

# **Incident Response, Reporting and Review Policy Merrick, Inc.**

## **1.00 PURPOSE:**

The purpose of this policy is 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 clients.

## **2.00 APPLICATION:**

This policy applies to each client receiving services from Merrick, Inc., and any individual who is either employed by, volunteers, or has a consulting agreement with Merrick, Inc.

## **3.00 POLICY STATEMENT:**

Merrick, Inc., will comply to the fullest extent possible with rules and regulations governing incident response, reporting and review of incidents involving clients being served within the scope of our license.

## **4.00 PROCEDURES:**

### 4.10 Definitions:

- 4.11 "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:
- 4.12 Serious injury of a person; as determined by MN Statutes, section 245.91, subdivision 6, including:
  - 4.121 Fractures, dislocations, avulsion of teeth, injuries to the eyeball, irreversible mobility, or evidence of internal injuries;
  - 4.122 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 pursued;
  - 4.123 Lacerations involving injuries to tendons or organs and those for which complications are present;
  - 4.124 Extensive second degree or third degree burns and other burns for which complications are present;
  - 4.125 Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
  - 4.126 Ingestion of foreign substances and objects that are harmful;
  - 4.127 Near drowning;
  - 4.128 Heat exhaustion or sunstroke;

- 4.129 Attempted Suicide; and
- 4.1211 Complications of medical treatment or previous injury.
- 4.13 All other injuries that require a medical assessment by a healthcare professional or are 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.
- 4.14 A person's death.
- 4.15 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.
- 4.16 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.
- 4.17 An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.
- 4.18 A person's unauthorized or unexplained absence from a program.
- 4.19 Conduct by a person receiving services against another person receiving services that:
  - 4.191 Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;
  - 4.192 Places the person in actual and reasonable fear of harm;
  - 4.193 Places the person in actual and reasonable fear of damage to property of the person;  
or
  - 4.194 Substantially disrupts the orderly operation of the program.
- 4.19 Any sexual activity between persons receiving services involving force or coercion.
  - 4.191 "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.
  - 4.192 "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).
- 4.191 Any emergency use of manual restraint.

4.192 A report of alleged or suspected vulnerable adult maltreatment under MN Statutes, section 626.557 or Chapter 260E.

4.20 Response Procedures:

4.21 Serious injury

4.211 In the event of a serious injury, staff will provide emergency first aid following instructions received during training.

4.212 Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.

4.213 Follow Medical Emergency-Non 911 or Medical Emergency 911 plan located on phone card.

4.22 Death

4.221 If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.

4.222 If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.

4.23 Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition

4.231 Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.

4.232 When staff believes that a person is experiencing a life threatening medical emergency they must follow Medical Emergency-911 plan written on phone card.

4.233 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.

4.24 Mental health crisis

4.241 When staff believes that a person is experiencing a mental health crisis they must follow Behavior Emergency plan written on phone card.

4.25 Requiring 911, law enforcement, or fire department

4.251 For incidents requiring law enforcement or the fire department, staff will call 911.

4.252 For non-emergency incidents requiring law enforcement, staff will call the Vadnais Heights Police non-emergency number: 651.484.3366.

- 4.253 For non-emergency incidents requiring the fire department, staff will call the Vadnais Heights Fire Department non-emergency number: 651.204-6030.
- 4.254 Staff will explain to the need for assistance to the emergency personnel. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.
- 4.26 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:
  - 4.261 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.
  - 4.262 If the person is missing from an onsite service area, Staff will follow Onsite Missing Persons information written on Phone Card.
  - 4.263 If the person is missing from an offsite service location, Staff will follow the Offsite Missing person's information written on the Phone Card or located in the offsite community book.
  - 4.264 A current photo will be kept in each person's file and made available to law enforcement.
  - 4.265 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.
- 4.27 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:
  - 4.271 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).
  - 4.272 As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
  - 4.273 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.
- 4.28 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:

- 4.281 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.
  - 4.282 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.
  - 4.283 Summon additional staff if necessary and feasible.
  - 4.284 If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
  - 4.285 Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
  - 4.286 Contact law enforcement as soon as possible and follow all instructions. 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.
- 4.29 Emergency use of manual restraint (EUMR) and/or Maltreat of a Vulnerable Adult.
- 4.291 Follow the EUMR Policy.
  - 4.292 Follow the Maltreatment of Vulnerable Adults Reporting and Internal Review Policy.

