**Consumer Safety in Emergency Situations - Plan for Responding to and Reporting Emergency Situations - Incident Response and Reporting - Axis Alternatives, Inc.**

**(Safety In Emergencies)**

**Emergency Response, Reporting and Review Policy**

**Incident Response, Reporting and Review Policy**

**Axis Alternatives 245D ISS**

**8/10/15**

**Policy**

The person who discovers or is responsible for an incident involving an individual served by AXIS will respond to immediate needs of the individual as described in the AXIS procedure for that type of incident. The person will then report the incident to the appropriate AXIS employees and outside contacts and authorities as appropriate, complete the first section of the incident reporting form and if required, begin an investigation of the incident if the incident involves an injury of unknown source, serious injury, death or allegations of maltreatment (e.g., abuse, neglect, financial exploitation).

**Incidents**

Serious injury as determined by section 245.91, subdivision 6 such as:

- fractures;

- dislocations;

- evidence of internal injuries;

- head injuries with loss of consciousness;

- lacerations involving injuries to tendons or organs, and those for which complications are present;

- extensive second degree or third degree burns, and other burns for which complications are present;

- extensive second degree or third degree frostbite, and others for which complications are present;

- irreversible mobility or avulsion of teeth;

- injuries to the eyeball;

- ingestion of foreign substances and objects that are harmful;

- near drowning;

- heat exhaustion or sunstroke, or;

- all other injuries considered serious by a physician.

- an individual's death;

- any medical emergencies, unexpected serious illnesses, or significant unexpected changes in an illness or medical condition, or the mental health status of a person that requires 911or a mental health mobile crises intervention team, physician treatment, or hospitalization;

- an individual's unauthorized or unexplained absence;

- physical aggression by an individual against another individual that causes physical pain, injury, or persistent emotional distress, including, but not limited to, hitting, slapping, kicking, scratching, pinching, biting, pushing, and spitting;

- any sexual activity between individuals involving force or coercion as defined under section 609.341, subdivisions 3 (“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.) and (“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.)

- any fires or other events that require the relocation of services for more than 24 hours, or circumstances involving a law enforcement agency or fire department related to the health, safety, or supervision of a individual;

- a report of child or vulnerable adult maltreatment under section 626.556 or 626.557.

AXIS will maintain information about verbal aggression between individuals and self-abuse affecting the individual (see section 245B.07, Management Standards, subd. 1 (10) and (11)).

**INCIDENT RESPONDING AND REPORTING**

**Serious Injuries**

**Responding**

The person who discovers a consumer with a serious injury will contact 911 immediately and provide first aid as needed (based upon training received from first aid/cpr course) until emergency personnel arrive.

**Reporting**

AXIS will report the serious injury incident to the consumer's legal representative, day program, case manager, the department of human services licensing division and the ombudsman office within 24 hours of the occurrence or receipt of the information.

**Death of a Consumer**

**Responding**

(1) If staff believes that a client has died, the staff will assure that absence of pulse and respirations is not due to an obstructed airway. Staff will check the code status for the individual to see if a DNR/ DNI order is in effect and follow the directives there. If the client has an obstructed airway, staff will implement CPR, call 911 and follow the directives of responding Emergency Rescuers.

(2) If staff believes that a client has died, the staff will contact 911 to confirm the absence of vital signs. Staff will inform 911 as to whether the client has a DNR order. If the death of the client occurs outside of the presence of AXIS, i.e. day program or hospital, skip step 3 under this section.

(3) Staff will contact the Manager On Call (MOC) and inform the MOC of the death of the client. Staff will inform the MOC if there is any information to suggest that maltreatment or that an accident occurred.

(4) If emergency personnel are called and arrive before the MOC, staff will inform emergency personnel that the MOC is on the way to the home and will answer all program related questions concerning the client.

Manager On Call (612) 802-7089

(1) The MOC will make a determination as to whether to increase staffing to handle administrative tasks concerning the death of the client or to handle an investigation concerning maltreatment or accident. If the death of the clients occurs outside of the presence of AXIS, skip steps 3, 4 and 5 of this section.

(2) If there is a need to conduct a maltreatment investigation, the MOC or designated staff shall immediately initiate a maltreatment investigation.

(3) The MOC will determine whether the client had a Comfort Care Plan. If the client has a Comfort Care Plan, the MOC or designated staff shall follow the wishes of the client as stated in their Comfort Care Plan. If the county has a “Registration of Terminal Patient” form, such form should be sent by facsimile to the Medical Examiner’s office.

