

Policy Title: Accident, Critical Incidents and Sentinel Events – Emergency Response & Reporting	
<b>Policy Owner:</b> Director of Facilities and Risk Management <b>Policy Originated by:</b> Program	<b>Date Written:</b> 10/1/13
<b>Applicable Programs:</b> All	<b>Date Reviewed and Approved by PLT:</b> 3/11/14, 4/19/18, 4/22/19, 9/22/21
<b>Statutory or Regulatory Citation:</b> Minn. Stat. § 245D.02, subd. 11 Minn. Stat. § 245D.06, subd. 2 Minn. Stat. § 245D.11, subd. 6—7 Minn. Stat. § 626.556—626.557 Minn. Stat. § 245.91 Minn. Stat. § 245.94, subd. 2(a) Minn. Stat. § 9503.0110 Minn. Stat. § 9503.0130	<b>Date Reviewed and Approved by Medical Director (signature required annually and upon any changes):</b> 09/18/15, 10/06/16, 10/19/17, 10/18/18

**Policy:** It is the policy of St. David’s Center’s to respond to, report, review, thoroughly investigate, document, and preform follow-up to all incidents that occur while providing services, in a timely and effective manner, to protect the health and safety of and minimize risk of harm to persons receiving services.

In our mental health programs this includes the client or the client family member if they were to incur a serious physical injury (including death) or psychological injury during mental health service delivery, or faces the risk thereof, as well as any potential event for which a recurrence would carry significant chance of a serious adverse outcome.

**Violation of this Policy or Procedure**

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David’s Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

**Reference or Attachment:**

[Accident/Critical Incident Reporting Form](#)

**This policy contains the following information for managing accidents and incidents:**

- [Definitions](#) of reportable accidents and incidents – applicable to all programs
- [Accident/Incident Emergency Response and Reporting](#) – applicable to all programs

- [Child Care Center Procedure](#) – applicable to ECE
- [245D Waivered Services Programs](#) – applicable to In-Home and TR Services
- [Sentinel Event Reporting](#) – applicable to all mental health programs
- [St. David’s Center’s Internal Review](#) – applicable to all programs
- [Record Keeping](#) – applicable to all programs

**Companion Policy:**

[Critical Events Management, Reporting and Communications Policy](#) requirements should be followed in the event of an accident, incident, or sentinel event.

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## Definitions:

**"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:

- A. Serious injury of a person;
  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.
  
- B. Incidents and accidents that occur while engaged in treatment activities or while participating in an intervention program. While appropriate cautions are taken to minimize the possibility of harm, intervention activities, including use of suspended and moving equipment with children who have reduced safety awareness and compromised skills present an inherent risk and injuries are possible. The following situations require notification of parent along with an incident report:
  1. Striking or bumping head w/out loss of consciousness
  2. Unprotected falls from suspended and/or moving equipment, falls from a height and falls onto a hard surface
  3. Body hit by moving equipment with c/o pain and/or visible bump/bruise
  4. Jump/fall with twisting of leg/foot, arm/wrist resulting in c/o pain, tenderness, or decreased function (limping, favoring, non-use of arm/hand)
  5. Hit in head/face with minor injury/bruising/swelling to face, mouth, nose, ears
  6. Scratches, scrapes, cuts, and punctures that break the skin
  7. Any situation that results in bleeding including nosebleed with no known cause
  8. Biting or harming self or another child
  9. Skin reaction or allergic response to substance or food
  10. Persistent c/o nausea and/or vomiting as result of movement activity
  11. Any incident without immediate or apparent evidence of specific injury that presents possibility of injury when client is unable to reliably report pain

12. Event that places child at risk (running away)

- C. A person's death.
- D. 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.
- E. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.
- F. An act or situation involving a person that requires to program to call 911, law enforcement, or the fire department.
- G. A person's unauthorized or unexplained absence from a program.
- H. 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.
- I. Any sexual activity between persons receiving services involving force or coercion. (Non-consensual sexual activity)
  - **"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.
  - **"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).
- J. Any emergency use of manual restraint.
- K. A report of alleged or suspected child or vulnerable adult maltreatment.

