

MSS

Incident Response Policy and Procedures

Revised: September 2022

PURPOSE

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

POLICY

MSS will respond to incidents as defined in MN Statutes, section 245D.02, subdivision 11, that occur while providing services to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all incidents according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. 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 on reporting and to assist in developing preventative measures. For emergency response procedures, staff will refer to the *Incident and Emergency Response Plan*.

All staff will be trained on this policy and the safe and appropriate response and reporting of incidents. In addition, program sites will have contact information of a source of emergency medical care and transportation readily accessible. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the facility including each person's representative, physician, and dentist is readily available.

PROCEDURE

Defining Incidents

- A. An 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:
 1. Serious injury of a person as determined by MN Statutes, section 245.91, subdivision 6:
 - a. Fractures
 - b. Dislocations
 - c. Evidence of internal injuries
 - d. 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
 - e. Lacerations involving injuries to tendons or organs and those for which complications are present

- f. Extensive second degree or third degree burns and other burns for which complications are present
 - g. Extensive second degree or third degree frostbite and others for which complications are present
 - h. Irreversible mobility or avulsion of teeth
 - i. Injuries to the eyeball
 - j. Ingestion of foreign substances and objects that are harmful
 - k. Near drowning
 - l. Heat exhaustion or sunstroke
 - m. Attempted suicide
 - n. 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 of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury
2. Death of a 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, advance practice registered nurse, or physician assistant treatment, or hospitalization.
 4. 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.
 5. Any act or situation involving a person that requires the program to call "911", law enforcement, or the fire department
 6. A person's unauthorized or unexplained absence from a program
 7. Conduct by a person served against another person served that:
 - a. Is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support
 - b. Places the person in actual and reasonable fear of harm
 - c. Places the person in actual and reasonable fear of damage to property of the person
 - d. Substantially disrupts the orderly operation of the program
 8. Any sexual activity between persons served involving force or coercion as defined under MN Statutes, section 609.341, subdivisions 3 and 14.
 9. Any emergency use of manual restraint as identified in MN Statutes, section 245D.061.
 10. A report of alleged or suspected maltreatment of a minor or vulnerable adult under MN Statutes, sections 626.557 or chapter 260E.

Responding to Incidents

- A. Staff will respond to incidents according to the following plans. For incidents including death of a person served, maltreatment, and emergency use of manual restraints, staff will follow the applicable policy and procedure:
1. **Death of a person served:** *Incident and Emergency Response Plan*
 2. **Maltreatment:** *Maltreatment of Vulnerable Adults Policy*
 3. **Emergency use of manual restraint:** *Emergency Use of Manual Restraint Policy*
- B. Any medical emergency (including serious injury), unexpected serious illness, or significant unexpected changes in an illness or medical condition of a person that requires the program to call "911", treatment by a physician, an advance practice registered nurse, or a physician assistant, or hospitalization.
1. Staff will first call "911" if they believe that a person is experiencing a medical emergency (including serious injury), 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. Staff will give 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 person served has an advanced directive (e.g., DNR). Staff will refer to the Policy and Procedure on the *Death of a Person Served* section of the *Emergency and Incident Response Plan* for more information.
 3. Staff will notify the Program Supervisor and/or Program Director or designee who will assist in securing any staffing coverage that is necessary.
 4. The person's residence and guardian will be contacted. The residence and/or guardian will be asked to meet us and the person at the hospital if they are transported.
 5. If the person is transported to a hospital, staff will either accompany the person or go to the hospital as soon as possible. Staff will not leave other persons served alone or unattended.
 6. Staff will provide a copy of the person's "Face Sheet" including emergency information.
 7. MSS staff will remain at the hospital and coordinate an admission on to the hospital until a guardian or residential staff arrives.
 8. If the person's condition does not require a call to "911" but prompt medical attention is necessary, staff will consider the situation as health threatening and will call the person's residence or guardian. It is the responsibility of the guardian or residential staff to provide transportation to the medical clinic or urgent care.
 9. In either situation, prior to returning to MSS, staff will coordinate with the person's residence, assigned nurse or nurse consultant, Service Coordinator and/or Program Supervisor and ensure that:
 - a. A signed doctor's order is received outlining all new medications/treatments and cares and the approval to return to work without restrictions.
 - b. All medications or supplies have been received from the residential site