(4) In the absence of a Comfort Care Plan, the MOC or designated staff will prepare the body in a dignified manner for family review and transport to the mortuary. Private space will be identified, prepared and made available for family members to spend time with the deceased. Family will be provided with access to telephone, staff support, and private space as needed.

(5) The MOC will serve as the spokesperson for AXIS in responding to questions from responding emergency personnel, the police or the coroner’s office.

(6) The MOC or designated staff shall note the date, time and circumstances of the client’s death in the client’s record.

**Reporting Circumstances of Death to Family, Physician and Staff**

(1) The MOC or designated staff shall notify the Family and/or guardian of the circumstances of the client’s death as soon as possible. The MOC or designated staff will identify the family’s wishes, i.e. disposition of the client’s belongings and transport of the client to the mortuary (Staff should review the client’s admission form to see if the mortuary was previously identified).

(2) The MOC or designated staff shall communicate to staff the circumstances of the death to ensure effective management of the emotional, spiritual, and social support needs of staff and residents.

(3) The MOC or designated staff shall communicate to the client’s physician the circumstances of death. The MOC or designated staff shall ask or coordinate with the police, the Medical Examiner, or the client’s physician for an order to release the body to the mortuary. The MOC or designated staff shall document the order releasing the body to the mortuary in the client’s record.

**Reporting Circumstances of Death to External Reporting Agencies**

(1) The MOC or designated staff shall contact the Office of the Ombudsman for Mental Health and Mental Retardation (Ombudsman) and The Department of Human Services Licensing Division (DHS) to report the death of the client. If the client dies in the facility, the coroner's office must also be notified.

(2) The MOC or designated staff shall send by facsimile the documents “Death or Serious Injury Report Fax Transmission Cover Sheet,” and “Death Report,” to the Ombudsman and DHS within 24 hours of the death of the client. If the client had a Comfort Care Plan, the above documents should indicate that the client had a Comfort Care Plan. The MOC or designated staff shall place these documents and facsimile receipt in the client’s record.

(3) The MOC or designated staff shall notify the county financial worker and county case manager of the death of the client.

(4) If the program is licensed under Rule 203 (County Foster Care / AXIS Alternatives programs) the MOC or designated staff shall assure that the license holder (us or the contracted foster care provider) notify the county’s Rule 203 licensing worker.

(5) Report the death of a consumer to the Minnesota Adult Abuse Reporting Center (MAARC) within 24 hours if there is a suspicion that the death may have been the result of maltreatment.

(6) The MOC or designated staff shall document the above action in the clients record.

(7) The MOC or designated staff shall telephone the home’s program supervisor that the Ombudsman and DHS have received the above forms and that the county financial worker and case manager have been contacted within the 24 hour time period.

(8) The MOC or designated staff shall ask for a valid identification card from the Funeral Director of the person removing the client prior to releasing the body.

**QMRP Responsibilities**

(1) The QMRP will ensure that the client’s belongings are catalogued, packed and forwarded to the family consistent with the wishes of the family.

(2) The QMRP will ensure that all client prescription medications are destroyed consistent with AXIS policy and the process is documented within the client’s record.

(3) The QMRP of the house where the client resided shall convene the client’s interdisciplinary care team applicable care providers at the time of the client’s death, the client’s physician, the program supervisor, and the medical director for a meeting. The meeting shall ensure that appropriate care was provided, AXIS policies and procedures were followed, and the wishes of the family were respected.

(4) The QMRP shall reconcile the trust account of the client. The QMRP shall subsequently contact the guardian, the client’s financial worker and case manager to release the balance of the trust account of the client. The QMRP shall not release the balance of the client’s trust account without obtaining approval from the Attorney General’s Office.

(5) The QMRP shall gather the records of the deceased client and forward to the Corporate office. AXIS shall retain the client’s records for 3 years after the client’s death.

Document the calls in the individual record.

**Medical Emergencies**

**Responding**

An emergency is a situation that, if not attended to immediately, may result in death or harm to an individual. There are certain guidelines that must be followed when responding to an emergency in order to protect your own safety and well-being as well as that of the individual. It is important to be familiar with these guidelines before an emergency occurs, so you will be prepared to respond appropriately if an emergency does occur.

