

**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL RETARDATION**

Procedure No: I.D.PR.009a

Issue Date: January 31, 2006

Subject: Incident Reporting for Individuals who live in
Own/Family Home & Receive DMR Funded Services

Effective Date: March 1, 2006

Section: Quality Enhancement

Revised: March 13, 2006

A. Purpose

The Department of Mental Retardation (DMR) has established a system of reporting and monitoring incidents that occur with individuals served by the department in order to identify, manage and reduce overall risk for the individual. This procedure delineates a standardized process for reporting, documentation and follow-up of reportable incidents as defined, involving individuals served by the department.

Information obtained through this reporting system shall be used to assist the individual, family and the person's Planning and Support Team (team) in the development and implementation of the person's individual plan and to assist the department in quality oversight and improvement efforts.

B. Applicability

This procedure shall apply to all individuals who receive DMR HCBS waiver services their own or family home (i.e., Supported Living; Individual Habilitation, Personal Support, Adult Companion) and/or self-directed individualized day supports that originate in the individual's home.

This procedure shall be implemented by all staff employed directly by the individual, individual's family or provider agency to provide services and supports to the applicable individuals. Except as noted above, providers of day programs/supports shall follow DMR procedure: I.D.PR.009, Incident Reporting.

C. Definitions

CAMRIS (Connecticut Automated Mental Retardation Information System): The DMR automated mainframe database.

Emergency: An acute or urgent situation in which a physician has determined that treatment (i.e. medication) must be started immediately or a situation in which a caregiver determines that immediate intervention (i.e. restraint) is necessary to protect an individual from harming him or herself or another person.

Incident Report (IR): DMR Incident Report Form 255OH/Fam for reporting and documenting reportable incidents.

Injury: Physical trauma sustained by an individual served by DMR. Injuries may be either observed or discovered. (An accident in which the individual has no apparent injury shall not be reported or documented as an injury). The following are definitions of each severity level:

Minor: An injury in which no treatment or minimal treatment (first aid) is required.

Moderate: An injury in which more than first aid such as an assessment and/or treatment by an RN or MD is required. This includes a broken finger or toe.

Severe: An injury that **requires hospital emergency room level of treatment or hospital admission**. This includes all fractures except fingers or toes, in addition to other severe injuries such as severe lacerations, head injury, internal trauma or injuries, etc.

Death: **Death that was the direct result of an injury** such as a fall or car accident. In addition, follow DMR procedure No. I.D.PR.001, Mortality Reporting.

A severe injury should not be reported until diagnosis is made to ensure that the injury meets that level of severity. For example, a trip to the emergency room for a suspected fracture would not be reported as a severe injury if the injury were in fact a sprain and not a fracture. **NOTE: Only severe injuries and death must be reported.**

Missing Person: An individual whose whereabouts is unknown and whose supervision needs or pattern of behavior is cause for concern for reasons of safety and well being (i.e., absent without leave [AWOL], beyond a time normally expected for that individual as defined by the individual's interdisciplinary team and/or agency policy) **and the individual's absence has been reported to the police as a missing person.**

Missing Person Report: A DMR form that documents that an individual is missing and unable to be located

Reportable Incidents: An incident listed below must be reported to the individual's DMR case manager:

1. Deaths (Document a death that resulted from an injury using DMR form 255, severe injury and also report the death following DMR procedure I.D.PR.001, Mortality Reporting, Reporting Deaths of Individuals)
2. Use of Restraint (see definition)
3. Hospital admission (other than planned admission)
4. Severe injury (see definition – under *injury*)
5. Vehicle accident involving moderate or severe injury
6. Missing person
7. Fire caused by the individual that required emergency response and/or involving a severe injury
8. Police arrest
9. Victim of Aggravated Assault or Forcible Rape
10. Victim of theft or larceny

NOTE: Reportable incidents are the same as “critical incidents” plus the addition of restraint, unplanned hospitalizations, and victim of theft or larceny

Restraint: Use of a restrictive physical hold, mechanical device or behavior modifying medication (i.e. chemical restraint) listed below, to prevent an individual from engaging in behavior that place him/herself or others at risk of injury. These include the following:

1. Chemical restraint: use of psychotropic medication(s) administered on a STAT or immediate basis in an emergency situation, usually after other interventions have failed to result in calm behavior and the individual is still in danger of harming him/herself or others. (This does not include medications used for pre-sedations for medical or dental procedures.)
2. Mechanical restraint: use of four point restraint, and/or safety cuffs
3. Physical Restraint: use of floor control face down; floor control face up; held by arms, lifted and carried; and/or physical isolation