- c. All new orders have been recorded on the monthly medication sheet
 - d. All staff who will be working with the individual have been trained on all protocol modifications.
- C. Any mental health crisis that requires the program to call "911" or a mental health crisis intervention team:
- 1. Staff will implement any crisis prevention plans specific to the person 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 person's safety, and will not leave the person alone if possible.
 - 3. Staff will contact "911" or a mental health crisis intervention team and explain the situation and that the person 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 Program Supervisor and/or Program Director or designee who will assist in securing any staffing coverage that is necessary.
 - 6. The person's residence and guardian will be contacted. The residence and/or guardian will be asked to meet us and the person at the hospital if they are transported.
 - 7. If the person is transported to a hospital, staff will either accompany the person or go to the hospital as soon as possible. Staff will not leave other persons served alone or unattended.
 - 8. Staff will provide a copy of the person's "Face Sheet" to emergency personnel.
 - 9. Staff will remain at the hospital and coordinate an admission on to the hospital until a guardian or residential staff arrives.
 - 10. Prior to the person's return to MSS, staff will coordinate with the person's residence, assigned nurse or nurse consultant, Service Coordinator and/or Program Supervisor or designee and ensure that:
 - a. A signed doctor's order is received outlining all new medications/treatments and cares and the approval to return to work without restrictions.
 - b. All medications or supplies have been received from the residential site
 - c. All new orders have been recorded on the monthly medication sheet
 - d. All staff who will be working with the individual have been trained on all protocol modifications.
- D. An act or situation involving a person 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 person at imminent risk of harm.
 - 2. Staff will immediately notify the Program Supervisor and/or Program Director or designee of any "911", law enforcement, or fire department involvement or intervention.

3. If a person 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 a person has been sexually assaulted, staff will discourage the person from bathing, washing, or changing clothing. Staff will leave the area where the assault took place untouched, if it is under MSS's control.
 5. If a person served is suspected of committing a crime or participating in unlawful activities, staff will follow the person's Coordinated Service and Support Plan Addendum when possible criminal behavior has been addressed by the support team.
 6. If a person served is suspected of committing a crime and the possibility has not been addressed by the support team, the Program Supervisor and/or Program Director will determine immediate actions and contact support team members to arrange a planning meeting.
 7. If a person served is incarcerated, the Program Supervisor and/or Program Director or designee will provide the police with information regarding vulnerability, challenging behaviors, and medical needs.
- E. Unauthorized or unexplained absence of a person served from a program
1. Staff will follow the "Missing Persons" section of the "Incident and Emergency Response Plans for All Centers"
- F. Conduct by a person served against another person served
1. Staff will immediately enlist the help of additional staff if they are available and intervene to protect the health and safety of persons involved.
 2. Staff will redirect persons 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 person 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 person or others from imminent risk of physical harm, staff will follow the *Emergency Use of Manual Restraint Policy* 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 persons served for signs of physical injury and document any findings.
 8. If the conduct results in injury, staff will provide necessary treatment according to their training.
- G. Sexual activity between persons served involving force or coercion

1. Staff will follow any procedures as directed by the Individual Abuse Prevention Plans and/or Coordinated Service and Support Plan Addendums, as applicable.
2. Staff will immediately intervene in an approved therapeutic manner to protect the health and safety of the persons involved if there is obvious coercion or force involved, or based on the knowledge of the persons involved, that one of the persons may have sexually exploited the other.
3. If the persons served are unclothed, staff will provide them with a robe or other appropriate garment and will discourage the person from bathing, washing, changing clothing, or redressing in clothing that they were wearing.
4. Staff will leave the area where the sexual activity took place untouched if it is under MSS's control.
5. Staff will call "911" in order to seek medical attention if necessary and inform law enforcement.
6. To the extent possible, staff will visually examine persons served for signs of physical injury and document any findings.
7. If the incident resulted in injury, staff will provide necessary treatment according to their training.

Reporting Incidents

- A. Staff will first call "911" if they believe that a person is experiencing a medical emergency that may be life threatening. In addition, staff will first call "911" or a mental health crisis intervention team for a person experiencing a mental health crisis.
- B. Staff will immediately notify the Service Coordinator, Program Supervisor, or Program Director that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident Report for Persons Receiving Services* and any related program or health documentation. Each *Incident Report* will contain the required information as stated in this policy.
- C. When the incident or emergency involves more than one person served, MSS and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless MSS has the consent of the person and/or legal representative.
- D. The Service Coordinator, Program Supervisor, or Program Director will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless MSS has reason to know that the incident has already been reported, or as otherwise directed in the person's *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*.
- E. A report 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 the incident, or receipt of the information that the incident occurred, unless MSS has reason to know that the incident has already been reported, by using the required reporting forms.

