

INCIDENT RESPONSE AND REPORTING POLICY AND PROCEDURE

I. PURPOSE

It is the policy of Homeward Bound, Inc. (HBI) to respond to and report 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 individuals served.

II. POLICY

Staff will address all incidents and act immediately to ensure the safety of the individual(s) involved are no longer in danger, staff will complete the necessary documentation to assist in preventative measures. For Emergency Response Procedures, staff will refer to the *Policy and Procedures on Emergencies*.

III. DEFINING INCIDENT:

“Incident” is an event that results in or has the potential of causing bodily injury, property damage, and personal injury or money damages. It is an occurrence which involves an individual and requires the program to make a response that is not part of the program’s ordinary provision of services to that individual, and includes:

- A. Serious injury of an individual as determined by MN Statutes, section [245.91, subdivision 6](#):
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.
 - complications of a previous injury or
 - medical treatment
 - Self-injurious behaviors (SIB) or suicide attempts when the injury results in hospitalization or the need for medical treatment.

- B. An individual's death
- C. Any medical emergency, unexpected serious illness, or significant unexpected changes in an illness or medical condition of an individual 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, or a similar mental health response team or service when available and appropriate.
- E. An act or situation involving an individual that requires the program to call "911", law enforcement, or the fire department.
- F. An individual's unauthorized or unexplained absence from a program.
- G. Conduct by an individual served against another individual served that:
 - is so severe, pervasive, or objectively offensive that it substantially interferes with an individual's opportunities to participate in or receive service or support;
 - places the individual in actual and reasonable fear of harm;
 - places the individual in actual and reasonable fear of damage to property of the individual;
 - substantially disrupts the orderly operation of the program
- H. Any sexual activity between individuals served involving force or coercion. Defined under [MN Statutes section 609.341, subdivisions 3 and 14](#).
- I. Any emergency use of manual restraint as identified in MN Statutes, section [245D.06 Subd 5 to Subd 6; 245D.061](#)
- J. A report of alleged or suspected maltreatment/mistreatment of a minor under MN Statutes, [section 626.556](#) or vulnerable adult under MN Statutes, [section 626.557](#).
- K. Violation of the Bill of Rights or the Rights of Individuals Served or Home Care Bill or Rights
- L. Fall/Slip
- M. Found on ground/Floor
- N. Missing or Damaged Property
- O. Misappropriation of an individual's property (when using an individual's property for something it is not intended to be used.)
- P. Injury from lift or transfer
- Q. Choking
- R. Skin discoloration
- S. Break in skin
- T. Other
- U. Injuries of Unknown Origin
- V. Emergencies
 "Emergency" means an event that affects the ordinary daily operations of the program that require calling "911", moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site

for more than 24 hours. Including but not limited to:

- All Fires
- Severe weather
- Natural disasters
- Power failures

VI. PROCEDURE:

When an incident has occurred staff, who witnesses or discovers the incident, will respond to the incident and take action immediately.

Staff who witness or discover the incident will complete Part I of the Incident & Emergency Report. If assistance is needed to complete Part I of the report, staff should seek assistance from their Supervisor.

A. Responding to incidents:

Any serious injury, medical emergency, unexpected serious illness, or significant unexpected changes in an illness or medical condition of an individual that requires a call to “911”, physician treatment, or hospitalization:

1. Staff will first call “911” if they believe that the individual has sustained a serious injury or is experiencing a medical emergency, unexpected serious illness, or significant unexpected change in illness or medical condition that may be life threatening and provide any relevant facts and medical history.
2. Summons additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
3. Staff will provide first aid and/or CPR to the extent they are qualified, when it is indicated by their best judgment or the “911 operator, unless the individual served has an Advanced Directive.
4. Staff will notify the Nurse Case Manager on Call (NCMOC), Nurse Case Manager (NCM), Program Resource Coordinator/Program Supervisor (PRC/PS), and the Operations Administrator (OA) who will assist in securing any staffing coverage that is necessary.
5. If the individual is transported to a hospital, staff will either accompany the individual or go to the hospital as soon as possible. **Staff are not to leave other individuals served alone or unattended.**
6. Staff will ensure that a *Medical Referral* form is completed and all insurance information, including current medical insurance card(s), accompany the individual.