**Accident Incident Emergency Response and Reporting:**

In the event of an accident, critical incident, or sentinel event, staff should follow the procedure for responding to the event according to the procedure below. Once the emergency has been addressed, staff should complete the reporting procedures based on their program requirements on pages 9 through 12 and [the Critical Event Management Reporting and Communications Policy](#). St. David's Center Management will follow the Accident/Incident review and record keeping starting on [page 13](#).

A. Serious Injury

1. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
2. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
3. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.

B. Incidence or accident during the course of treatment or participation in intervention program:

1. Assess level of injury and provide first aid/care as needed.
2. Consult with program lead/supervisor or seek assistance from other staff to assess and support managing the injury and ability to continue to participate in services.
4. Notify and consult with parent if available.
5. Complete accident/incident report as indicated.

C. Death

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

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

1. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
2. When staff believes that a person is experiencing a life-threatening medical emergency, they must immediately call 911.
3. 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.

E. Mental health crisis

1. When staff believes that a person is experiencing a mental health crisis, they must call the crisis management team or call 911.

F. Requiring 911, law enforcement, or fire department

- \* In-center programs will follow emergency response team guidance.
- \* Community-based Disability Services will take the following actions:
  1. For incidents requiring law enforcement or the fire department, staff will call 911.
  2. For non-emergency incidents requiring law enforcement, staff will call the Coordinator.
  3. For non-emergency incidents requiring the fire department, staff will call the non-emergency telephone number for the local fire department.
  4. Staff will explain to the need for assistance to the emergency personnel.
  5. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.

G. 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:

1. If the person has a specific plan outlined in his/her Coordinated Services and Support Plan Addendum or other St. David's Center plan documentation/client record to address strategies in the event of unauthorized or unexplained absences that procedure should be implemented immediately, unless special circumstances warrant otherwise.
2. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff.
  1. Therapeutic Recreation programs: When two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person. The second staff person will remain at the program location. Other persons receiving services will not be left unsupervised to conduct the search.
  2. In-Center Programs: Staff will follow the Missing Child Procedure as directed by the emergency response team.
3. If after no more than 10 minutes for In-Center programs (15 minutes for Therapeutic Recreation programs) the search of the facility and neighborhood is unsuccessful, staff will contact law enforcement authorities.
4. After contacting law enforcement, staff will notify the Coordinator (for In-Home or Therapeutic Recreation programs) or emergency response team (for In-Center programs) who will determine if additional staff are needed to assist in the search.
5. A current photo will be kept in each person's file and made available to law enforcement (applicable to Therapeutic Recreation).

6. 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.

#### H. Conduct of the person (Community Based Disability Services only)

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:

1. 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).
2. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
3. 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.

#### I. Sexual activity involving force or coercion (Non-consensual sexual activity) (Community-based Disability Services only)

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:

1. 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.
2. 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.
3. Summon additional staff if necessary and feasible.
4. If the persons are unclothed, provide them with appropriate clothing. Do not have them redress in the clothing that they were wearing.
5. Do not allow them to bathe or shower until law enforcement has responded and cleared this action.
6. Contact law enforcement as soon as possible and follow all instructions.
7. 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.

J. Emergency use of manual restraint (EUMR) (Community-based Disability Services)

Follow the [EUMR Policy](#).

K. Maltreatment

Follow the [Maltreatment of Minors](#) or [Vulnerable Adult](#) Reporting Policy.

**“Sentinel Event”**: means unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof, even if the outcome was not death or major permanent loss of function. Such events are called “sentinel” because they signal the need for immediate investigation and response. The Joint Commission establishes certain Sentinel Events for health care facilities and additionally requires each Joint Commission-accredited organization to define its own Sentinel Events and put into place monitoring procedures to detect these events and a procedure for root cause analyses.