4.30 Reporting Procedures:

- 4.31 Completing a report. Incident reports will be completed as soon 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:
  - 4.311 The name of the person or persons involved in the incident;
  - 4.312 The date, time, and location of the incident;
  - 4.313 A description of the incident;
  - 4.314 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;
  - 4.315 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).
  - 4.316 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.

#### 4.32 Reporting incidents to team members

- 4.321 All reportable 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.

4.322 This program will not report an incident when it knows that the incident has already been reported.

4.323 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.

#### 4.33 Additional reporting requirements for deaths and serious injuries

4.331 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. A report is to be made using either the Office of the Ombudsman's *Death Report webform* or *Serious Injury webform* or the facsimile *Death Reporting Form* or *Serious Injury Form* along with the *Death or Serious Injury Report FAX Transmission Cover Sheet*.

4.332 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.

4.333 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.

4.334 In the case of a death of the death of a service recipient while Merrick, Inc., was providing service within the scope of its license, or if Merrick, Inc., was not providing service within the scope of its license and there is no other licensed caregiver., Merrick, Inc., will provide the service recipient's next of kin with a copy of the Ombudsman's "Dear Newly Bereaved" Notification letter.

#### 4.34 Additional reporting requirements for maltreatment

4.341 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.

4.342 The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.

4.35 Additional reporting requirements for emergency use of manual restraint (EUMR)

4.351 Follow the EUMR Policy.

4.40 Reviewing Procedures:

4.41 Conducting a review of incidents and emergencies

4.411 This program will complete a review of all incidents.

4.412 Except for review of allegations of maltreatment, the review of incidents will be completed by a Program Director or a Program Support Manager at the 3210 site. Allegations of maltreatment will be reviewed by a Program Director or by an individual designated by the Executive Director for the 3210 site if a Program Director is unable or is not permitted to conduct that review. The Program Training and Resource Director or the Support Service Coordinator-ADS will review all incidents, including incidents involving alleged or suspected maltreatment, for the ADS site. An individual designated by the Executive Director will conduct a review of alleged or suspected maltreatment for the ADS site if the Program Training and Resource Manager or the Support Service Coordinator-ADS are unable or are not permitted to conduct the review.

4.413 The review will be completed within:

- a. 30 calendar days of a report made to the Minnesota Adult Abuse Reporting Center (MAARC);
- b. 30 calendar days of any other incident that requires an internal review; or
- c. 5 business days after the date of the emergency use of manual restraint.

4.414 The review will ensure that the written report provides a written summary of the incident.

4.415 The review will identify trends or patterns, if any, and determine if corrective action is needed.

4.416 When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

4.42 Conducting an internal review of deaths and serious injuries, allegations of maltreatment, and emergency use of manual restraint.

This program will conduct an internal review of all deaths and serious injuries, allegations of maltreatment, and emergency use of manual restraint 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 Internal Review Policy when alleged or suspected maltreatment has been reported).

The review will be completed by a Program Director for the 3210 site, the Program Director or Designated Center Lead for ADS site, or an individual designated by the Executive Director for either site.

The review will be completed within 30 calendar days of the death or serious injury, within 30 calendar days of the date when it became known there was an allegation of maltreatment, or within 5 business days of an emergency use of manual restraint. The internal review must include an evaluation of whether:

- 4.421 Related policies and procedures were followed;
- 4.422 The policies and procedures were adequate;
- 4.423 There is need for additional staff training;
- 4.424 The reported event is similar to past events with the persons or the services involved to identify incident patterns; and
- 4.425 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.
- 4.426 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.
- 4.427 The internal review of all incidents of emergency use of manual restraints must also determine if there is a need to revise the person's service and support plan.
- 4.428 The internal review must be made accessible to the Commissioner immediately upon the Commissioner's request for internal reviews regarding maltreatment.

4.50 Record Keeping Procedures:

- 4.51 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.
- 4.52 Incident reports will be maintained in the person's record. The record must be uniform and legible.