7. Staff will remain at the hospital with the individual served and coordinate admission to the hospital. If the individual served is not to be admitted to the hospital, staff will arrange for transportation home.
8. Upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the assigned nurse, PRC/PS or OA and ensure that:
 - a. All new medications/treatments and cares have been documented on the Medical Referral form.
 - b. All medications or supplies have been obtained from the pharmacy.
 - c. All new orders have been recorded on the monthly medication sheet.
 - d. All steps and findings are documented in the individual's records, as applicable.
9. Should the individual's condition not require a call to "911," but prompt medical attention is required, staff will consider the situation as health threatening and will call the individual's physician, licensed health care professional, or urgent care to obtain treatment.
10. Staff will contact the assigned nurse, NCMOC, OA, or Program Administrator of Risk Management (PARM) and will follow any instructions provided.
11. Staff will transport the individual to the medical clinic or urgent care and will remain with the individual. A *Medical Referral* form will be completed at the time of the visit.
12. Upon return from the medical clinic or urgent care, staff will coordinate with the assigned NCM or NCMOC, or designee and ensure that:
 - a. All new medications/treatments and cares have been documented on the *Medical Referral* form.
 - b. All medications or supplies have been obtained from the pharmacy.
 - c. All new orders have been recorded on the monthly medication record.
 - d. All steps and findings are documented the individuals record, as applicable

B. An Individual's Death:

1. Staff will call "911" and provide first aid and/or CPR to the extent they are qualified, unless the individual served has an advanced directive.
2. Staff will notify all required individuals including the PRC/PS and/or OA, NCM, or NCMOC, if available.
3. When an authorized individual, such as a physician or paramedic, determines that the individual served is deceased, they will notify the County Coroner's office. Staff will ensure the body is not moved unless directed by authorities.

C. Any mental health crisis that requires the program to call 911 or a mental health intervention team:

1. Staff will implement any crisis prevention plans specific to the individual served as a means to de-escalate, minimize, or prevent a crisis from occurring.
2. If a mental health crisis were to occur, staff will ensure the individual's safety, and will not leave the individual alone if possible.
3. Staff will contact "911" or a mental health crisis intervention team or service when available and appropriate, and explain the situation in that the individual is having a mental health crisis.
4. Staff will follow any instructions provided by the "911" operator or the mental health crisis intervention team contact person.
5. Staff will notify the PRC/PS or OA who will assist in securing any staffing coverage that is necessary.
6. If the individual is transported to a hospital, staff will either accompany the individual or go to the hospital as soon as possible. Staff will not leave other individual's served alone or unattended.
5. Staff will ensure that a *Medical Referral* form is completed and all current insurance information, including current medical insurance card(s), are sent with the individual.
6. Staff will remain at the hospital and coordinate an admission to the hospital. If the individual is not to be admitted to the hospital, staff will arrange for transportation home.
7. Upon discharge from the hospital or emergency room, staff transporting to the program site will coordinate with the NCM, NCMOC, PRC/PS or OA and ensure that:
 - a. All new medications/treatments and cares have been documented on the *Medical Referral* form.
 - b. All medications or supplies have been obtained from the pharmacy.
 - c. All new orders have been recorded on the monthly medication record.
 - d. All steps and findings are documented the individuals record, as applicable.

D. An act or situation involving an individual that requires the program to call "911," law enforcement, or the fire department

1. Staff will contact "911" immediately if there is a situation or act that puts the individual(s) at imminent risk of harm.
2. Staff will immediately notify the PRC/PS, OA or NCMOC of any "911," law enforcement, or fire department involvement or intervention.
3. If an individual served has been the victim of a crime, staff will follow applicable policies and procedures for reporting and reviewing maltreatment of vulnerable adults or minors.
4. If an individual has been sexually assaulted, staff will discourage the individual

from bathing, washing, or changing clothing. Staff will leave the area where the assault took place untouched, if it is under HBI's control.

5. If an individual served is suspected of committing a crime or participating in unlawful activities, staff will follow the individual's *Coordinated Service and Support Plan Addendum* when possible criminal behavior has been addressed by the support team.
6. If an individual served is suspected of committing a crime and the possibility has not been addressed by the support team, the PRC/PS, OA, and the PARM will determine immediate actions and contact support team members to arrange a planning meeting.
7. If an individual served is incarcerated, PRC/PS and/or OA will provide the police with information regarding vulnerability, challenging behaviors, and medical needs.

E. An individual's unauthorized or unexplained absence from a program:

1. Based on the individual's *Coordinated Service and Support Plan Addendum*, staff will determine when the individual is missing from the program site or from supervision in the community.
2. Staff will immediately call "911" if the individual is determined to be missing. Staff will provide the police with information about the individual's appearance, last known location, disabilities, and other information as requested.
3. Staff will immediately notify the PRC/PS, OA, or NCMOC. Together a more extensive search will be organized, if feasible, by checking locations where the individual may have gone.
4. The PRC/PS, OA or NCMOC will continue to monitor the situation until the individual is located.
5. If there is reasonable suspicion that abuse and/or neglect led to or resulted from the unauthorized or unexplained absence, staff will report immediately in accordance with applicable policies and procedures for *Reporting and Reviewing Maltreatment of Vulnerable Adults or Minors*.

