

Policy Title: Responding to Incidents of Illness and Emergency

Effective Date	1-1-14
Revision Date	10-25-17
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File	Policies

I. Purpose

To effectively respond to incidents to ensure the safety of individuals receiving services and to support the continuity of service until emergencies are resolved.

II. Revision History

Date	Rev.	Change	Reference
	No.		Section(s)
10-25-17	1	Revised list of serious injuries per amended 245.91,	All
		subd. 6 and general language edits throughout.	

III. Persons Affected

Individuals receiving services at PAI.

IV. Persons Responsible

All PAI staff and volunteers.

V. Definitions

"Emergency" 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.

"Incident" means 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:

- serious injury of a person as determined by section <u>245.91</u>, <u>subdivision 6</u>;
- a person's death;
- any medical emergency, 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;
- any mental health crisis that requires the program to call 911 or a mental health crisis intervention team;
- an act or situation involving a person that requires the program to call 911, law enforcement, or the fire department;
- a person's unauthorized or unexplained absence from a program;
- conduct by a person receiving services against another person receiving services that:
 - o is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support;
 - o places the person in actual and reasonable fear of harm;
 - o places the person in actual and reasonable fear of damage to property of the person; or
 - o substantially disrupts the orderly operation of the program;
- any sexual activity between persons receiving services involving force or coercion as defined under section 609.341, subdivisions 3 and 14;

- any emergency use of manual restraint as identified in section <u>245D.061</u>; or
- a report of alleged or suspected child or vulnerable adult maltreatment under section <u>626.556</u> or <u>626.557</u>.

VI. Staff Trained In Basic First Aid Will Be Available At Each Site.

- A. When a person's coordinated service and support plan or coordinated service and support plan addendum requires staff trained in cardiopulmonary resuscitation (CPR) be available to them,
 - 1. The site director will assure that there are sufficient staff available that have had the required training to provide direct service for the person.

VII. Responding to a Serious Injury / Medical Emergencies / Illness

- A. The first person to see an injured person has the responsibility to assume control of the situation, or to have another more qualified person do so. **Staff will not leave an injured or ill person unattended and will stay with the person and call for additional assistance.**
- B. Staff trained in first aid (if available) or the staff person who assumes control will:
 - 1. Assess the extent of the injury and direct all care given to the person
 - 2. Make sure the program director and/or the coordinator are notified as soon as possible.
- C. PAI maintains a stock of first aid supplies at all sites and on PAI vehicles.
- D. Sites that have a nurse available will follow the nurse's recommendations.
- E. Staff at sites without a nurse in program will:
 - 1. provide first aid
 - 2. notify the designated nurse at the person's residence or (if the nurse is unavailable)
 - 3. call PAI's nurse consultant for further instructions
- F. If the person has a limited treatment plan or an order for no cardiopulmonary resuscitation staff will follow the person's individual orders, e.g.,
 - 1. Implementation of limited treatment plans
 - 2. When an individual has a limited treatment plan or No CPR order, first aid will still be provided, taking into consideration any limitation orders.
 - 3. Anything not defined in the limited treatment plan, will be offered per standards of practice.
 - 4. Individuals who do not have limited treatment plans or "No CPR" orders will be provided full implementation of resuscitation measures by PAI staff and emergency personnel who respond.
- G. Emergency Medical Situations
 - Should the situation require critical care, i.e., the person is presenting any of the following symptoms; staff in attendance <u>must</u> call 911 as soon as possible. **DO NOT WAIT FOR AUTHORIZATION.**
 - a. Loss of consciousness
 - b. Uncontrolled bleeding
 - c. Breathing difficulty or atypical shortness of breath without discomfort.
 - d. Cardiac distress/pain including but not limited to chest discomfort or discomfort in other areas of the upper body, e.g., arms, back, neck, jaw or stomach.
 - e. Other symptoms such as cold sweating, nausea or lightheadedness.
 - 2. If 911 is called:
 - a. A Staff who is not attending to the person will be designated to:
 - i. Meet emergency personnel at the entry and lead them to the person in distress.
 - ii. Provide a copy of the person's face sheet including the person's picture, a copy of current med orders.
 - iii. Current History/Physical if available
 - iv. Any applicable advance directives to the emergency personnel.
 - b. The person's caregiver will be notified as soon as possible.

