

Incident Response, Reporting and Review Policy

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

I. Policy

It is the policy of Ability Building Center 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;
 - 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; and
 - 13. All other injuries considered serious by a physician.
- 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 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; or
 - 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).
- H. Any emergency use of manual restraint.
- I. A report of alleged or suspected child or vulnerable adult maltreatment.

II. Response Procedures

- A. Serious injury
 - 1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training and those outlined in *First Aid Team Guidelines*.
 - 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, and follow directives given to you by the emergency responder.
- 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 at: 1-844-274-7472
- 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:
 - In La Crescent: 507-895-4414
 - In Caledonia: 507-725-3889
 - In Spring Grove: 507-498-2677
 - In Rochester: 507-328-6800

3. For non-emergency incidents requiring the fire department, staff will call:
In La Crescent: 507-895-2083
In Caledonia: 507-725-3655
In Spring Grove: 507-498-2677
In Rochester: 507-328-6800
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, 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 Director 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 EUMR Policy.

J. Maltreatment

Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

III. Reporting Procedures

A. Staff must report all incidents immediately after occurrence. If the incident involves a program participant, the program participant's program coordinator or on-call representative must then be notified. If the incident involves a staff person, their direct supervisor must then be notified.

B. Completing a report:

1. An *Incident Report* form must be completed and submitted to the Compliance Specialist as soon as possible after the occurrence, but no later than the end of that day's work shift or the same day the program became aware of the occurrence.

a. The written report will include:

- The name of the person or persons involved in the incident;
- The date, time, and location of the incident;
- A description of the incident;
- 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;
- The name of the staff person or persons who responded to the incident; and
- The results of the review of the incident (see section IV).

b. When the incident involves more than one person, Ability Building Center 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 Ability Building Center has consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.

2. The Compliance Specialist will scan a copy of each report and record each report in the Incident Report database. Once recorded, original reports shall be immediately forwarded to the Program Coordinator or staff person's direct supervisor. NOTE: The Executive Director, Program Director, and Director of Operations must be notified immediately of any sentinel events.

3. The Program Coordinator must review reports involving a participant, complete notifications, organize teamings (if necessary), complete case notes and corrective action, and signs. If VA reporting is necessary, the Program Coordinator must contact CEP. Signed reports are forwarded to the Program Manager.

4. Reports involving a staff person must be reviewed by that staff person's direct supervisor. The supervisor must complete corrective action, sign, and forward to any additional supervisory staff (if warranted) and then back to the Compliance Specialist.
5. The Program Manager must review, sign, and copy reports for the department file. Reports are then forwarded to the Program Director.
6. The Program Director must review and sign reports and forwards them to the Compliance Specialist.
7. The Compliance Specialist ensures reports have been reviewed by appropriate parties, and forwards them to the Executive Director for a final review and signature.
8. The Executive Director must review and sign reports, then forward them to the Compliance Specialist for final filing.
9. The *Incident Report Team* shall meet quarterly for the purpose of identifying root causes and trends and developing recommendations for improvement. All incident reports are tracked in an Incident Report database and copies are retained for seven years. An annual summary report shall also be developed and presented to the Executive Director.

C. 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; or
 - c. as otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
2. Ability Building Center will not report an incident when it has a reason to know that the incident has already been reported.
4. 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.

D. Additional reporting requirements for deaths and serious injuries

1. 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 for Mental Health and Developmental Disabilities.
2. The 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. Ability Building Center 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.

E. Additional reporting requirements for maltreatment

1. When reporting maltreatment, Ability Building Center 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.

F. Additional reporting requirements for emergency use of manual restraint (EUMR)
Follow the EUMR Policy.

IV. Reviewing Procedures

- A. Conducting a review of incidents and emergencies
Ability Building Center will complete a review of all incidents.
1. The review will be completed by the Program Coordinator.
 2. The review will be completed within 5 working days of 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, if any, and determine if corrective action is needed.
 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 deaths and serious injuries
Ability Building Center will conduct an internal review of all deaths and serious injuries that occurred while services were being provided if they were not reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)
1. The review will be completed by the Program Director.
 2. The review will be completed within 30 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; and
 - 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.
 5. 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.
 6. 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.
- C. Conducting an internal review of maltreatment
Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy
- D. Conducting a review of emergency use of manual restraints
Follow the EUMR Policy.

V. Record Keeping Procedures

- A. The review of an incident will be documented on the incident reporting form and will include identifying trends or patterns and corrective action if needed.
- B. Incident reports will be maintained in the person's record. The record must be uniform and legible.

Policy reviewed and authorized by: Bruce Remme, Executive Director



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