

INCIDENT RESPONSE, REPORTING AND REVIEW POLICY

Policy

It is the policy of Living Well Disability Services to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.

“Incident” means an occurrence which involves a person and requires the program to make a response that is not part of the program’s ordinary provision of services to that person, and includes:

- A. Serious injury of a person;
 - 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, whether or not 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-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 to 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:
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.
 4. 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.
- J. A report of alleged or suspected child or vulnerable adult maltreatment.
- K. *In homes that are ICF licensed*, they must also report injury (s) of "unknown Source" (origin) that:
1. Was not witnessed by any person **and** the source of the injury could not be explained by the person receiving services **and**
 2. the injury raises suspicions of possible abuse or neglect because of the extent of the injury **or** the location of the injury or the number of injuries observed **or** the incidence of **injuries** over time.

Response Procedures

- A. Serious injury
1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
 2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
 3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
- B. Death
1. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
 2. If there is another person(s) with you, ask them to call 911, begin CPR and then follow directives given to you by the emergency responder.
 3. Staff should be know and communicate to responders if the person has a current DNR/ DNI order in place to ensure orders are followed..
 4. For further direction refer to "Heath Service Coordination, Care, and Death Policy"

- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition
1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
 2. When staff believes that a person is experiencing a life threatening medical emergency they must immediately call 911.
 3. 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.
- D. Mental health crisis
- When staff believes that a person is experiencing a mental health crisis they must call 911 or the mental health crisis intervention team that has been individually selected for the person supported at the home (this contact will be listed on the Health Care Vendor list if applicable). Additional options are the Crisis Connection at 612-379-6363 or your counties mental health crisis response phone number as found on the following website <https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp>
- E. Requiring 911, law enforcement, or fire department
1. For incidents requiring law enforcement or the fire department, staff will call 911.
 2. For non-emergency incidents requiring law enforcement, staff will call the city police department as listed on the emergency phone list (ex: the number in Dakota County is 911 for non-emergencies).
 3. For non-emergency incidents requiring the fire department, staff will call the city fire department as listed on the emergency phone list (ex: the number in Dakota County is 911 for non-emergencies).
 4. Staff will explain to the need for assistance to the emergency personnel.
 5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.
- F. Unauthorized or unexplained absence
- When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:
1. 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.
 2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff. When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
 3. If after no more than 15 minutes (unless otherwise specified in the CSSP or CSSP addendum), the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
 4. After contacting law enforcement, staff will notify the Program Manager who will determine if additional staff are needed to assist in the search.
 5. A current photo will be kept in each person's file and made available to law enforcement.
 6. When the person is found staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.

G. Conduct of the person

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:

1. Summon additional staff, if available. If injury to a person has occurred or there is eminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).
2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
3. 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.

H. Sexual activity involving force or coercion

If a person is involved in sexual activity with another person receiving services and that sexual activity involves force or coercion, staff will take the following steps:

1. 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.
2. 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.
3. Summon additional staff if necessary and feasible.
4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
6. Contact law enforcement as soon as possible and follow all instructions.
7. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.

I. Emergency use of manual restraint (EUMR)

Follow the "Positive Support Strategies and Emergency Use of Manual Restraint Policy".

J. Maltreatment

Follow the Maltreatment of Minors Mandated Reporting and Internal Review Policy and or Vulnerable Adult Maltreatment Reporting and Internal Review Policy.

Reporting Procedures

A. Completing a report

1. Incident Reports/GER 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. When 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 restraints policy.

C. Additional reporting requirements for deaths and serious injuries

1. If the program is **an non ICF/DD** A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division, and the Office of Ombudsman immediately, as soon as possibly but no longer than 24 hours.
2. If the program is **an ICF/DD**, a report of the death or serious injury of a person must also be reported to the both the Office of Ombudsman, Department of Human Services Licensing Division, and Office of Health Facility Complaints immediately.
3. If maltreatment is suspected surrounding the death or serious injury, Minnesota Adult Abuse Reporting Center (MAARC) must be notified.
4. 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 of the report 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)
Follow the EUMR Policy.

Reviewing Procedures

- A. Conducting a review of incidents and emergencies, maltreatment, deaths and serious injuries:
If an internal report is made the following procedures will be used:

1. When an incident occurs, an employee will immediately notify the in-charge staff or Assistant Program Manager scheduled for the work shift in which the incident became known. If an employee is working alone then they are solely responsible for directly notifying the Program Manager/designated Administrator.
2. The employee, in-charge, or Assistant Program Manager will fill out an Incident Report/GER and immediately notifies the Program Manager. The Program Manager/designated Administrator or designee will ensure that sections of the Incident Report/GER in completed including follow-up actions, proper reporting and investigation.
3. The Program Manager/designated Administrator upon notification will make a determination whether to report to required agencies as indicated in the grid on the final page of this policy. For ICF homes, report immediately. For non-ICF homes, report as soon as possible (immediately) but no longer than 24 hours from the time the initial knowledge.
4. If a report is made to the MAARC or other entity, e.g. county or police, the Program Manager/designated Administrator will notify the Regional Director that a report was made.
5. The Program Manager/designated Administrator will conduct an internal investigation, utilizing the Internal Investigation Form or the GER State form (Minnesota Incident Report-245D) for incidents including serious injuries that require physician treatment, hospitalization, elopement, law enforcement/ fire/EMS/relocation exceeding 24 hours, physical aggression between people receiving services, sexual activity between people receiving services involving force or coercion, Emergency Use of Manual Restraint, mental health crisis, possible maltreatment, and death. The internal investigation will be completed within 5 working days of the incident.
6. The reporter, within 2 working days, will be notified of the Program Manager's determination to either report or to not report the incident to the MAARC in a confidential manner. This written notification will indicate that if the mandated report is not satisfied with the action taken by the facility on whether to report the incident to the MAARC, then the mandated report may report externally. The facility will not prohibit a mandated reporter from reporting externally and they will be protected from retaliatory actions.
7. The Program Manager/designated Administrator reviews the documented information to assure policies and procedures were followed and were adequate, to identify the need for further staff training and if action is necessary to protect the health and safety of the vulnerable adult. Corrective action will be taken as necessary.
8. An incident will be reported to the person's legal representative, other licensed caregivers serving the person and, the case manager within 24 hours of the occurrence of the incident unless received by another license holder. The legal representative and case manager will receive disclosure of the nature of the activity or occurrence reported to required entities. If it is believed that the consumer's legal representative, case manager or other licensed caregiver is involved in the suspected maltreatment then the license holder is not required to notify that person suspected of maltreatment.
9. Program Manager or nurse will assure documentation of health or other actions taken on the Incident Report/GER.
10. Review of the Incident Report/GER will be completed by the Living Well Disability Services, Inc. oversight nurse. The Oversight nurse analyzes for organization trends, provides data to the Safety committee as requested, may order follow-up action to be taken. The Regional Director completes final review of proper reporting and returns Incident Report/GER to the Program Manager/designated Administrator for follow up

action if ordered and to be filed in the person's record. Approval of document will occur if no additional action is required.

11. When an incident involves more than one person who receives services, the name and other identifiable information of the second person must not be disclosed to the other person's legal representative, other licensed caregiver or case manager unless there is consent from the person's legal representative.
12. The Regional Director or designee shall immediately notify the Chief Operating Officer or designee when a report of maltreatment is made. The Regional Director will act in the role of Program Management and Oversight as defined under Rule 245D.
13. If at any point in the process a person is suspected of being involved in maltreatment then the investigation will be forwarded to the person's immediate supervisor, skipping that person in the chain of command. The suspected person's supervisor will be responsible for completing the investigation.
14. If an employee is suspected of maltreatment, then Living Well Disability Services will follow its progressive discipline policy, this includes actions up to suspension or transfer while the investigation is pending. During the time of the investigation all client contact by the individual under investigation will be supervised.
15. All documentation pertaining to any internal investigation will be attached to the original incident report form. The State Form is part of the GER electronic report.

- B. Conducting a review of emergency use of manual restraints
Follow the EUMR Policy.

Record Keeping Procedures

- A. The review of an incident will be documented on the Incident Reporting form/GER and will include identifying trends or patterns and corrective action if needed.
- B. Incident Reports/ GERs will be maintained at the program site and Northland file. The records must be uniform and legible.

Incident Type	Legal Rep/ Emerg. Contact	Case Manager	Ombuds MH/DD	DHS Lisc.	Office of Health Facility Complaint s	MAARC
A person's death **Notify MAARC if possible maltreatment.	X	X	X	X	X (ICF only)	**
Serious injury as determined by section 245.91 , subdivision 6 **Notify MAARC if possible maltreatment.	X	X	X	X	X (ICF only)	**
Any medical emergencies, unexpected serious illnesses, or significant unexpected change in illness or medical condition that requires the calling, 911, physician, advanced practice registered nurse, or physician assistant treatment, or hospitalization. If there is a serious injury, follow reporting guidelines for serious injury. **Notify MAARC if possible maltreatment.	X	X				**
A report of child or vulnerable adult maltreatment (Case managers and legal representatives must be notified of the nature of the activity or occurrence and the agency that received the report)	X	X				X
Act or situation involving a person that requires the program to call 911, law enforcement, or fire department. ** If relocation of services will be more than 24 hours, licensing agency must also be notified.	X	X		**		
A physical injury of unknown source (origin) that can be reasonably explained, is not serious and is not deemed to be maltreatment (i.e. injury does not raise suspicions of abuse or neglect due to the extent of the injury or the location of the injury or the number of injuries observed or the incidence of injuries over time).	X	X				
ICF licensed homes Injury of "Unknown source" (origin) with no reasonable explanation and injury which raises suspicions of abuse / neglect.	X	X				X
Person's unauthorized or unexplained absence from program.	X	X				
Any mental health crisis that requires the program to call 911 or mental health crisis intervention team	X	X				
Conduct by a service recipient against another service recipient that: <ul style="list-style-type: none"> • 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. 	X	X				
Sexual activity between service recipients involving force or coercion.	X	X				X
Any emergency use of manual restraint (Must submit external report required under section 245D.061 , subd. 8.)	X	X		X		

DHS Licensing phone # 651-431-6500; DHS Licensing fax # 651-431-7673
Ombudsman phone # 651-757-1800; Ombudsman fax #651-296-1021
MAARC phone # 1-844-880-1574 or [MAARC Form \(state.mn.us\)](#)
Office of Health Facilities Complaints (OHFC) Phone: 651-201-4201 Fax: 651-281-9796
Email: Health.ohfc-complaints@state.mn.us