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Incident Response, Reporting and Review Policy for Intensive Services

Purpose

The purpose of this document is to outline the policy and procedure of responding to incidents and creating Incident Tracking Reports in CRM. Incident Tracking Reports are used to track various types of incidents, including: behaviors, illnesses, injuries, significant incidents, maltreatment, seizures, and medication errors.

Policy

Lifeworks Services, Inc. will respond to incidents as defined in CARF and MN Statutes, section 245D.02, subdivision 11, 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 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 for reporting and reviewing.

Procedure

Responding to Incidents

A. Staff will respond to incidents according to the **Emergency Procedures** for each location (**Emergency Reports** are completed) for:

   1. Serious injury
   2. 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
   3. 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
   4. An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department
   5. Unauthorized or unexplained absence of a person served from a program

B. 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.

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      d.   Contact the person's emergency contacts to report the situation.

C. <u>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</u>:

      a.   Summon additional staff, if available. If injury to a person has occurred or there is imminent possibility of injury to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see **EUMR Policy**).

      b.   Follow the persons individualized strategies in a person's coordinated service and support plan (CSSP), CSSPA, 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

D. <u>Staff will respond to</u> <u>sexual activity between persons served involving force or coercion:</u>

      a.   Staff will follow any procedures as directed by the person's Individual Abuse Prevention Plan (IAPP) and/or CSSPA, 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.   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 emotionaldistress, staff will provide necessary treatment according to their training and/or will call "911" in order to seek medical attention if necessary

E. <u>Staff will follow the **Emergency Use of Manual Restraint (EUMR)Policy**</u>

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    F. <u>Staff will follow the</u> **<u>Maltreatment of Vulnerable Adults and Minors</u>**
           <u>Reporting Policy</u>

Reporting Incidents:

When an Incident Report is Required (Significant Incident)

Significant Incidents must be reported immediately (within 24 hours) to the support team.

<u>"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:</u>

1. Serious injury as determined by MN Statutes 245.91, subdivision 6, including:
    - fractures
    - dislocations
    - evidence of internal injuries
    - head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring medical assessment by a health care professional, whether or not further medical attention was sought
    - lacerations involving injuries to tendons or organs, and those for which complications are present
    - extensive second degree or third degree burns, and other burns for which complications are present
    - extensive second degree or third degree frostbite, and others for which complications are present
    - irreversible mobility or avulsion of teeth
    - injuries to the eye
    - ingestion of foreign substances and objects that are harmful
    - near drowning
    - heat exhaustion or sunstroke
    - attempted suicide
    - 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 or medical treatment, 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. An act or situation involving a person that requires the program to call "911," law enforcement, or the fire department.
5. A person's unauthorized or unexplained absence from a program.

6. 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 department related to the health, safety, or supervision of a person served.
7. Conduct by a person served against another person served 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
    ▪ Substantially disrupts the orderly operation of the program
8. Any sexual activity between persons served involving force or coercion as defined under section 609.341, subdivision 3 and 14.
    ▪ "Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily harm or commission or threat of any other crime by the actor against the complainant or another, which
        o causes the complainant to reasonably believe that the actor has the present ability to execute the threat and
        o 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. A report of alleged or suspected child or vulnerable adult maltreatment under 260E (Maltreatment of Minors Act) or 626.557 (Vulnerable Adults).
10. Severe weather and natural disasters.
11. Bomb threats and other threats.
12. Any incidents as defined by MN Rule 9544.0110 (required to be reported using the **BIRF** online reporting system), including:
    ▪ An emergency use of a manual restraint.
    ▪ Medical emergencies or physician treatment/hospitalization as a result of an emergency use of manual restraint.
    ▪ A behavioral incident or mental health crisis that results in a call to 911.
    ▪ A mental health crisis occurring as a result of the use of a restrictive intervention that leads to 911 or mental health crisis services.
    ▪ An incident that requires a call to mental health mobile crisis intervention services.
    ▪ Use of a PRN (as needed) medication to intervene in a behavioral situation-does not include psychotropic medication prescribed to treat a medical or mental illness symptom or to treat a child with severe emotional disturbance.
    ▪ An incident that the person's Positive Support Transition Plan (PSTP) requires the program to report.
    ▪ Use of a restrictive intervention as part of a PSTP.

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 prefers to send all reports completed unless the support team has indicated they do not want to receive these reports on the person's CSSP Addendum. It is the responsibility of the Lifeworks staff and Support Team members 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 Program Manager or Supervisor or the compliance department.