- i. A staff from PAI will be designated to follow the person to the medical facility and stay with them until their caregiver arrives or until the person is admitted to the hospital and under the care of medical professionals.
- H. Responding to Non-Emergency Medical Situations.
 - 1. Should a person have an injury that does not require critical care but will need medical attention, i.e., possible strains, sprains, contusions, cuts requiring stitches;
 - a. And the person has a specific coordinated service and support plan to address non-emergency medical situations those procedures will be followed.
 - b. If there is no specific plan, the person's primary caregiver will be notified of the situation and asked to provide transport for medical attention as soon as possible.
 - c. If for any reason the caregiver can't be contacted the person's additional emergency contacts will be tried.
 - i. Staff will make person as comfortable as possible while arrangements are being made.
 - d. If staff is unable to notify any of the person's contacts, PAI's nurse consultant will be contacted for further instruction and recommendations.
 - e. If no other arrangements can be made 911 will be called and notified that non-critical care transport is needed.
 - i. A staff from PAI will be designated to follow the person to the medical facility and stay with them until their caregiver arrives or until they are admitted to the hospital and under the care of medical professionals.
 - f. PAI staff are not authorized to transport injured persons in their personal vehicles.
 - 2. Responding to Illness
 - a. Notify your Program Coordinator if persons are demonstrating symptoms of illness.
 - b. Call 911 anytime a consumer is presenting symptoms related to problems with their airway, breathing, or circulation.
 - c. If the person has the following symptoms fever, diarrhea, rash sore throat, nausea, vomiting or profuse nasal drainage, PAI will request they be taken home to limit exposure of others.
 - d. The person's caregiver will be notified that they are unwell and will be asked if they are able to transport home.
 - e. If the caregiver is unable to transport them home, PAI staff will make them as comfortable as possible in the site's designated rest area until the end of the program day.
 - i. Staff will stay with the person and closely monitor them for any increase or change in symptoms that would indicate the need for emergency medical intervention.
 - ii. PAI Coordinator / Director will determine the best transportation method depending on the nature of the illness in the event that no one can be reached prior to the person regularly scheduled transportation.
 - iii. Staff will complete an illness report detailing the signs, symptoms and treatment given and send a copy to the person's residence and route internally.
 - iv. Designated rest areas:
 - a. Commerce Staff will make the person comfortable as possible in their program room. They will help them into a recliner or a mat table (if available). If there are concerns that the person maybe contagious, they will be removed to an area that other people will not access, e.g., small kitchen, conference room, office. A staff person will be assigned to supervise and watch for any increase in symptoms or discomfort. Staff should use universal precautions. Gloves, mask, protective eye wear are available if necessary. The area will be disinfected thoroughly after use.
 - b. Linden In the event that a person becomes ill and they are unable to go home, staff will make them as comfortable as possible in the program room they are assigned to. They will be offered the opportunity to lie down or recline in a chair. They will be located away from other individuals to avoid spreading the illness to others. Staff should use universal

- precautions. Gloves, mask, protective eye wear are available if necessary. The area will be disinfected thoroughly after use.
- c. Parkway Staff will make the person comfortable as possible in the program room. They will help them into a recliner or a mat table (if available). If there is concern that they may be contagious, the person will go into the sensory room, away from others. They will be under staff observation until arrangements are made for their return home. Staff should use universal precautions. Gloves, mask, protective eye wear are available if necessary. The area will be disinfected thoroughly after use.
- d. Oakdale Individuals presenting symptoms of illness whose caregivers cannot be reached will be taken to the sensory room. Staff will make them as comfortable as possible and keep them under observation until arrangements can be made for their return home. Staff should use universal precautions. Gloves, mask, protective eye wear are available if necessary. The area will be disinfected thoroughly after use.
- f. Individuals may not return to the program until they are symptom-free for at least 24 hours.
- g. PAI may exclude persons presenting active symptoms of a potentially communicable disease until they are no longer contagious
- h. If more than one person in a program area contracts chicken pox, colonized active MRSA, influenza, lice, pinkeye, ringworm, scabies, strep within a week;
 - i. Notification of potential exposure will be sent to each person that may have been exposed.
 - ii. Each site maintains a file of information sheets for each potentially communicable disease that is included in notice of potential exposure.