1. Check the scene of the emergency to be sure it is safe before you enter. Check for things such as power lines that have been knocked down, oncoming traffic, fire and unusual odors such as natural gas. Do NOT enter the scene if it would put you in danger; call 911 immediately.

2. Some examples of emergencies include:

- Unconsciousness or change in level of consciousness

- Difficulty or lack of breathing

- Change in skin color, e.g. blue, gray, pale or red

- Chest pain or pressure

- Signs of severe pain such as moaning, crying, screaming, yelling, or touching or clutching at a painful body part

- Severe bleeding

- Vomiting or passing blood

- Projectile vomiting

- Signs of head, neck or back injury

- Signs of broken bones

- Signs of injury due to fall or impact with a heavy or hard object

3. Briefly attempt to determine what happened. For example, is the individual choking on a piece of food, or did he or she trip and fall? Ask the individual what happened if possible, or any bystanders. Determining what happened will help you provide appropriate first aid.

4. Determine what you can do to help. Life threatening conditions such as unconsciousness or severe bleeding must be taken care of first. If the individual appears to be unconscious, gently tap or shake his shoulder and shout, "are you okay?" If no response, call loudly for help then check airway, breathing and circulation.

5. If an emergency does exist, call 911 immediately. When providing first aid, have someone else call if possible while you assist the individual.

6. If needed, provide rescue breathing or CPR and call 911.

7. When providing first aid, protect yourself by wearing disposable latex gloves if there is any chance you will come in contact with the individual’s blood or body fluids including vomit, urine, saliva, mucus, stool, etc.

8. Use protection when providing rescue breathing, such as a shield specially designed for this purpose.

9. Wash your hands before providing first aid if possible, as well as immediately afterward. There may be emergencies when there is no time to wash hands prior to giving first aid, such as with severe bleeding, or it is impossible due to lack of facilities. You must use your best judgment.

10. If you have ANY reason to believe the individual may have a head, neck or back injury, do NOT move him or her unless CPR is required, you can’t tell if the individual is breathing, or life threatening danger is present, such as fire or oncoming traffic. (Any movement could result in further, possibly permanent, damage.) If the individual MUST be moved, every effort must be made to keep the spine as immobile as possible.

11. If you suspect broken bones or dislocations, do NOT move the affected body part. Help keep it as immobile as possible.

12. Always use good body mechanics when providing first aid, to prevent injury to you.

13. When you call 911, be prepared to give information about the circumstances, the individual’s condition, first aid that has been provided, the location of the emergency, your name and the phone number you are calling from. Stay on the phone until the dispatcher hangs up or tells you that you may hang up.

14. If an individual who receives services from AXIS Alternatives goes to the emergency room, a staff member must go also.

15. Try to remain calm during the emergency. Speak to the individual in a calming manner to reduce anxiety.

16. Always take care of life threatening emergencies first, including breathing emergencies, severe bleeding and unconsciousness. After tending to life threatening conditions, try to keep the individual comfortable, for example, by providing a light cover if appropriate, etc.

17. During an emergency you should NOT give the individual any medications or anything to eat or drink unless directed to do so by an EMT or doctor, or in the case of poisoning, the person directing you from the Poison Control Center.

18. If an individual receiving services from AXIS is in a vehicular accident, he or she must be seen by a doctor. If there are signs of injury or the accident was serious, call an ambulance (911).

19. Report all medical emergencies to the QMRP promptly. The QMRP will assure that all appropriate parties have been notified (e.g., guardian, case manager, day program, manager on call, etc.) within 24 hours.

\* Staff must be trained before performing CPR.

**Unexpected Serious Illness**

**Responding**

Any AXIS employee who becomes aware of what might be a consumer’s unexpected serious illness, will immediately contact 911.

The responding emergency medical technician (emt) will assess the consumer and if the illness is considered life threatening (e.g., consumer has difficulty breathing, chest pain, loss of consciousness, heavy bleeding, temperature over 103, seizures lasting more then 3 minutes if individual does not have physical protocol, etc.), the consumer will immediately be transferred to a emergency room or hospital.

If the unexpected illness is not, in the opinion of the responding emt, to not be life-threatening at the time of assessment, the QMRP will call the consumer’s doctor and guardian within 24 hours of the incident. The QMRP may contact the nurse case manager for the home and seek advice, or may call the consumer’s primary physician for guidance and advice.

