Resources

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Health & Safety Manual
Emergency Procedures for Each Location
Emergency Report
Reviewing Incident Reports Procedure
Incident Review Report
Quarterly Incident Review Process

Version History

Version	Modified Date	Approved Date	Author	Reason/Comments
2.0	2/27/2024	2/27/2024	Andrea Lang	Separated Policy of Incidents from procedure on how to complete an incident in CRM