F. Conduct by an individual receiving services against another individual receiving services:

When an individual served is exhibiting conduct against another individual served that is so severe, pervasive, or objectively offensive that it substantially interferes with an individual's opportunities to participate in or receive service or support; places the individual in actual and reasonable fear of harm; places the individual in actual and reasonable fear of damage to property of the individual; or substantially disrupts the orderly operation of the program, staff will take the following steps:

1. Staff will intervene and take the necessary actions to protect the health and safety of individuals involved. Staff will summon additional staff, if available.

2. Staff will redirect individuals to discontinue the behavior and/or physically place themselves between the aggressor(s) using the least intrusive methods possible in order to de-escalate the situation.
3. If the aggressor has a behavior plan in place, staff will follow the plan as written in addition to the methodologies that may be provided in the *Coordinated Service and Support Plan Addendum*.
4. Staff will remove the individual being aggressed towards to an area of safety.
5. If other least restrictive alternatives were ineffective in de-escalating the aggressors' conduct and immediate intervention is needed to protect the individual or others from imminent risk of physical harm, staff will follow the *Policy and Procedure on Emergency Use of Manual Restraint* and/or staff will call "911."
6. If the ordinary operation of the program is disrupted, staff will manage the situation and will return to the normal routine as soon as possible.
7. To the extent possible, staff will visually examine individuals served for signs of physical injury and document any findings.
8. If injury to an individual served has occurred or there is eminent possibility of injury to an individual served, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraints (see EUMR Policy).
9. If the conduct results in injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish, staff will provide necessary treatment according to their training.
10. Staff will complete an incident report on both individuals involved in the incident and follow the reporting procedures.

G. Any sexual activity between individuals receiving services involving force or coercion:

1. Staff will follow procedures as directed by the *Individual Abuse Prevention Plans (IAPP)* and/or *Coordinated Service and Support Plan Addendums (CSSP-A)*, as applicable.
2. Staff will instruct the individual in a calm, matter-of-fact, and non-judgmental manner to discontinue the activity. Do not react emotionally to the individual's interaction. Verbally direct each individual to separate area.
3. If the individual served does not respond to a verbal redirection, intervene to protect the individual from force or coercion, following the EUMR Policy as needed.
4. Summon additional staff if necessary and feasible.
5. If the individuals served are unclothed, staff will provide them with a robe or other appropriate garment
6. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.

7. Discourage the individual from changing clothing or redressing in clothing that they were wearing.
8. Staff will leave the area where the sexual activity took place untouched.
9. Staff will contact 9-1-1 immediately and follow all instructions.
10. To the extent possible, staff will visually examine individuals served for signs of physical injury and document any findings.
11. If the incident resulted in injury, staff will provide necessary treatment according to their training.
12. Staff will complete an incident report on both individuals involved in the incident and follow the reporting procedures.

H. Any Emergency use of Manual Restraint (EUMR)

Follow Policy and Procedure on Emergency Use of Manual Restraint

I. A report of alleged or suspected maltreatment/mistreatment of a minor of vulnerable adult

Follow Policy and *Procedure on Reporting and Internal Review of Maltreatment and Injuries of unknown Origin of Vulnerable Adults or Procedure on Reporting and Internal Review of Maltreatment of Minors.*

J. Violation of the Bill of Rights or the Rights of Individuals Served or Home Care Bill or Rights

Refer to *Policy and Procedure on Reporting and Review of Maltreatment and Injuries of Unknown Origin of Vulnerable Adults or Procedure on Reporting and Internal Review of Maltreatment of Minors*

K. Fall/Slip

1. Provide First Aid
2. If any injury is suspected do not move the individual and call 911.
3. If no injury suspected or after 911 has been called, contact the nurse, Nurse Case Manager, or Nurse Case Manager on Call.
4. Staff will complete an incident report and follow the reporting procedures

L. Found on ground/Floor

1. Provide First Aid
2. If any injury is suspected do not move the individual and call 911.
3. If no injury is suspected or after 911 has been called, contact the nurse, Nurse Case Manager, or Nurse Case Manager on Call.
4. Staff will complete an incident report and follow the reporting procedures

M. Missing or Damaged Property

1. Report to PRC/PS and/or OA
2. Staff will complete an incident report and follow the reporting procedures.

N. Misappropriation of an individual's property (when using an individual's property for something it is not intended to be used.)

