

CLIENT SAFETY, ACCIDENTS, INCIDENTS, SENTINEL EVENTS AND DEBRIEFING POLICY AND PROCEDURES

POLICY

Respond to all incidents, accidents and emergencies involving clients by:

1. *Assuring the safety of all persons involved;*
2. *Fully documenting and reporting the occurrence internally and externally to appropriate authorities;*
3. *Participating in resolving the problem and/or preventing future occurrences; and*
4. *Cooperating fully with authorized investigating agencies.*

RISK ASSESSMENT

Most important in ensuring client safety is the *Risk Assessment*. While risks are identified in assessment documents, ongoing risk assessment should take place each time you visit a client.

Assess for the following risks and document on the Risk Assessment form:

Suicidal ideation

Threats of or behavior indicating potential self-harm

Threats of or behavior indicating potential harm to others

Threats to safety in current relationships, social and interpersonal risk, or behavior that may prompt harm from others

Disorientation, wandering

Substance abuse presenting imminent risk of harm to self

Self-neglect in basic needs, medication, personal care, etc.

Risky behavior or impulsivity that could result in injury or illness, or financial loss (e.g. gambling, sexual encounters)

Vulnerability to financial exploitation

Unmanaged health problems presenting imminent risk

Imminent risk of incarceration

Current, or imminent risk of, unmet basic needs (housing, clothing, food, safety, health care)

Imminent risk of loss of job or basic financial supports

Other

Take Action When Risks are Identified

When identifying any of the above or other risks, take action. This might include:

For medical emergencies: Call 911, stay on the line until given permission to hang up and then call your supervisor for guidance

For credible threats of harm or violence to others made by your client : Contact your supervisor about your Duty to Warn (Tarasoff Warning)

For suspected or observed abuse or neglect: Report abuse or neglect of children or vulnerable adults immediately using a Maltreatment Report and contact your supervisor for additional guidance on reporting. If harm is imminent or occurring, take action to prevent/stop it.

Other: contact your clinical supervisor or program director for guidance.

Do not put yourself in harm's way with your intervention. If you are unable to intervene safely, or may be at risk of harm yourself, remove yourself from the situation and seek guidance.

REPORTABLE INCIDENTS GENERAL

Please note that the lists in this section describe incidents that you witness/that occur when you are with people. Read **Reportable Incidents for Adults** and **Reportable Incidents for Children** below for information about incidents to report when you are *not with adults or children* you serve but learn about them after-the-fact.

Accidents

Accidents that are reportable include accidents that occur when you are with the individuals you serve including the following:

Any accident involving serious injury (defined below) to a client or the loss or destruction of property of a client.

Any accident involving serious injury (defined below) to others or the loss or destruction of property of others by a client.

Any accident that might have resulted in serious injury (defined below) to a client or significant property loss by a client, or property loss or injury to others by a person served.

Any other accident that might have had any of the above consequences, but in which the consequences were avoided.

Crimes

Any crimes or suspected crimes committed against a person or property of a person you serve.

Terroristic threats against a person or property of a person you serve, his or her residence or workplace.

Fires

Any fires or other events at the residence or workplace of a person you serve that require the relocation of services for more than 24 hours, or circumstances involving a law enforcement agency or fire department related to the health, safety, or supervision of that person.

Death

The death of a person you serve is reportable as an incident when it is a result of suicide, accidental, unexpected, or under suspicious circumstances. Seek guidance from your supervisor for reporting and follow-up.

Maltreatment

All reports of maltreatment of adults and children are considered incident reports, but the identity of the reporter shall be kept confidential. For more information see NorthStar Community Services Policy for Reporting Maltreatment of Adults or Children.

Missing Persons

A missing person or unexpected and unexplained absence of a person from his or her residence or workplace. Considering that many of the people we serve are homeless or transient, simply *losing touch* with such a person is not an incident. Consider a *missing person* incident, one where a person goes missing from a stable home or family under suspicious circumstances.

Other Unusual Occurrences

Unexplained missing money or property of a person served.

Involvement of a person served - and/or the staff member while with person - with law enforcement officials, such as arrests, detainment, questioning as a witness to a crime, interrogation, etc.

Suspicious events or behavior involving friends, neighbors, acquaintances, family members, staff members, other service providers, etc., of a person served, that, in the judgment of the staff member, cause concern and should be reported.