D. Implementation

1. The following process shall be used to report, notify and document all *reportable incidents as defined* (NOTE: Deaths resulting from a severe injury shall be documented according to this procedure but staff shall also follow reporting procedures detailed in DMR procedure No. I.D.PR.001, Mortality Reporting: Reporting Deaths of Individuals.)
 - a. For all reportable incidents except use of planned restraint, staff shall:
 - i. Immediately notify the individual's family
 - ii. Immediately notify the individual's DMR case manager or broker and if not available, leave a voice mail message regarding the incident
 - iii. Complete the DMR 255 OH/Fam Incident Report form (See Attachments A and B for form and instructions)
 - iv. Send or bring the completed form to the employer (individual, family or private agency) who shall keep the original and send the remaining copies to the DMR regional director's or designee's office immediately or the next working day following the incident.
 - b. Use of planned restraint by paid staff: use of a restraint that has been reviewed by the department's Program Review and Human Right Committees (PRC/HRC) and approved by the DMR regional director
 - i. The responsible staff shall record each use of restraint on a restraint log that contains the following information (See Attachments C and D, form and instructions):
 - a.) Date of restraint
 - b.) Time in and time out
 - c.) Type of restraint
 - d.) Behavior type that resulted in use of restraint
 - e.) Whether an injury occurred as a direct result of the restraint
 - ii. Staff shall document and report an injury resulting from the use of restraint as detailed in section 1.b.
 - iii. At the end of each month, staff shall send the restraint log to the employer. The employer shall maintain the original in the individual's record and send copies to the DMR regional director or designee who shall forward copies to the person's case manager, and identified staff for data entry.
 - c. Emergency Use of Restraint by paid staff: Use of a restraint that has not previously been reviewed and approved by the department's PRC/HRCs and approved by the DMR regional director
 - i. If all available non-aversive measures have been attempted and individual behaviors continue to pose a health/safety risk to self or others, emergency use of physical, mechanical and/or chemical restraint may be necessary.
 - ii. Each use of emergency restraint shall be reported on DMR Incident Report form #255OH/Fam using the process defined in section C.1.a.
 - iii. Within three working days of the use of emergency restraint, the team shall review the individual's plan to determine if the continued use of restraint is needed. This review may involve a physical "meeting" or be accomplished via telephone or electronically.
 - iv. If the team determines that continued use of restraint will be needed or if data indicates an ongoing pattern of use (i.e., once per month for three months or three times within a 30-day period), the team shall develop a behavior support plan. If the plan includes an aversive procedure, the team

shall request a PRC/HRC review. (See PRC procedure I.E.PR.004, Program Review Committee)

2. If **abuse or neglect** is alleged in regard to a reportable incident, the reporter shall follow process defined in the DMR Abuse/Neglect policy and procedures: I.F.PO.001; I.F.PR.001 and I.F.PR.002.
3. The individual's DMR case manager shall
 - a. Document receipt of the telephone report in the case manager running notes received directly or via voice mail and assist the staff person as needed
 - b. Upon receipt of DMR Incident Report form 255 OH/Fam shall maintain a copy in the person's *individual record*.
 - c. If planned restraint is used,
 - i. Assure that the use of restraint is monitored by the individual's team
 - ii. Assure that the team takes appropriate actions, tracks and analyzes data for trends, and takes or recommends subsequent actions
 - d. If emergency restraint is used:
 - i. Assure that the team reviews the individual and his/her environment within three days of the incident and that the individual's plan is revised as necessary
 - ii. Assure that PRC/HRC review is requested and scheduled if a pattern of use is identified and/or if the team determines continued use of restraint is necessary
 - e. Assist individuals and families in completing the *DMR Incident Report Follow-up* form as necessary.
4. Follow-up
 - a. The individual's Planning and Support Team (team) shall take action(s) appropriate for the specific incident, shall complete the DMR Incident Report Follow-up form and send copies of the form to the DMR Regional QI Director.
 - b. The team shall track and analyze data for trends, and shall take or recommend subsequent actions as necessary.
 - c. The individual's case manager shall document reviews of reportable incident data every six months until quarterly data reports are available, at which time reviews shall be done quarterly.
 - d. The DMR Regional QI Director shall assure that follow-up activities for all reportable incidents except use of restraint are completed and documented using the *DMR Incident Report Follow-up Form* (see Attachment E) for each incident including:
 - i. Family/guardian notification as applicable
 - ii. Referral as applicable (e.g., regional Program Review Committee, abuse/neglect investigation, Human Rights Committee)
 - iii. Follow-up actions
 - iv. Resolution
 - e. The DMR Regional QI Director shall track follow-up actions to assure completion and shall provide a report to the regional director or designee as requested

5. CAMRIS Data Entry and Tracking Reportable Incidents
 - a. Each DMR Region shall identify staff responsible for entering data into CAMRIS
 - b. Assure that DMR Incident Report forms 255OH/FAM are date stamped upon arrival in the DMR region data-entry office and assure data entry within five (5) business days of receipt.

E. References

1. Statutes
 - a. CGS 461-11a, et esq., “MR Protective Services
 - b. CGS 17a-238, “Rights of DMR Clients
2. Regulations – Internal
 - a. Facilities, Section 17a-210-1 through Section 17a-210-9
 - b. Section 17a-238-7 through 17a-238-13, DMR Approval Procedures for use of Aversives for Persons Places or Treated Under the Supervision of the Department of Mental Retardation
3. DMR Policies
 - a. I.F.PO.001, Abuse/Neglect
 - b. DMR-3, Programs (I.E.PO.001, Behavior Support Plans pending)
 - c. DMR-5, Program Review Committee (I.D.PO.003, Program Review Committee pending)
4. DMR Procedures:
 - a. DMR-3, Programs (I.E.PR.001, Behavior Support Plans pending)
 - b. DMR-5, Program Review Committee, (I.D.PR.003, Program Review Committee pending)
 - c. I.F.PR.001, Abuse/Neglect
 - d. I.F.PR.002, Family Notification

E. Attachments:

1. Attachment A: [DMR Incident Report form 255OH/Fam](#)
2. Attachment B: [Definitions form 255OH/Fam](#)
3. Attachment C: [Instructions for completing report form 255OH/Fam](#)
4. Attachment D: [Restraint Log OH/Fam](#)
5. Attachment E: [Instructions for Completing Restraint Log](#)
6. Attachment F: [DMR Missing Person form](#)
7. Attachment G: [DMR Missing Person form Instructions](#)
8. Attachment H: [DMR Incident Report Follow-up Form](#)