- 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:

Communicable Diseases must be reported to others who may have had contact with the contagion by sending the **Notification of Exposure** document.

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.

Serious injury or death of a person must be reported to the **Office of the Ombudsman for Mental Health and Developmental Disabilities** by completing and faxing their form or using their website and to the **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.ombudmhdd.state.mn.us

Dept. of Human Services (DHS)
PO Box 64242,
St. Paul, MN 55164-0242
Phone: 651-431-6500
Fax: 651-431-7673

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 Phone 1-844-880-1574
Website: 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

Opening an Incident Tracking Record in CRM:

1. Click Contacts; search for the Person Served and click on his or her Contact Record.
2. Click Incident Tracking.
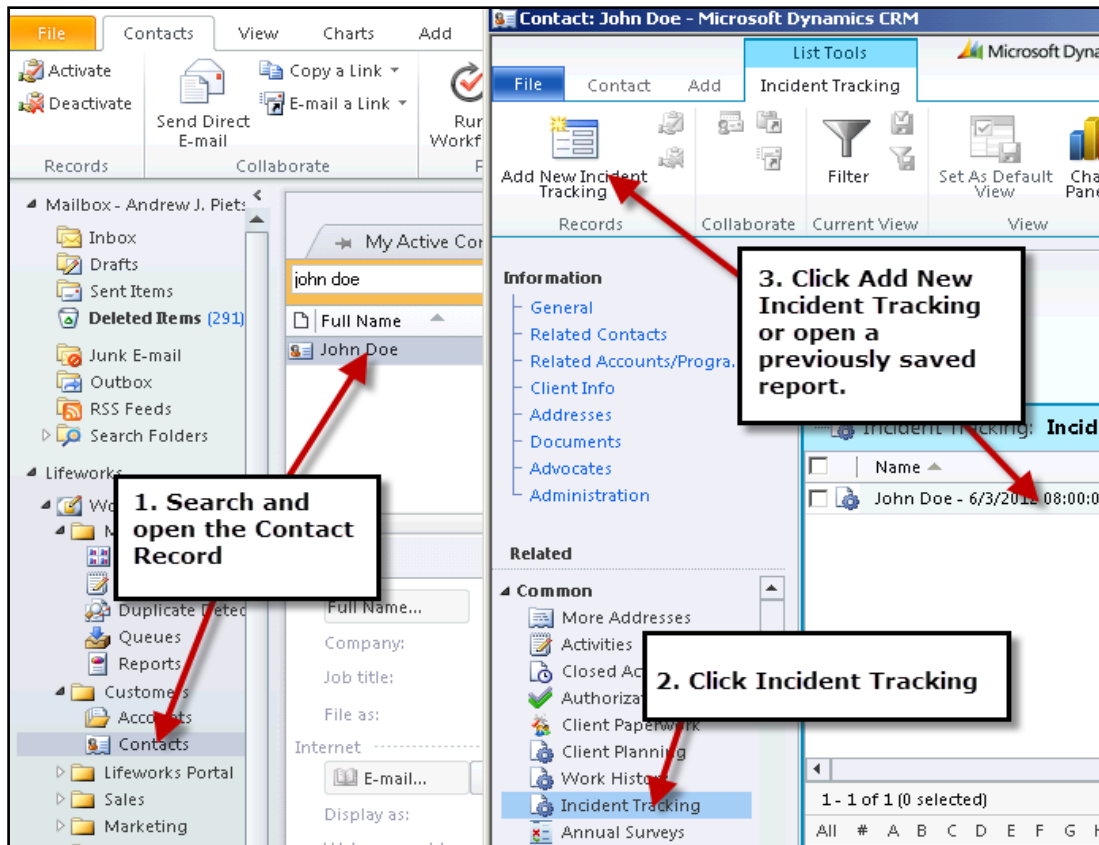
3. Click "Add New Incident Tracking" to create a new Incident report or click on a previously saved report to open it for review, updating or printing.