VII. Death

- A. Emergency personnel have differing procedures for contacting the coroner if a person is deceased. The coroner may come to the facility to issue a death certificate or it may be issued over the phone depending on the Emergency Service that responds.
- B. The coroner will authorize the release of the body to the mortuary. PAI staff will let the home know that a death certificate has been issued and the consumer can be taken to the mortuary.
 - 1. The person's residence is responsible for making arrangements with the mortuary for transport.
- C. Staff will report and document the incident as required (refer to the Reporting Documenting Consumer Incidents Policy).
- D. The program director and vice president will insure all additional required reports are made to the required agencies and that an internal review is completed.

VIII. Unauthorized or Unexplained Absence From Program Services

- A. Persons with an identified risk of elopement will only access the community in groups with two or more staff.
- B. A photo of each person will be kept in each individual's file and made available to authorities.
- C. In the event a person is identified as missing the following steps will be taken:
 - 1. A thorough search of the building will be conducted:
 - 2. If missing in a PAI program area staff will;
 - a. check outing rosters
 - b. time off requests, with transportation
 - c. conduct a thorough search of all rooms in the building.
 - 3. If missing in the community staff will:
 - a. alert others as appropriate, e.g., store, mall or security personnel.
 - b. conduct a thorough search of the immediate area e.g., grounds, vehicles, restrooms
 - 2. If the person is not found, staff will continue the search and widen the search area.
 - 5. After searching for a total of ten minutes if the person is not found, staff will call 911 and also notify the following team members:
 - a. The parent or legal representative

- b. The case manager
- c. Other licensed caregivers
- 6. Staff will continue the search of the immediate neighborhood.
- 7. The president, vice president, director or designate will assume responsibility for coordinating efforts with all others involved.
- 8. The search effort by PAI staff will continue until the individual's whereabouts is determined or the president, vice president, director or authorities call off the search.
- D. In the event a person elopes from an activity and leaves the building or group the following steps will be taken:
 - 1. Staff will prompt the person to return to the activity
 - 2. Staff will stay with the person and if the situation allows, make other staff aware of the problem so there is back up.
 - 3. Staff will follow the person's positive support strategies, or use the least intrusive intervention possible to react effectively and ensure their safety given the circumstances.
 - 4. Staff will follow PAI's Behavioral Intervention & Emergency Use of Manual Restraint policy and reporting requirements in the event that the situation necessitated an emergency use of manual restraint.

IX. Acts or Situations Requiring an Emergency Call to 911, Law Enforcement, or the Fire Department Related to Service Recipients;

- A. Staff will follow the PAI's Safety and Emergency Response Plan and document the details on the PAI Incident Report
- B. An internal review will be conducted by the program director and vice president after the incident report is complete.
- C. Law Enforcement contact at the site or in the community
 - 1. Police/law enforcement arrive at a site:
 - a. Staff will greet them and ask how they can be of assistance.
 - b. Staff will be cooperative and answer all questions asked but will not provide additional information beyond what is asked.
 - c. Staff will request a business card or badge number from the official and notify the president, vice president and director as soon as possible.
 - 2. Law Enforcement contact resulting in arrest
 - a. If involving a PAI service recipient, staff will immediately notify the president, vice president and director.
 - b. Inform the law enforcement official of the person's diagnosis and status as a vulnerable adult, their health, safety needs, and any other vulnerability that may put them at risk for harm as a result of the arrest.
 - 3. On-Duty Staff Arrest: Notify the director, vice president, or president as soon as possible.
- D. PAI Vehicle Accident
 - 1. In the event that a PAI vehicle is involved in an accident while transporting PAI service recipients staff will:
 - a. Move to a safe location if possible
 - b. Ensure the individuals are as safe as possible.
 - c. Assess all persons involved for injury and call 911 if anyone requires emergency medical attention.
 - d. Stay with those involved until help arrives
 - e. Notify law enforcement of the accident
 - f. Notify the transportation coordinator who will coordinate notification of the site, the individuals' teams, arrange for additional support and alternate transportation or towing if the vehicle is not drivable.
 - g. The transportation coordinator or designee will collect the following information