Any other unusual occurrence that causes concern, and in the judgment of the staff member, should be reported even if only as a matter of record.

REPORTABLE INCIDENTS FOR ADULTS

Behavior Causing or Credibly Threatening Serious Harm, or Property Damage

Reportable Behavioral Incidents include incidents that occur when you are with individuals you service or when you become aware of threats in dialog with them, including, but not necessarily limited to the following:

Serious harm or injury to self or others.

Severe property damage.

Credible threats by persons served of serious harm or injury to others or damage to his or her property.

Behavior that might have caused serious harm or injury to self or others or serious property damage, but the harm was prevented.

Credible threats of serious harm or injury by others against persons we serve.

Other behavioral incidents that you might feel should be reported as a matter of record.

Illness

Any unexpected or sudden-onset illness requiring treatment, monitoring, observation by or consultation with a medical professional, whether or not the treatment was obtained, including, but not limited to:

Persistent and uncontrolled high fever or chills;

Persistent and uncontrolled vomiting or nausea;

Excessive coughing or coughing with bloody discharge;

Uncontrolled bleeding;

Unexpected or unusual seizures or spasms;

Bloody stool or urine;

Repeated or continued loss of consciousness;

Loss of feeling in extremities or other parts of the body;

Unusual blurred vision, dizziness or loss of hearing;

Unusually confused or garbled speech;

Unresponsiveness or loss of consciousness for any period of time;

Intense or persistent pain;

Any other condition in which medical treatment might be sought by a reasonable person.

Specific Medical Conditions

Respond to each of the following as described and report as incidents:

High or Low Blood Sugar

If blood sugar is over 300, encourage the individual to follow the protocols in the diabetes treatment plan and consult his or her doctor.

If blood sugar is below 70, treat with the 15-15 rule: 15 grams of carbohydrates and recheck in 15 minutes, repeat until above 70.

High Blood Pressure

If a person has a blood pressure reading of 180/120 or greater and is experiencing any other associated symptoms of target organ damage such as chest pain, shortness of breath, back pain, numbness/weakness, change in vision, or difficulty speaking then this is a *hypertensive emergency*. Call 9-1-1.

Injury

Any serious injury to a person you serve, regardless of cause. A "serious injury" is defined as one requiring treatment, observation or monitoring by, or consultation with a medical professional (nurse or physician), including, but not limited to:

Loss of consciousness for any period of time;
Lacerations and abrasions requiring treatment in a clinic or hospital;
Broken bones (fractures);
Dislocations;
Irreversible mobility or avulsion of teeth;
Injuries to the eyeball requiring treatment or affecting vision for an extended period;
Any suspected internal injury or bleeding;
Permanent disfigurement;
Second or third degree burns;
Second or third degree frostbite;
Near drowning;
Choking, or obstruction or stoppage of breathing requiring outside intervention;
Ingestion of poisons or other toxic or foreign substances and objects that are harmful;
Heat exhaustion or sun stroke;
Attempted Suicide;
Any other injury considered serious by a physician or for which medical treatment or observation was sought.
A pattern of repeated minor injuries such as significant bruises, cuts, scratches of unknown origin.

PROCEDURE FOR RESPONDING TO INCIDENTS

Direct Services Staff/Reporter

Take all possible and necessary steps to assure the immediate and long-term safety of the client to the best of your ability, as follows:

- 1. Call 911 in an emergency.*
- 2. Report crimes against the client by calling 911.*
- 3. For behavioral health crises, implement the client's behavioral health crisis plan, and help the client to contact crisis resources.*

4. *Contact non-emergency medical transportation if appropriate or make other arrangements to transport the client to the hospital as needed.*
5. *Stay with the client until his or her safety can be reasonably assured.*
6. *Contact the on-call supervisor, as needed, for additional advice or counsel.*

Program Director

Upon receiving an Incident Report:

1. *Assure the immediate and continuing safety of the individual to any extent possible;*
2. *Investigate the possible cause of the incident;*
3. *Interview/debrief staff and witnesses as needed to determine possible cause or contributing factors;*
4. *Identify and take actions to prevent future occurrences of the incident as possible;*
5. *Consult with:*

The team's nurse for medical incidents as needed

The team's Clinical Supervisor for clinical concerns

The President/CEO as needed, and for maltreatment or other legal questions

6. *Report as necessary and required to all necessary outside persons or agencies;*
7. *Document all investigative notes and actions and file with the original incident report.*

RESPONDING TO HOSPITALIZATIONS

When our clients are hospitalized unexpectedly for serious conditions, we must immediately act to coordinate discharge planning. Many of the people we serve may have no other support or resources for help. Many may experience implicit bias inherent in our health care systems because of the color of their skin, their socio-economic status, or their mental health conditions.