Entering Required Information in the Report:

4. **General section- this applies to all types of incident reports**.
    a. The **Client** and the **Staff filling out form** fields are automatically entered. Please ensure the names are correct. Use the magnifying glass icon to search for names if needed.
    b. **Completion Status-** set to "In Process". Your supervisor needs to review the incident report prior to setting it to complete.
    c. **Staff in attendance-** enter the first person responding/or reporting the incident. All others are able to be identified within the written section. Use the magnifying glass icon to search for names if needed.
    d. **Date Typed In-** the date the report was filled out.
    e. **Service Coordinator-** the person's DSC should auto-populate. If not, enter name of DSC.
    f. **Date of Discovery-** Date and time of when the incident occurred or when notified of the incident.
    g. **Environment where incident occurred-** select the appropriate location of the incident from the dropdown choices. Do not leave blank, if

unsure contact your supervisor, or the compliance department for assistance.

h. **Incident Type-**The type of incident determines the format of the report and questions required, choose one of the following types of incidents:
   - Illness, injury, or behavior- review section to complete report
   - Seizure- review section to complete report
   - Med Error- review section to complete report

i. **Whether Lifeworks policies and procedures and the person's CSSPA were followed**- Mark "yes" or "no" to each one

5. **Written Report Required- this applies to all types of incidents**: Click the boxes of who should receive the written report in accordance with the person's CSSP Addendum. Choose "Written report requested by Parent" if the parent is not a guardian, otherwise click the guardian option.

   a. Fill in the "Other Licensed Provider" field if someone else is requesting the written report.
   b. Check "Not to be sent out" if the incident is Non-Significant and either a Lifeworks supervisor, manager, or the compliance department has determined not to send it or it is a request from the person's support team as indicated on their CSSP Addendum.

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Information	Incident Tracking	Incident Tracking ▼ ⬆ ⬇
General	**Adrian Freeman - 2/20/2014 09:30:00 AM**	

Written Report Required

Written report requested by Social Worker	☑	Written report requested by Guardian	☑
Written report requested by Parent	☐	Written report requested by Residence	☑
Written report requested / Other Licensed Provider			
Not to be sent out	☐		

(Left navigation: Information — General, Notes, Administration. Related — Common: Activities, Closed Activities. Processes: Workflows, Dialog Sessions.)

How to Write What Happened:

1. These requirements are for all types of incidents. A description of the incident should include 3 elements:
   a. **what happened before the incident-** details about what the staff and person were doing before, about the environmental or social factors that may have influenced the incident;
   b. **what happened during the incident**- details describing the actions the person and the staff took during the incident; and
   c. **what happened after the incident**- details describing the actions the person and staff took after the incident including the resolution
2. Be respectful when writing; use clear word choices, and first person language.
3. Write <u>how</u> staff provided positive behavior supports, <u>how</u> staff assisted, redirected, or intervened, and what staff monitored if applicable. Use descriptive words such as physically intervened by standing between…., used hand over hand, verbally redirected by saying…., visually monitored for increased signs of agitation, etc.
4. Use objective wording, refrain from subjective statements, opinions or emotionally charged statements. State just the facts in a respectful manner.
5. Staff names are identified by first name and last initial and state "Lifeworks staff" the first time they appear in the report.
6. Do not write any other client's name or initials in the report, if an incident occurred involving more than 1 client a separate incident report will need to be completed for that person.
7. Check your spelling and grammar to ensure they are no errors and is consistent. You may copy paste the *Incident Description* section into a Word document to check for errors. Copy and paste back into *Incident Description* field or use the Google Spell Check option.
8. When writing behavior reports, capture enough detail so that anyone reading the report could recognize the behavior.

Illness, Injury, or Behaviors are separated into two categories; choose the one that is most appropriately defines the incident being reported:

1. Significant- Review the *When an Incident Report is Required (Significant Incident)* section for more information.
2. Non- Significant- any incident not defined as a significant incident.

Seizure- can be significant if 911 is called or medical attention is needed. Review the *When an Incident Report is Required (Significant Incident)* section for more information.   (See Seizure Reporting section for more information).

Med Errors are significant incidents. (See Med Error Reporting section for more information).

Significant Incidents:

1. All checkboxes are set to "No", please click "Yes" to all those that apply.
   a. Specific incidents may require contacting additional external departments or additional reports. Contact your supervisor or the compliance department for assistance.

2. You are required to contact the person's legal representative or designated emergency contact and case manager: **within 24 hours** of the incident occurring while services were provided, within 24 hours of discovery or receipt of information that an incident occurred; OR as otherwise directed in a person's CSSP or CSSPA.
   a. Record the date and time of these phone or personal contacts
   b. The Notification Notes section is to provide details about messages left or contacts calling.