- i. Addresses and e-mail of eyewitnesses & those involved in the accident
- ii. Phone numbers including cell phone numbers of eyewitnesses & those involved in the accident
- iii. License plate numbers of those involved
- iv. Pictures of the scene & vehicles
- v. Year, make and model of vehicles involved
- vi. Insurance carrier and policy numbers of those involved
- vii. The police report or case number from the responding officer
- h. Upon return complete an incident report for each person involved and notify their Support Team.

X. Conduct of a Person Receiving Services Against Another Service Recipient 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;
 - 1. places the person in actual and reasonable fear of harm;
 - 2. places the person in actual and reasonable fear of damage to property of the person; or
 - 3. substantially disrupts the orderly operation of the program;
- B. Staff will follow any specialized positive support strategy noted in the person's coordinated service support plan and PAI's Behavioral Intervention & Emergency Use of Manual Restraint policy.
- C. Staff will complete a PAI incident report when conduct meeting the above definition is observed.
- D. The incident report once complete is reviewed by the site director and then forwarded to the site safety committee for review to:
 - 1. Identify patterns of intimidation or aggression towards other service recipients
 - 2. Make recommendations for positive support strategies to decrease additional recurrence.
- E. In the event a person's behavior escalates to meeting the criteria for initiation an emergency use of manual restraint, staff will attempt to implement the individual's positive support strategies as well as the deescalation approaches outlined in PAI's Behavioral Intervention & Emergency Use of Manual Restraint policy before initiating the restraint.
 - 1. Staff will complete all required documentation as outlined in the policy per prescribed time lines if an emergency use of manual restraint is implemented.

XI. Sexual Activity Between Service Recipients Involving Force or Coercion as Defined Under Section 609.341, Subdivisions 3 And 14, or "Force"...

- A. Due to the vulnerability of the persons who are in attendance, PAI will not serve persons identified as having the potential for engaging in predatory sexual behavior.
- B. Staff remain vigilant to individuals assigned to their care whereabouts during the program hours.
- C. In the event that sexual coercion or force is suspected, staff will report the incident immediately to the program director and document the circumstances on PAI's incident report form.
- D. The director will notify the vice president and president and
 - 1. Seek medical/ psychological attention for the person if warranted.
 - 2. Initiate an internal review.
 - a. Interviews will be conducted with anyone who may have relevant information.

XII. Maltreatment

- A. In the event vulnerable adult is being maltreated or staff has reason to believe maltreatment has occurred or is occurring staff will intervene to protect them if the circumstances allow.
- B. Staff will report the incident or the reason they think a vulnerable adult is being maltreated as soon as possible, directly to the CEP or internally to the program director, assigned coordinator, vice president or president. Reports must be made only to persons not involved in the alleged or suspected maltreatment.

C. If the incident is reported internally to PAI's designated staff, they will make certain the requirements outlined in PAI Policy: Internal Review and External Reporting of Alleged or Suspected Maltreatment are followed.

XIII. Reporting Incidents.

- A. Staff will report and document all of the above referenced incidents as required, see *Reporting and Documenting Incidents Policy*.
- B. Program Directors/Coordinators will insure the person's support team is notified within the required time frames.
- C. No identifiable information will be disclosed when reporting to another involved person's team members, i.e., legal representative, other licensed caregivers (if any) and case manager.
- D. Follow up internal reviews will be completed on all incidents per 245D and 245A requirements.