This report can be done online or by downloading the documents and faxing them.

Please note: The online webforms cannot be saved. Each report needs to be completed in one session. Enter the information and click the “Next” button, verify your information and click the “Submit” button. *You must then print the form and send it to the Vice President of Programs and the HR Director. While the Ombudsman will accept online reports, DHS, Licensing Division requires a faxed copy.*

Online Death Reporting:

<https://omhddcms.i-sight.com/portal/death-review>

Online Serious Injury Reporting:

<https://omhddcms.i-sight.com/portal/serious-injury>

Printable/PDF Death Reporting form:

https://mn.gov/omhdd/assets/Death-Report-Form-March-2020b_tcm23-423762.pdf

Printable/PDF Serious Injury Reporting Form:

https://mn.gov/omhdd/assets/Serious-Injury-Report-Form-March-2020_tcm23-423756.pdf

Death or Serious Injury Report Fax Transmission Cover Sheet:

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6929-ENG>

- F. A verbal report to a Program Director, or a Program Supervisor who meets the qualifications of a [Designated Manager](#), must be made within 24 hours of any occurrence of an emergency use of manual restraint that occurs while services are being provided. Further reporting procedures will be completed according to the *Emergency Use of Manual Restraint Policy*, which includes the requirements of reporting incidents according to MN Statutes, section [245D.06, subdivision 1](#).
- G. Within 24 hours of reporting maltreatment, MSS will inform the case manager of the nature of the activity or occurrence reported and the agency that received the report. MSS and staff will follow the *Maltreatment of Vulnerable Adults Policy* or the *Maltreatment of Minors Policy*, as applicable.

Incident Reviewing Procedures

A. Conducting a review of incidents and emergencies

MSS will complete a review of all incidents and accidents that occur in the program or are reported to the program.

1. A Program Director, or a Program Supervisor who meets the qualifications of a [Designated Manager](#), will complete the "Designated Manager Review" section of the

Incident Report within 24 hours of the incident. The *Incident Report* will also be sent to the VP of Program Services and the HR Director within 24 hours of the incident for further review.

2. The review will ensure that the written report provides a written summary of the incident.
3. The review will identify trends or patterns, if any, and determine if corrective action is needed.
4. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.
5. If this accident or injury was related to worker's compensation, a First Report will be made to the Insurance Carrier by the worker's compensation coordinator.
6. If the VP of Program Services determines that an additional investigation of any accident, incident, or emergency is warranted, then that person may initiate and complete further investigation or designate another person to conduct the investigation on their behalf.

B. Conducting an internal review of deaths and serious injuries

This program 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.

1. Following the process above, a Program Director, or a Program Supervisor who meets the qualifications of a [Designated Manager](#), will complete the "Designated Manager Review" section of the *Incident Report* within 24 hours of the incident. The *Incident Report* will also be sent to the VP of Program Services and the HR Director within 24 hours of the incident for further review.
2. The VP of Program Services will initiate and complete an internal investigation or designate another person to conduct the investigation on their behalf.
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.
4. 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.

C. Conducting an internal review of alleged or suspected maltreatment:

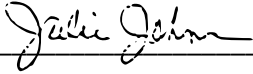
Follow the *Maltreatment of Vulnerable Adults Policy* or the *Maltreatment of Minors Policy*.

D. Conducting a review of emergency use of manual restraints:

Follow the *Emergency Use of Manual Restraints Policy*.

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.



Julie Johnson, President/CEO

9/20/22

Date

Related Forms:

- *Incident Report Form for Persons Served*

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THIS REPORT MUST BE FILLED OUT COMPLETELY WITHIN 24 HOURS OF THE INCIDENT

Center/Program

Apple Valley Brooklyn Park Eagan Oakdale Shoreview St. Paul Program DT&H St. Paul Employment Emp Svcs/VR

Name : _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Assigned Center/Program Area: _____ MSS Service Coordinator: _____

Location of Incident: _____ Date & Time: _____

Date Reported: _____ To Whom: _____

Name(s) of any person(s) that witnessed the incident: _____

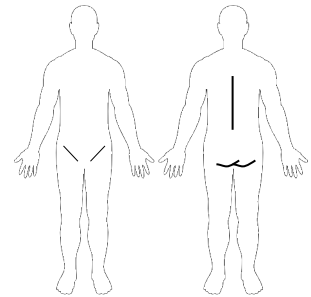
Type of Incident:

<input type="checkbox"/> Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition that requires a call to "911", treatment by a physician, advance practice registered nurse, or physician assistant treatment, or hospitalization.	<input type="checkbox"/> Mental health crisis that requires a call to "911", a mental health crisis intervention team, or a similar mental health response team or service	<input type="checkbox"/> An act or situation involving a person that requires a call to "911", law enforcement, or the fire department
<input type="checkbox"/> Serious Injury as defined in <i>Emergency Response Plan All Centers and 245.91, subd 6*</i>	<input type="checkbox"/> Accident	<input type="checkbox"/> Minor Injury
	<input type="checkbox"/> Fall	<input type="checkbox"/> Near Miss
<input type="checkbox"/> A person's unauthorized or unexplained absence from a program – Elopement	<input type="checkbox"/> Physical aggression from person served to staff	<input type="checkbox"/> A report of alleged or suspected maltreatment
<input type="checkbox"/> Conduct by a person served against another person served that: <ul style="list-style-type: none"> • is so severe, pervasive, or objectively offensive that it substantially interferes with the person's opportunities to participate in or receive service or support, • places the person in actual and reasonable fear of harm or damage to their property, or • substantially disrupts the orderly operation of the program 		<input type="checkbox"/> Other

**Reporting of these incidents must also be made to MN Department of Human Services – Licensing Division and MN Office of the Ombudsman
Use the DHS Death or Serious Injury Report Fax Transmission Cover Sheet when sending this*

Describe exactly what happened objectively and avoid including personal feelings/opinions. Include staff intervention and resolution. Include details pertaining to equipment/environment/work location, etc. Attach an additional page if necessary:

Indicate the location of any injury(ies) on the Diagram below:



Was the participant engaged in paid vocational training prior to, or at the time of the incident? Yes No
Has a Maintenance Work Order been made regarding this incident? Yes No: If yes please list date: _____
Is this an exposure under our Pathogen Blood Borne Pathogen policy that requires medical follow-up? Yes No

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Medical Treatment

Was First Aid Administered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?	By Whom?
Was person transported to the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?	By Whom?
Was medical treatment recommended by an MSS staff member but refused by the worker/participant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If Medical Treatment (including Dental) was received:

Name of Hospital/Physician/Clinic:	_____
Phone number of Hospital/Physician/Clinic:	_____
Date and Time Treatment Received:	_____
Did Residential Provider/Family indicate that they would seek medical treatment at a later date?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Persons that must be notified within 24 hours of all incidents					Left Message
Residential Provider (if applicable)	Date called:	Time called:	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	<input type="checkbox"/>
Legal Representative(s)	Date called:	Time called:	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	<input type="checkbox"/>
Emergency Contact:	Date called:	Time called:	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	<input type="checkbox"/>
County Case Manager	Date called:	Time called:	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	<input type="checkbox"/>
Other:	Date called:	Time called:	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	<input type="checkbox"/>
Additional Persons/Agencies That Must Be Notified Within 24 Hours for All Serious Accidents/Incidents & Emergencies (See Incident & Emergency Reporting Procedure in Adm. Manual, Vol. II for definition of Serious Accident)					
DHS - Licensing Division	Date called:	Time called:	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	<input type="checkbox"/>
Ombudsman:	Date called:	Time called:	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	<input type="checkbox"/>
Other:	Date called:	Time called:	<input type="checkbox"/> AM <input type="checkbox"/> PM	By Whom?	<input type="checkbox"/>

Designated Manager Review and Recommendation

1. Was the person's <i>Coordinated Service and Support Plan Addendum</i> reviewed as applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were changes needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were policies and procedures implemented as applicable? If no, address in the corrective action section of this review. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were policies and practices adequate? If no, address in the corrective action section of this review. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is there a need for additional staff training? If yes, address in the corrective action section of this review. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Identification of patterns:
6. Is corrective action necessary based upon the review? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what corrective action will be implemented as necessary to reduce occurrences?
_____ Designated Manager Signature
_____ Date

Routing – Send copies of this form to the following: VP of Program Services, HR Director, St Paul Receptionist, Nurse Consultant, Individual's File

_____ Signature of Injured Person (if applicable)	_____ Date
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_____ Name of Person Completing this Form (please print)	_____ Signature of Person Completing this Form	_____ Date
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ADMINISTRATIVE REVIEW: Is additional Investigation/Review required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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