Targeted Case Manager staff, this is an expected part of the service. If other service providers become aware of a client hospitalization of this nature, they should immediately contact the Case Manager/Systems Navigator, who in turn should contact the hospital social worker to coordinate.

For ARMHS-only clients, discharge coordination can be done using the services *ARMHS Community Intervention note*. This service requires prior authorization if done with others (not the client), Request review with your clinical supervisor and Program Director *before* providing them.

For all other services to individuals without Targeted Case Management Services, contact your Program Director for authorization and instructions for documenting your time.

Immediately Upon Hospitalization

Check the individual's Crisis Plan, or check with the individual if possible, for:

Supports that are in place for home maintenance and security.

Care for pets.

Financial and bill payment supports

Medical and other appointments that may be scheduled during hospitalization or recuperation that may need rescheduling.

Help needed contacting friends, family, other service providers and informal support networks.

Document the hospitalization (if admitted for even one night) as a temporary residence.

What Should Discharge Coordination Look Like?

Before the discharge, connect with the hospital social worker or unit staff to:

Learn of the possible discharge date and discharge criteria.

Identify what care the individual may need post-discharge.

Provide your contact information and ask to be contacted if the discharge occurs earlier than expected.

Additionally,

Identify whether or not the individual has adequate, safe housing to go to upon discharge.

Identify what other informal or formal supports the individual may need at home upon discharge and help facilitate these supports.

If the individual has other in-home services (such as PCA or Home Health), coordinate with them on a post-discharge care and emergency plan. Do not assume that this provider will make these plans or is even aware of the hospitalization.

Assure that the individual has adequate supplies of medications.

Make a safety plan with the individual that includes safety checks as needed.

Contact your team's supervising nurse to report your activities and seek additional guidance as needed.

Following the Hospitalization

Do the following:

If there was no crisis plan in place create one now and update existing one based on the experience

Did we/do we have the releases we needed or will need to, and if not, update them now.

Document and report all actions in detail, including incident or sentinel event procedures in this chapter.

Verify that the post-discharge safety plan is being implemented by all providers and informal support persons.

PROCEDURES FOR REPORTING INTERNALLY

Report all incidents internally prior to the end of the shift on which the incident occurs, as follows:

1. *Contact your Program Director to report the incident verbally;*
2. *Document the incident fully using an Incident Report, or,*
3. *In the case of maltreatment, a Report of Possible Maltreatment form; and*
4. *Make reference to the Incident Report in client progress notes as applicable.*
5. *The Program Director should notify the President/CEO of all incident reports filed.*

When documenting incidents involving other clients as witness to, or involved in the incident, do not use the names of other clients in the Incident Report record. File separate incident reports in those clients' records as needed.

PROCEDURES FOR REPORTING EXTERNALLY AND COOPERATING WITH EXTERNAL INVESTIGATORS

Once a staff person has reported an incident internally, the supervisor or director who receives the report will assure that the report is forwarded to the client's case manager and legal representative within 24 hours or within other deadlines defined by them in the client's service plan, and to other persons or agencies as identified in the client's plan. Additionally, NorthStar Community Services will report specific incidents externally as follows:

Crimes against a client: Report crimes against a client to law enforcement by calling (or helping the client call) 911, and report as maltreatment.

Maltreatment: Report possible maltreatment of adults to the MAARC. Report maltreatment of children to the Initial Intervention Unit, Child Abuse Prevention, or other department of the county health and human services/social services agency or other law enforcement agency.

Serious Injuries and death of clients with mental illness or developmental disabilities: Report to the **Ombudsman for Mental Health and Developmental Disabilities** or using the forms found at that website.

Documentation, Record-Keeping and Cooperation with Investigators

NorthStar Community Services shall keep complete records of all incidents and investigation notes in each client's file and will make available to authorized investigating agencies all records associated with and/or related to the incident reported. NorthStar Community Services will cooperate fully in any investigation by making staff and witnesses available to authorized investigators for interviews and questions.