Report for Significant Incidents

Social Worker Notified

Legal Representative Notified

Other Licensed Provider (Residence) Notified

These contacts must be made and recorded within 24 hours of the incident!

Report for Significant Incidents

Social Worker Notified

Legal Representative Notified

Additional reporting requirements for Serious Injury, Death, and maltreatment!

Ombudsman Notified

DHS Licensing Division Notified

Common Entry Point Notified

3. **Complete the What Happened Before, During, and After** sections following the *How to Write What Happened* requirements.
4. **What could have been differently to prevent the incident?-** provide details about actions the staff or person may have taken to avoid or minimize the incident. Remember to use objective statements.
5. **What could be done in the future to prevent?-** provide details about modified supports that my need to be taken to minimize or avoid the occurrence of similar incidents. This usually involves conversations with the Support Team and updates to the persons CSSP, CSSP Addendum, or Positive Support documents.
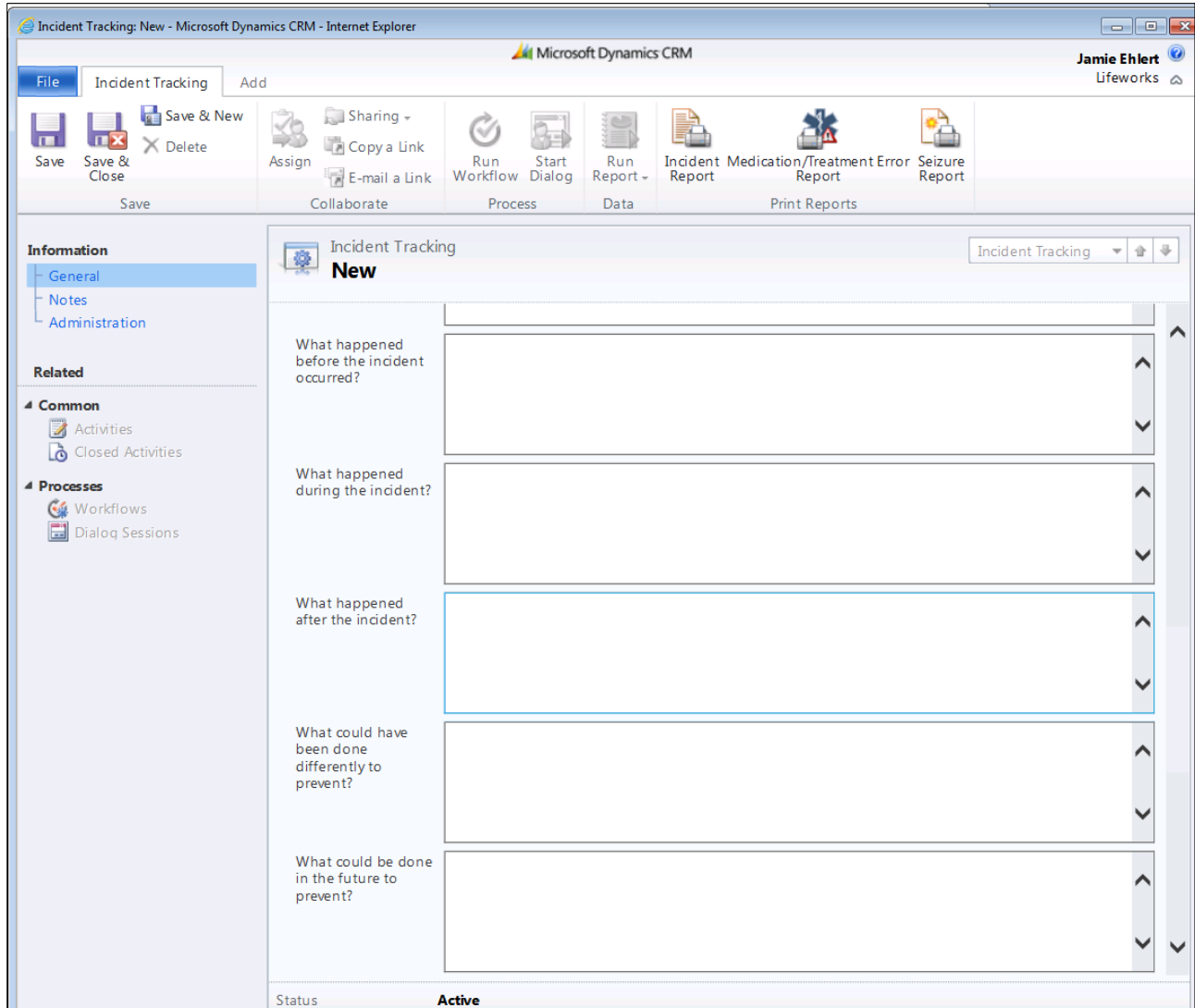
6. Finish report by following the **Final Steps** section.