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## Child Care Center:

### A. Completing a Report

1. Incident reports will be completed as soon as possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. For Child Care Centers if serious injury, fire during hours of operation, or death has occurred a report needs to be submitted electronically to DHS on the Child Care Center Serious Injury & Death reporting Form. A serious injury is considered an injury to a child that requires physician treatment or the use of any emergency medical services by a child when in care. The written report will include:
  - a. The name of the person or persons involved in the incident;
  - b. Age of the person or persons involved in the incident
  - c. The date, time, and location of the incident;
  - d. A description of the incident;
  - e. Type of injury;
  - f. 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;
  - g. The name of the staff person or persons who responded to the incident;
  - h. To whom the occurrence was reported; and
  - i. The results of the review of the incident (see section IV).
2. 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.
3. Copies of the Accident/Incident Reporting Form are distributed as follows:
  - a. Parent/guardian
  - b. Participant file
  - c. Supervisor

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## 245D Governed Programs:

### A. Reporting incidents to team members:

1. All 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.
2. This program will not report an incident when it has a reason to know that the incident has already been reported.
3. 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.

### B. Additional reporting requirements for deaths and serious injuries

1. A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division (if the program is an ICF/DD the report must be made to Department of Health, Office of Health Facility Complaints instead of DHS Licensing) and the Office of Ombudsman for Mental Health and Developmental Disabilities.
2. 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
3. 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.

### C. Additional reporting requirements for emergency use of manual restraint (EUMR) Follow the EUMR Policy.

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## Sentinel Event Reporting:

### Procedure:

1. Staff will implement emergency procedures to immediately intervene for the safety and health of individuals involved.
2. The Staff will notify supervising staff and executive agency administration immediately. ([Critical Events Management, Reporting and Communication](#))
3. The Staff and supervisor will work together to notify and document the date of contacting the appropriate parties or entities regarding the event. This includes but is not limited to:
  - A. Immediate family members/guardians;
  - B. Managed care company;
  - C. The client's physician and other treating medical and mental health personnel;
  - D. School-based service providers;
  - E. County Case Managers
  - F. The Ombudsman's office shall be notified of all deaths.
5. The county licensor shall be notified of all deaths.
6. Timely and thorough discussions will occur to ensure that adverse clinical actions are appropriately reported and reviewed. The staff person(s) will also attempt to identify the proximal cause of the event and develop and policies and procedures to ensure minimal reoccurrence of such an event. Specific documentation will be recorded including but not exclusive to the following:
  - A. Date of the conversation(s);
  - B. Identified action plan(s);
  - C. Identity of party responsible for completing the action plan(s);
  - D. Timeline for completing the action item(s);
  - E. Date the action item was completed and by whom;
  - F. "Accident/Critical Incident Report" Form (completed by Staff);
  - G. "Death and Serious Injury Report" Form to be submitted to the Minnesota Department of Human Services (completed by Staff);
    1. Health Progress Notes (Group Homes only).
7. The third-party payer will also be notified in the event of a patient death or any other unusually severe circumstance.
8. The Staff's licensing board will be contacted and informed of the event. In the event that specific action is recommended by the licensing body, the executive leadership team will determine the course of action. Specific documentation will include:

- A. Date of the conversation(s);
- B. Follow-up items;
- C. Date follow up items were completed;
- D. Other information, as appropriate.

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## **St. David's Center Internal Review Procedures:**

### **A. Conducting a review of incidents and emergencies**

This program will complete a review of all incidents.

1. The review will be completed by the Program Director.
2. The review will be completed within fourteen (14) days of the incident.
3. The review will ensure that the written report provides a written summary of the incident.
4. The review will identify trends or patterns, if any, and determine if corrective action is needed.
5. When corrective action is needed, a staff person will be assigned to take the corrective action within a specified time period.

### **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. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.)

1. The review will be completed by the Program Director.
2. The review will be completed within fourteen (14) days of the death or serious injury.
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.
5. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.

### **C. Conducting an internal review of maltreatment**

In addition to the information below, staff must follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy

4. 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.
  5. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
- D. Conducting a review of emergency use of manual restraints  
Follow the [EUMR Policy](#).
- E. Annual Analysis of any accidents injuries or incidents and any modification of the center's policies based on this

### **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.

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