PROCEDURES FOR INTERNAL INVESTIGATIONS

Upon receiving a report of any incident, the Clinical Supervisor, Program Director, or another delegate shall fully investigate the report as follows:

1. *The investigator shall interview all parties, including staff, clients and witnesses as necessary to obtain information about the cause of the incident, contributing factors, whether or not policies and procedures were followed;*
2. *Determine actions that need to be taken to correct or resolve problems;*
3. *Report as necessary to authorities, and respond to inquiries from investigating officials, media, etc.*

SENTINEL EVENTS

Definition

A Sentinel Event is defined by The **Joint Commission (TJC)** as:

any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, including suicide, not related to the natural course of the patient's illness, or events that may have resulted in harm, but harm was prevented or avoided, including:

an adverse event is a safety event that resulted in harm to an individual served.

a no-harm event is a safety event that reaches the individual served but does not cause harm

a close call is a safety event that did not reach the individual served

a hazardous (or "unsafe") condition(s) is a circumstance (other than an individual's own disease, process, or condition) that increases the probability of an adverse event

Not being a *facility*, NorthStar Community Services has adapted this definition as best practice. We will respond to, investigate and report *Sentinel Events* described above when we learn of them when they occur with the people we serve, and when those events:

occur on our premises;

occur in other health care settings accessed by the people we serve;

*occur in the homes of persons we serve as a result of environmental or other conditions of which we were aware; or
are the result of crimes committed against or by people we serve;
and
all suicides or attempted suicides;
any maltreatment of a vulnerable adult or child perpetrated by a staff member of NorthStar Community Services, as determined to be maltreatment by our internal investigation, regardless of the determination by external investigators as to whether or not the incident constitutes maltreatment.*

Investigation and Response

The Program Director or delegate will lead investigations of sentinel events. The investigation shall include:

*Interviews with all provider staff for the person served, witnesses and others.
Root-cause and contributing factors analysis of the event, asking why the event occurred and exploring in depth the circumstances that led to it, to determine where improvements can be made.
A determination if changes in any policies, procedures, staff training or other actions are necessary to prevent future occurrences of this or similar events.
A determination as to how and to whom the event must be reported externally.
A report and recommendations, if any, to the Executive and Clinical Director.*

The Program Director will keep a log of sentinel events and investigations.

DEBRIEFING

Creating a debriefing plan for a sentinel event involves several steps that align with the Joint Commission's Sentinel Event Policy, as well as incorporating the principles of Adult Rehabilitative Mental Health Services (ARMHS) and Transitional Care Management (TCM). Here's a structured plan that you can adapt to your organization's specific needs:

1. Immediate Response and Containment:

- Ensure the safety of the patient and healthcare staff.
- Provide immediate care to affected individuals.
- Secure the area where the sentinel event occurred to preserve evidence.

2. Notification:

- Inform the organization's leadership and the risk management team.
- Report the event to the Joint Commission as per the Sentinel Event Policy.

3. Assembling the Debriefing Team:

- Gather a multidisciplinary team including representatives from clinical areas, risk management, ARMHS, and TCM services.
- Include individuals who have knowledge of the processes and systems involved in the event.

4. Fact-Finding and Data Collection:

- Collect all relevant information about the event without assigning blame.
- Review patient records, staff statements, and the environment where the event took place.

5. Root Cause Analysis (RCA):

- Conduct an RCA to identify underlying system and process failures¹.
- Utilize ARMHS principles to assess the impact on mental health and recovery-oriented interventions.

6. Action Plan Development:

- Develop corrective actions to address the identified root causes.
- Ensure the action plan includes measures for ARMHS and TCM to support affected individuals' mental health and transitional care needs.

7. Implementation and Follow-Up:

- Implement the action plan with clear timelines and responsibilities.
- Monitor the effectiveness of the interventions and make adjustments as necessary.

8. Communication:

- Communicate the findings and actions taken to all stakeholders, including staff, patients, and families.
- Maintain transparency to promote a culture of safety and trust.

9. Documentation:

- Document all steps taken during the debriefing process.
- Update the organization's policies and procedures as needed.

10. Education and Training:

- Provide education and training to staff based on the lessons learned.
- Reinforce the importance of ARMHS and TCM in preventing future sentinel events.

11. Support Services:

- Offer support services to patients, families, and staff affected by the sentinel event.

- Utilize ARMHS and TCM resources to aid in recovery and transition.