Non -Significant Incidents:

Choose the type of incident- if it was an illness/injury, a behavior or both.
Depending on what you choose, will depend on what is displayed.
    1.If the incident was a **Behavior**- choose all that apply.
    2.If the incident was an **Illness or Injury**- choose all that apply.

3. Finish report by following the **Final Steps** section.

Seizure

You must complete all required fields for the report to accurately print and to ensure timely mailing of the report. Please contact the support team members identified in the person's CSSP Addendum immediately (within 24 hours) to ensure good communication and continuity of care. For more information on seizures, please see the Health & Safety Manual.

1. **Prior to Seizure-** describe details about any behavior, health, or stressor changes leading up to the seizure. This is also where you will record any missed medication doses or recent changes in medications.

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Prior to Seizure

Describe aura/behavior just before seizure	
Last Menses (leave blank if N/A)	Recent changes in anticonvulsants or missed doses?
Describe changes or missed doses	
Describe any recent changes in health or stressors	

2. **Seizure Description-** describe details of the actual seizure. This is also where you will record any injuries that resulted from the seizure and the treatment given.

Seizure Description

Body parts affected
Length of seizure
Number of seizures described
Face color
Level of Consciousness

Eye movement – Left
Eye movement – Right
Eye movement – Upward
Incontinence

Check all that apply

Must choose a Face Color option from drop down.

Body Movement

Fell
Rigid

Check all that apply

Jerked or Convulsed
Ceased activity, and not respond, resumed activity

Convulsed for how long/Description

Describe any injury or treatment given

3. **After the Seizure-** describe any lasting effects the client experiences after the seizure. Also record if medications were given, a nurse was notified, or if 911 was called (if 911 was called, please complete an **Emergency Report**).
4. Finish report by following the **Final Steps** section.

Medication Errors

Refer to the *Medication and Treatment Errors* section of the *Health & Safety Manual* either in the yellow book or on-line for questions regarding medication policy, process, and procedures. You may also contact the HR or compliance department for assistance.

1. **Staff who made error-** list the names of all the staff that made an error.
2. **Date and time error discovered-** enter when the error occurred.
3. **Type of error-** select the type of error from the dropdown menu. If unable to decide on an option, please contact your supervisor, manager, HR, or the compliance department for assistance.
4. **Name of medication or treatment involved**- be sure to use the full name of the medication or treatment as it is displayed on the medication and treatment card.
5. **Describe other error-** if you choose "Other" from the dropdown menu of the type of error, please describe what "other" means.
6. **Describe how error occurred-** ensure you review the *How to Write What Happened* section to ensure you write and include all of the required information in the correct format.
7. **Date/time doctor or nurse notified-** Lifeworks contracts with a nurse consultant; contact information is listed with the emergency numbers posted.
8. **Document instructions received by nurse or doctor-** include any additional medical professional contacted including dates and times.
9. **Possible side effects of error-** please refer to the *Medication Side Effects Information* site located under document templates in the *Health & Safety Manual & Medication Administration Forms folder*.
10. **Describe how this error could be prevented-** most errors can be prevented by following the 3 check system and ensuring the doctors orders were transcribed properly.
11. Finish report by following the **Final Steps** section.

Final Steps:

1. Set to *In Process* from *Completion Status* drop down under client name.
2. Choose *Email a Link* and send to your Program Supervisor/ Manager to notify them of the incident tracking report.
3. To print, choose the type of report to print:
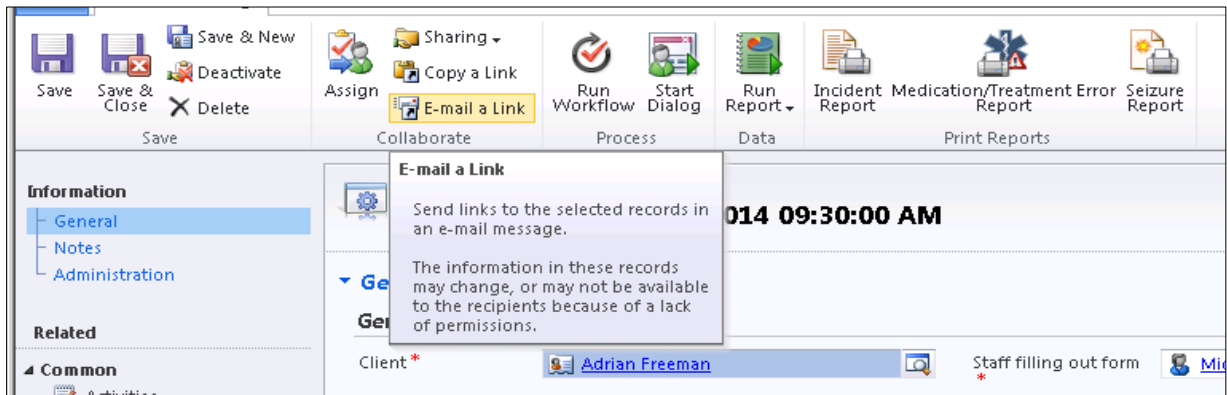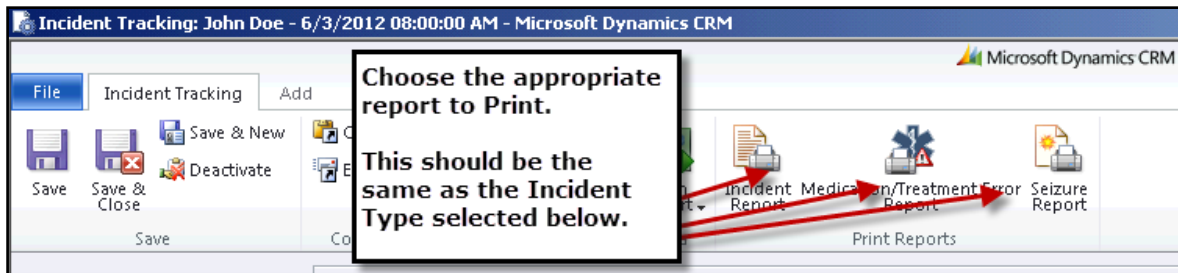
4.Save and Close the document:
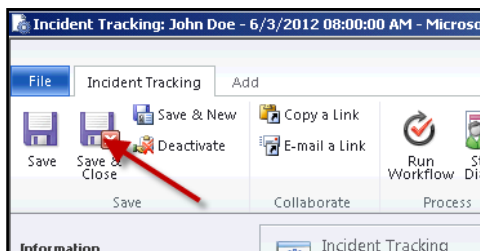
Errors in Recording Incidents:

If you accidently create an incident, please type in the *Incident Description* field "Accidently created this record, please delete." and set the report to "Complete, notify the Incident Review Committee". A member of the Incident Review Committee will then delete the record.

Reviewing Incidents:
1. The Program Supervisor/ Manager will review the report following the **Reviewing Incident Reports Procedure** and set to complete within 24 hours of the incident.
2. After your supervisor sets the incident to "complete," the Director of Quality, Compliance, and Continuous Improvement receives an email. The Director reviews all significant and nonsignificant incidents within 5 working days of receiving the incident according to the **Reviewing Incident Reports Procedure** and forwards it on to support staff to be mailed to the support

team as appropriate. Incident Reports should be mailed within 7 working days of the incident, therefore, it is imperative that you and your supervisor complete the report no later than 24 hours after the occurrence.

3. During the Director of Quality, Compliance and Continuous Improvement's review, Significant Incidents are reviewed to ensure the written report provides a good summary of the incident. Further the Director identifies trends, patterns, and necessary corrective actions. The results of this review are documented on the **Incident Review Report.**

4. The process for conducting an internal review of incidents of deaths, serious injuries or the emergency use of a manual restraint is included in the Reviewing Incident Reports Procedure and the Emergency Use of Manual Restraints Policy.   Corrective action plans are designed to correct current lapses and prevent future lapses in performance by staff or the program when necessary.

5. Quarterly program supervisors and the Director of Quality, Compliance and Continuous Improvement review all incidents according to the **Quarterly Incident Review process.**

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

Version No	7.0	**Status**	Final
Author	Connie Giles	**Revision Date**	7/19/2017
	Connie Giles	**Reviewed**	3/18/2019
	Connie Giles	**Revision Date**	11/6/2019