



Policy Title: Reporting and Documenting Incidents and Emergencies	Effective Date	4-1-14
	Revision Date	7-5-17
	Approval	MM
	File	Policies

I. Purpose

To establish a system for reporting, documenting and reviewing incidents and emergencies related to the health, safety or supervision of persons served by PAI.

II. Revision History

Date	Rev. No.	Change	Reference Section(s)
7-5-17	13	Revised list of serious injuries per amended 245.91, subd. 6 and general language edits throughout.	E: 2 (a), (i): expanded (4), (13) and added (14)
2-2-14	12	Added amended wording per legislation 245D	All
8-13-12	11	Added amended wording per legislation 245B	All
2-16-10	10	Revised the outline of the section	VI: Removed some wording and added items to A
10-26-09	9	Update for changes to Vulnerable Adult Act	VI, E: 1 - 2 deleted and VII, D: 1 - 5 added
1-20-09	8	Revised language	I, VII: 2, and X.
12-7-07	7	Revised language in Ombudsman Rule	VI, F: 3

III. Persons Affected

Individuals receiving services at PAI.

IV. Persons Responsible

PAI staff.

V. Definitions

1. Emergency (245D.02, subp. 8) means any event that affects the ordinary daily operation of the program including, but not limited to, fires, severe weather, natural disasters, power failures, or other events that threaten the immediate health and safety of a person receiving services and that require calling 911, emergency evacuation, moving to an emergency shelter, or temporary closure or relocation of the program to another facility or service site for more than 24 hours.
2. Incident means any of the following:
 - A. Serious injury of a person (245.91, subd. 6): Including (1) fractures, (2) dislocations, (3) evidence of internal injuries, (4) head injuries with loss of consciousness or potential for a closed head injury or concussion without a loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical treatment was sought, (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 others 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; (13) attempted suicide and (14) all other injuries and incidents considered serious 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.

- B. a person's death;
- C. any medical emergencies, unexpected serious illnesses, or significant unexpected change in illnesses or medical condition of a person that requires the program to call 911, physician treatment, or hospitalization;
- D. any mental health crisis that requires the program to call 911, 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 a person that requires the program to call 911, law enforcement, or the fire department;
- F. a person's unauthorized or unexplained absence from a program;
- G. conduct by a person receiving services against another person receiving services that:
 - 1. is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;
 - 2. places the person in actual and reasonable fear of harm;
 - 3. places the person in actual and reasonable fear of damage to property of the person; or
 - 4. substantially disrupts the orderly operation of the program;
- H. any sexual activity between service recipients involving force or coercion as defined under section 609.341, subdivisions 3 and 14:
 - 1. 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 (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.
 - 2. 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.
- I. any emergency use of manual restraint as identified in section 245D.061 or successor provisions; or
- J. a report of alleged or suspected vulnerable adult maltreatment under section 626.557.

VI. Reporting Incidents or Emergencies

- A. Any incident or emergency, per the above definitions, will be reported:
 - 1. Immediately to the PAI site program director and/or designated coordinator, or
 - 2. Within 24 hours of the occurrence, or
 - 3. Within 24 hours of the receipt of the information of the occurrence unless the incident or emergency has been reported by another license holder to the person's legal representative, other licensed caregiver(s), if any, and the person's case manager.
 - 4. Additionally, situations involving serious injury or death are reported to:
 - a. The Department of Human Services Licensing Division, and
 - b. The Office of Ombudsman for Mental Health and Developmental Disabilities.
- B. All information pertaining to the incident or emergency will be maintained by PAI.
- C. Confidentiality will be maintained when an incident or emergency involves more than one person.
 - 1. No identifiable information will be disclosed in written or oral form when reporting to the other involved person's team members.

VII. Incident and Emergency Report Documentation

- A. All incident and emergencies will be reported on the Incident and Emergency Report form.
- B. Staff witnessing an incident or emergency will make a verbal report to the site program director and/or coordinator as soon as possible but no later than the end of the program day.
- C. Staff will complete the Incident and Emergency Report form and route it to the site program director or coordinator as soon as possible (no later than within 24 hours of the incident).

1. Staff will not disclose any personally identifiable information about other persons in the report.
 2. Staff will initial the end of each section they have written as there may be other staff adding information to the report.
 3. All staff completing the form should note their name, title and initials.
- D. The site program director and coordinator will review the report and confer with the PAI vice president to determine what external reports, if any, need to be made and complete them within specified time frames.
1. Additional reports are required for:
 - a. Incidents involving alleged or suspected maltreatment (see PAI Internal Review and External Reporting of Alleged or Suspected Maltreatment Policy for reporting guidelines);
 - b. The emergency use of manual restraint (see PAI Behavior Intervention and Emergency Use of Manual Restraint Policy for reporting guidelines);
 - c. Serious injuries; or
 - d. Death.
 2. In the event of a serious injury or death, the site program director or vice president will submit a report within 24 hours to the Minnesota Ombudsman for Mental Health and Developmental Disabilities (OHDD) and the Minnesota Department of Human Services (DHS) Licensing Division. Reporting is done via an online form available at <https://mn.gov/omhdd/reporting-death-or-serious-injury/download-forms.jsp>. The report can be faxed to both agencies using the fax cover page at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6929-ENG>.
 3. The site program director will report a serious injury or the death of a person attending PAI who lives within a family home to the OMHDD as the unlicensed provider would not be required to do so.
- E. When necessary and as appropriate, the person's Coordinated Support and Services Plan Addendum (CSSPA) will be revised to reflect the risk areas, vulnerabilities, preventative measures, etc. indicated by incidents or emergencies.
- F. Copies of all reports, including applicable internal review forms, will be compiled by the program director and filed in the medical section of the person's PAI case files.

VIII. Monitoring Incident and Emergency Reports

- A. When a report of alleged or suspected maltreatment is made, the site program director is the PAI contact person for any follow-up investigations, interviews, reporting, etc.
 1. Once a final disposition is reported to PAI, the site program director will notify the vice president of the determination.
- B. Reports of incidents or emergencies are reviewed by the program site's Safety Committee to identify areas of concern, patterns or trends of incident, additional training needs, etc. The site program director will complete any actions identified needed by the Committee.
- C. The occurrences of incidents and emergencies are monitored for systemic improvement indicators by site management teams, safety committees, PAI nursing staff, etc.

IX. Forms

PAI Incident and Emergency Report Form
 Online forms as required by OMHDD and DHS Licensing