**Note:** If serious illness is the result of pandemic flu and consumer is not able or permitted to be hospitalized and must remain at home, the care provider will follow recommendations provided in “Home Care Guide....Providing Care at Home During Pandemic Flu.”

**Reporting**

The employee who discovers the unexpected serious illness will complete an incident report and follow the AXIS Incident Reporting Policy regarding communications with the appropriate internal and outside contacts within 24 hours.

**Accidents That Require Physician Treatment or Hospitalization**

**Responding**

Any AXIS employee who becomes aware of an accident to a consumer that may require a physician or hospitalization will immediately contact 911.

The responding emergency medical technician (emt) will assess the consumer and if the consumer’s injury is considered life-threatening (e.g., burns with blisters or severe tissue damage, signs of head trauma, loss of consciousness, heavy bleeding, etc.), the consumer will be transported to a hospital.

If the injury to a consumer is not, in the opinion of the emt, to not be life-threatening at the time of assessment, the QMRP will call the consumer’s doctor and guardian within 24 hours of the incident. The QMRP may contact the nurse case manager for the home and seek advice, or, the employee may call the consumer’s primary physician for guidance and advice.

**Reporting**

The employee who discovers the injured consumer will complete an incident report and follow the AXIS Incident Reporting Policy regarding communications with the appropriate internal and outside contacts (e.g., Guardian, Case Manager, Day Program and if serious injury,DHS licensing and ombudsman office within 24 hours) along with beginning an investigation into the cause of the accident. Results of the investigation will be forwarded to the Program Supervisor and Director of Program Services who will arrange for appropriate follow-up action.

**Missing Person - Consumer Unauthorized Absence**

Rationale: To establish a coordinated effort when confronted with a missing individual or unauthorized absence of consumer.

**Responding**

**Missing from Home:**

The employee will verify the last place the individual was seen and institute an immediate search of the home and grounds.

**Reporting**

The employee will report the missing individual to the police within 10 minutes. He/she will dial 911 if the missing consumer is not found within the home and proceed with the steps listed below in “After Establishing the Individual is Missing.”

**Missing from Elsewhere:**

**Responding**

The employee will assist in finding the missing individual by calling the appropriate location where the individual was last expected to be (e.g., day program, bus company, parent’s home, etc.). You may ask others in the home to assist with the search or to make phone calls.

**Reporting**

If the last expected contact cannot be made, the employee will notify the police and proceed with the steps listed below in “After Establishing the Individual is Missing.”

**After Establishing the Individual is Missing:**

**Responding and Reporting**

The employee will prepare to disseminate a current summary of the individual's physical and medical description and have a current photograph to assist the police.

The employee will document all events in the individual's record.

Emergency notification of family/guardian will take place.

Upon return of the individual, an evaluation for possible physical injuries, abuse, exposure, etc. will take place at a hospital emergency room. The individual's primary physician will be contacted on the next business day with the results of the emergency room visit if any physical harm occurred.

An Incident Report will be completed, the appropriate contacts will be made (e.g., Case Manager, Day Program, DHS and Ombudsman Office if required, within 24 hours), and investigations will be conducted if maltreatment is suspected.

**Relocation of Services For More Than 24 Hours - Fires or other events that require the relocation of services for more than 24 hours, or circumstances involving a law enforcement agency or fire department related to the health, safety, or supervision of a consumer**

**Policy**

To establish practices for dealing with situations involving relocation of services of more than 24 hours. The relocation of services for more then 24 hours may be due to many reasons, not limited to, fire arson, tornado, roof collapse, furnace malfunction (including carbon monoxide,) that has caused mandatory evacuation of the premises by an inspector, flooding, mold after flooding, extended power outage, gas explosion within the block or other physical plant disaster.

**Purpose**

To ensure that all employees are trained on what actions to take in the event services need to be relocated.

**Responding**

If there has been damage to the house and it is not possible to return to the house, call the Manager on Call for assistance in obtaining an additional van and staff. assist the individuals into the van and go to another AXIS home or to another temporary living arrangement (e.g., hotel, emergency shelter). The fire or police may also help with temporary city bus as a place for individuals and staff to stay until emergency shelter and transportation can be arranged. The individuals’ day-timers and medication administration records can be taken off the computer at any AXIS computer from another house.

**Reporting**

1. Within 24 hours, the PS or MOC will report the incident to:

- The consumer’s legal representative;

- Other licensed caregivers (e.g., PAI, Bridge View School);

- The county case managers, and;

- The Department of Human Services - Licensing Division.

