

COPPER COUNTRY MENTAL HEALTH SERVICES BOARD  
POLICY AND PROCEDURE

DATE: September 25, 2024

Report, Investigation & Review of Unusual Incidents.P15

RESCINDS: February 28, 2024

CATEGORY: Client Services

SUBJECT: Report, Investigation and Review of Unusual Incidents

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that all unusual incidents involving people receiving CCMHS services, employees and/or volunteers will be reported, documented, investigated, and reviewed as required by Michigan Department of Health and Human Services and NorthCare. Further, appropriate follow-up care and/or remedial action will be taken to address any health and safety issues for those involved.

PURPOSE: The purpose of this policy and procedure is to provide standard instructions so that unusual incidents involving persons receiving services, employees and/or volunteers are identified, reported, documented, reviewed and investigated in a timely manner.

DEFINITIONS:

**Unusual Incident:** An occurrence that disrupts or adversely affects the course of treatment or care of a person receiving services, or the program or the facility administration, and includes but is not limited to:

- A. Death of a person who was receiving services or who had received an emergent service within the last thirty (30) calendar days.
- B. Attempted suicide by a person receiving services;
- C. Any accident or illness that involves an emergency room visit or hospital admission.
- D. Any physical or psychological injury of a person(s) receiving services and/or any incident, which could have caused physical or psychological injury.
- E. Apparent injury such as bruises, bumps, scratches, limping.
- F. Violence or aggression.
- G. Serious challenging behaviors such as property damage, attempts at self-inflicted harm or harm to others, unauthorized leave, or fire setting.
- H. Suspected or actual abuse or neglect of a person receiving services.
- I. Medication errors.
- J. Medication refusals unless addressed in the plan of service.
- K. Suspected or actual criminal offenses involving people receiving services, including arrests and/or convictions.
- L. Use of physical management techniques (see definition below).
- M. Calls to police by staff for assistance with an individual during a behavioral crisis situation regardless of whether contacting the police is addressed in a behavioral treatment plan.
- N. Use of seclusion or restraint. ***NOTE: SECLUSION AND RESTRAINT, AS DEFINED BELOW, ARE PROHIBITED IN ANY AGENCY PROGRAM. SEE CCMHSB POLICY "MANAGEMENT OF***

*BEHAVIORAL EMERGENCY”.*

- O. Biohazardous accident.
- P. Significant incident in the community involving person(s) receiving services.
- Q. Traffic accidents , when a person(s) receiving services is in the vehicle, whether or not there are injuries (Accident Report must also be completed).
- R. Employee injury related to a person(s) receiving services (Employee Accident Report must also be completed).
- S. Communicable disease or other infection control issues.
- T. Use or possession of weapons.
- U. Unusual or unauthorized use or possession of licit or illicit substances.
- V. Elopement.
- W. Any other event that may meet the definition of a reportable event as stated in the “Sentinel Event”, “Critical Incident”, “Risk Event”, or “Immediately Reportable Event” Administrative Guidelines.

**Anatomical Support:** Body positioning or a physical support ordered by a physical or occupational therapist for the purpose of maintaining or improving a person’s physical functioning.

**Director/Designee:** May be the Executive Director, Associate Director, Program Director, or Program Manager.

**Designated Supervisor:** May be the Program Supervisor, Program Manager, Program Director or designated on-call supervisors during non-business hours.

**Physical Management:** A technique used by trained employee(s) as an emergency intervention to restrict the movement of a person by direct physical contact in spite of the individual’s resistance in order to prevent the person from physically harming himself, herself, or others.

Physical management shall only be used on an emergency basis when the person or the situation is presenting an imminent risk of serious or non-serious physical harm to himself, herself or others and when lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of physical harm. Physical management shall not be included as a component in a behavior treatment plan. **PRONE IMMOBILIZATION OF A PERSON FOR THE PURPOSE OF BEHAVIOR CONTROL IS PROHIBITED UNDER ANY CIRCUMSTANCES.**

**Restraint:** The use of a physical or mechanical device, material or equipment to restrict a person’s movement; specifically, anything that immobilizes or reduces the ability of the person to move his/her arms, legs, body or head freely, for the purposes of the management, control, or extinction of seriously aggressive, self-injurious or other behaviors that place the person or others at risk of physical harm. Restraint does not include the use of a device primarily intended to provide anatomical or physical support that is ordered by a physician, physical therapist, or occupational therapist for the purpose of maintaining or improving a person’s physical functioning; or safety devices required by law, such as car seat belts or child car seats used in vehicles. **THE USE OF PHYSICAL OR MECHANICAL DEVICES USED AS RESTRAINT IS PROHIBITED IN ALL AGENCY PROGRAMS UNDER ANY CIRCUMSTANCES.**