1. Report to PRC/PS and/or OA
2. Staff will complete an incident report and follow the reporting procedures

O. Injury from lift or transfer

1. Provide First Aid
2. Contact the nurse, Nurse Manager, or Nurse Case Manager on Call
3. Staff will complete an incident report and follow the reporting procedures

P. Choking

1. Provide First Aid
2. Contact the nurse, Nurse Manager, or Nurse Case Manager on Call
3. Staff will complete an incident report and follow the reporting procedures

Q. Skin discoloration

1. Provide First Aid
2. Contact the nurse, Nurse Manager, or Nurse Case Manager on Call
3. Staff will complete an incident report and follow the reporting procedures

R. Break in skin

1. Provide First Aid
2. Contact the nurse, Nurse Manager, or Nurse Case Manager on Call
3. Staff will complete an incident report and follow the reporting procedures

S. Equipment Malfunction or Environmental Hazards

1. Access the status of the equipment
2. If it malfunctioned or is broken, isolate it immediately
3. Remove environmental hazards, clutter or obstacles immediately
4. If an injury is involved, contact the supervisor, nurse, Nurse Manager, or Nurse Case Manager on Call
5. Staff will complete an incident report and follow the reporting procedures

T. Other

1. Contact the nurse, Nurse Manager, or Nurse Case Manager on Call
2. Staff will complete an incident report and follow the reporting procedures

U. Injuries of Unknown Origin

Refer to *Policy and Procedure on Reporting and Review of Maltreatment and Injuries of Unknown Origin of Vulnerable Adults or Procedure on Reporting and Internal Review of Maltreatment of Minors.*

V. Emergencies

Refer to *Policy and Procedure on Responding to Emergencies.*

VI. PROCEDURE FOR REPORTING INCIDENTS:

- A. Staff will call “911” first if they believe an individual is experiencing a medical emergency that may be life threatening.
- B. Staff will call “911” first or a mental health crisis intervention team or service when available and appropriate if they believe an individual experiencing a mental health crisis.
- C. If a Nurse is on site, they may start interventions. You **MUST** speak directly to a NCM or NCMOC for every incident. Staff will immediately notify the NCMOC that an incident or emergency has occurred and follow directions issued to them. NCM or NCMOC will ensure PRC/PS and OA is notified of incident. The NCMOC will notify the PARM and the Administrator/CEO if the report needs to be reported externally.

All incidents of alleged mistreatment, abuse, neglect, financial exploitation, and injuries of unknown origin to individuals being served **MUST** be reported immediately to NCMOC. Any unexplained injuries must be investigated as a possible maltreatment.

- D. The staff who witnessed or observed the incident or emergency will document the incident or emergency in Part I of the *Incident and Emergency Report* as well as any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in this procedure.

When an incident or emergency involve more than one individual served, HBI staff will not disclose identifiable information about another individual served when making a report to an individual and/or county case manager unless HBI has the consent of the individual and/or legal representative to disclose information.

- E. The NCM or NCMOC will ensure all incidents occurring while services are being provided are reported to the legal representative or designated emergency contact and case manager within 24 hours of an incident, discovery of an incident, or receipt of information that an incident has occurred unless otherwise directed in the individual's *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*. **Incidents involving maltreatment occurring in an ICF/ID will be reported immediately to the MAARC.**

NCMOC is able to delegate the required notification process to the OA, PRC/PS, or NCM only. NCMOC is responsible to ensure all delegated tasks have been completed within 24 hours of incident.

- F. All reports of an individual's death and serious injury at **Waivered Services** will be made to the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Department of Human Services Licensing Division **within 24 hours** of an incident or receipt of the information that the incident occurred, unless the NCMOC has reason to know that the incident has already been reported. All reports of serious injury and an individual's death occurring in an **ICF/ID** will be made to the MN Office of the Ombudsman for Mental Health and Developmental Disabilities and the Office of Facility Complaints **immediately** or receipt of the information that the incident occurred, unless the NCMOC has reason to know the incident has already been reported.

All reports of an individuals' death and serious injury will be reported to the Ombudsman, DHS Licensing, and Office of Facility Complaints will include the following forms:

- *Death or Serious Injury Report FAX Transmission Cover Sheet*
- *Death Reporting Form*
- *Serious Injury Form*
- *Notification Letter to Next-of-Kin*

Within 24 hours of the death of an individual served the NCMOC or person delegated by NCMOC is responsible for mailing a Notification Letter to Next-of-Kin to family members of the deceased individual.

- G. NCMOC will be responsible for reporting of an Emergency Use of Manual Restraint to legal representative and case manager will occur within 24 hours of the occurrence. Further reporting procedures will be completed according to the *Policy and Procedure on Emergency Use of Manual Restraint* which includes the requirements of reporting incidents according to MN Statutes, sections 245D.06, subdivision 1 and 245D.061.

- H. The PRC/PS will maintain information on all reported incidents.

Legal Authority: MS. §§§ [245D.11](#), subd. 2; [245.91](#), subd. 6; [609.341](#), subd. 3 and 14