**Seclusion:** The placement of a person in a room, alone, when freedom to leave the segregated room or area is prevented by any means; or the separation of a person from normal program participation in an involuntary manner. Voluntary time-out is not considered seclusion. **SECLUSION IS PROHIBITED IN ALL AGENCY PROGRAM UNDER ANY CIRCUMSTANCES.**

**Therapeutic De-Escalation:** An intervention, the implementation of which is incorporated in the individual

written plan of service, wherein the person is placed in an area or room, accompanied by an employee who shall therapeutically engage the person in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

**Time Out:** Voluntary response to the therapeutic suggestion to a person to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

**PROCEDURE:**

- I. Employee(s) who witness, discover or are notified of unusual incidents involving persons receiving services shall:
  - A. Take action immediately to protect, comfort, and assure treatment of the person(s) as necessary.
  - B. Verbally notify the designated supervisor immediately of any of the following:
    1. Death.
    2. Apparent serious injury.
    3. Suspected abuse or neglect.
  - C. If the Incident Report includes potential or actual abuse, neglect, seclusion, restraint, an elopement, death, or any other potential rights violation, staff must also contact the Office of Recipient Rights with detail of the reported incident by calling, **(906) 483-5544**, or by sending an ELMER message to the Recipient Rights Officer, **Christopher Gelety**, or Recipient Rights Advisor, **Dianne Stello-Wenberg**, by the end of their shift.
  - D. Notify RN if incident is health or injury related.
  - E. Report the incident using the Incident Report Form in the electronic medical record (ELMER) as soon as possible or at least by the end of shift. If an electronic copy cannot be completed for an atypical reason, then a paper copy may be filled out and routed to the appropriate staff as outlined in the CCMHS Clinical Guideline, “Incident Reporting Completion”.
  - F. Document incident in the person's progress/residential/contact notes.
  - G. At the time of shift change or change of program site (i.e., day program to group home), outgoing employees will verbally report any injuries documented during the previous shifts to the incoming employee(s). Outgoing employees will also report the incident in the program log.
  - H. Employee(s) will continue to observe persons in their care for signs of changes in the person's condition, such as bruises, bumps, limping, etc., and take any necessary further action.
- II. Employees or volunteers who are involved in incidents, which do not involve persons receiving services (e.g., employee injury/accident unrelated to behavior or actions of a person(s) receiving services) shall:
  - A. Take any necessary, immediate action to provide treatment for injury.
  - B. Verbally notify the designated supervisor.
  - C. Report the incident on an Employee Accident Report within 24 hours.
- III. REPORTING PERSON completes the Incident Report Form in ELMER or in paper form as indicated on the back of the Incident Report Form and per the “Incident Report Completion” Clinical Guideline. If completing a paper Incident Report, the staff person routes the Incident Report to their supervisor or designee, who reviews and then signs and routes the incident report within one workday to the Executive Assistant at the Copper Country Mental Health offices, 901 W. Memorial Drive, Houghton, Michigan 49931.

If it is not possible to obtain supervisor/designee review and signature within one workday, the report must be routed to the Executive Assistant without the review and signature.

#### IV. THE EXECUTIVE ASSISTANT:

- A. Provides written notification to AFC Licensing and the consumer's guardian within 48 hours of any incident which involves residents of Agency group homes concerning any of the following:
  - 1. The death of a resident.
  - 2. Any accident or illness that requires hospitalization.
  - 3. Incidents that involve any of the following:
    - a. Displays of serious hostilities.
    - b. Hospitalization.
    - c. Attempts at self-inflicted harm or harm to others.
    - d. Instances of significant destruction of property.
- B. The Executive Assistant scans the Incident Report into the Incident Report Database in ELMER.
- C. ELMER routes a copy of the Incident Report to the Recipient Rights Officer and the Primary Caseholder.
- D. The Primary Caseholder adds additional reviewers who are on the person's treatment team, if necessary, for review, comments, and signature.

#### V. The Quality Improvement Coordinator:

- A. Reviews the Incident Report and informs the Executive Director or designee in the event of any of the following:
  - 1. Serious injuries or illnesses such as those requiring medical hospitalization.
  - 2. Death of a person receiving services.
  - 3. Suspected abuse or neglect by an employee, contract employee or volunteer.
  - 4. Suspected criminal offense.
  - 5. Suspected sexual abuse or inappropriate sexual act of a person who is receiving services.
  - 6. Law enforcement agency has been called to assist.
  - 7. Major property damage has occurred.
  - 8. Significant incident in the community.
  - 9. Traffic accident when persons receiving services were in the vehicle.
  - 10. Serious employee(s) injury.
- B. Follows up as necessary and appropriate.
- C. Determines if the incident involved a possible violation of one or more rights; if so, initiates a rights complaint with the Rights Office.
- D. Determines if the incident involved is a reportable event; if so, takes necessary action to review, report, investigate or initiate a root cause analysis as stated in the "Sentinel Event", "Critical Incident", "Risk Event", or "Immediately Reportable Event" Administrative Guidelines. Also completes required actions in ELMER to report required events to MDHHS.

- E. Ensures that internal and external reporting requirements are met.
- F. Provides agency programs and committees including the Quality Improvement Committee and Safety Committee with relevant aggregate data and specific Unusual Incident Reports as needed on a regular basis.
  - 1. The Quality Improvement Committee receives and reviews a report of Incident Reports selected by the Quality Improvement Coordinator quarterly.
  - 2. The Safety Committee receives and reviews Incident Reports of accidents, falls, and any other safety related issues quarterly.
  - 3. The Committees review the reports to identify systemic or programmatic trends. The Committees or any individual staff or board member of the Committees have the discretion to request specific reports and analysis when a trend is identified; for example, if medication errors are increasing, a member of the QI Committee may request an in-depth analysis of the errors that have occurred. Further, when a negative trend is identified, any Committee may request a Plan for Improvement from the appropriate Program Supervisor to address the problem. The Committee may make recommendations for improvement, education and training of employee(s), and ways to prevent recurrence. The requesting Committee will monitor the effect of the Plan of Correction and can request further action and/or information as necessary.

#### VI. NURSING PERSONNEL:

- A. Reviews, comments, and signs off on the incident report once it is routed to them through the Incident Report Database in ELMER.

#### VII. DESIGNATED SUPERVISOR:

- A. Completes the bottom section of the Incident Report form as indicated on the back of the paper Incident Report Form and per the “Incident Report Completion” Clinical Guideline.
- B. The Supervisor states a plan to prevent re-occurrence of the incident.
- C. Routes any paper incident report to the Executive Assistant for scanning within 24 hours of the Incident Report being written.
- D. Reviews and signs off on the incident report once it is routed to them through the Incident Report Database in ELMER.

#### VIII. EXECUTIVE DIRECTOR OR DESIGNEE:

- A. The Executive Director or designee, when notified of serious injury or death, shall:
  - 1. Assure that required treatment and protection measures have been taken;
  - 2. Assure notification of the parent of a minor, guardian, and/or other person designated by the person receiving services.
  - 3. Provide direction on any programmatic or administrative action to be taken.

#### IX. The Incident Report shall be filed as follows:

- A. If paper, the original is kept by the Executive Assistant for three (3) months after it is scanned in ELMER.
- B. A copy is printed for the group home for staff to read the remedy provided by the Supervisor to prevent the incident from happening again. Staff sign off on the report and then file it in the group

home. The Supervisor will review the incident with staff as needed. Other program sites may keep a copy of an incident report for the Supervisor to review with staff as applicable.

- C. The Incident report (or copy) is not placed in the record of the person receiving services and is not considered to be a part of the clinical record.
- X. Debriefings are offered following traumatic or emergency situations to provide support to employee(s) and persons receiving services that are involved. These debriefings are documented and the documentation is maintained by the program supervisor.

APPLICATION: All programs.

CROSS REFERENCE:

CCMHS Policy - Job Related Injuries/Accident/Infectious Illness

CCMHS Policy – Review and Reporting of Deaths

CCMHS Policy – Abuse and Neglect

CCMHS Policy – Emergency Medical Treatment-Residential Group Home Residents

CCMHS Policy – Emergency Medical Treatment–Independent Living Settings

CCMHS Policy – Reporting Auto Accidents

CCMHS Policy – Grievance & Appeals Processes–Medicaid & Healthy Michigan (HM)

CCMHS Policy – Grievance & Appeals Processes–Non-Medicaid

CCMHS Policy – Exposure Control Plan

CCMHS Policy – Management of Behavioral Emergency

CCMHS Clinical Guideline – Incident Report Completion

CCMHS Administrative Guideline – Sentinel Event

CCMHS Administrative Guideline – Risk Event

CCMHS Administrative Guideline – Critical Event

CCMHS Administrative Guideline – Immediately Reportable Event