2. The employee who was in-charge at the time of the incident will complete the appropriate section(s) of the Incident Reporting Form.

3. The PS or MOC will notify the Department of Human Services Licensing Division and Ombudsman Office if serious injury or death of consumer occurred.

**Physical aggression between consumers (that causes physical pain, injury or persistent emotional distress)**

**Responding**

The employee who discovers the incident shall initially ensure the safety of the consumer(s). Once the safety of the consumer(s) has been addressed, the employee shall contact a physician if injuries are present. If needed, the consumer shall be transported to the hospital and hospital officials shall be alerted to the nature of the injuries. The employee who discovers the incident shall complete an incident report form.

**Reporting**

The employee shall notify the Program Supervisor as to the nature of the injuries and information known to staff. The Program Supervisor shall arrange for a meeting to discuss if additional program and staffing resources are needed. The Program Supervisor shall then determine what staff within the house or within AXIS Management will conduct the investigation. The investigator will conduct the investigation consistent with AXIS investigation policies including contacting the consumer’s guardian, if applicable, and all other appropriate third parties such as the Case Manager, Day Program, the common entry point at the Minnesota Adult Abuse Reporting Center (MAARC), DHS, or the Local Sheriff’s Office (within 24 hours). Once the investigation has been completed, the investigation will be forwarded to the Director of Program Services who will then take appropriate follow-up action.

**Sexual activity between consumers involving force/coercion**

**Responding**

Any AXIS employee who discovers the incident shall initially ensure the safety of the consumer. Once the safety of the consumer has been addressed, staff shall contact the local police department or sheriff’s office and follow all of the directions given by police including the preservation of evidence. The consumer shall be transported to the hospital and hospital officials shall be alerted to the nature of the injuries.

**Reporting**

Staff shall immediately notify the QMRP as to the nature of the injuries and information known to staff. The QMRP shall then determine what staff within the house or within AXIS Management will conduct the investigation. The investigator will conduct the investigation consistent with AXIS investigation policies including contacting the consumer’s guardian, if applicable, and all other appropriate third parties such as the the common entry point at the Minnesota Adult Abuse Reporting Center (MAARC), DHS, or the Local Sheriff’s Office. Once the investigation has been completed, the investigation will be forwarded to the Director of Program Services who will then take appropriate follow-up action.

**Responding to and reporting suspected maltreatment of a vulnerable Adult Procedure**

All knowledge of and written information about suspected abuse, neglect or exploitation or injury of unknown origin of an individual served by AXIS, Minnesota, Inc. will be reported immediately by the mandated reporter, by one of the following methods:

1) the mandated reporter will make an internal report by communicating this to the primary contact person, Director of Program Services (Linda Hughes) and completing an Incident Report and ), or;

2) the mandated reporter will make an external report directly to the Minnesota Adult Abuse Reporting Center (MAARC).

3) the mandated reporter may choose to make an internal report to the AXIS primary contact person and an external report to the appropriate outside authority.

The secondary contact person (Director of Program Services, Doug Boeckmann) shall receive the internal report when there is reason to believe that the primary contact person (Director of Program Services - Linda Hughes) is involved in the alleged or suspected maltreatment. If the primary contact person is involved in the alleged or suspected maltreatment:

1) the mandated reporter will make an internal report by completing the Incident Reporting Form and communicating this to the secondary contact person (Director of Program Services - Doug Boeckmann), or;

2) the mandated reporter will make an external report directly to the Minnesota Adult Abuse Reporting Center (MAARC).

3) the mandated reporter may choose to make a report to both the AXIS secondary contact person and the appropriate outside authority.

Note: At Axis on Wellington, the primary contact person is the Program Coordinator and the secondary contact person is Linda Hughes, the Director of Program Services.

The primary or secondary contact person, upon receipt of alleged maltreatment, will report to the administrator immediately and the common entry point at the Minnesota Adult Abuse Reporting Center (MAARC)). Reporters who make good faith reports are immune from retaliation. When an internal report is made in which maltreatment is alleged, the mandated reporters shall be given a copy of the confidential ‘*Notice of status of report of suspected maltreatment*’ or email equivalent within 2 working days of their report. The Notice shall include the statement that the reporter has the right to report the alleged maltreatment to an external agency and that AXIS cannot retaliate against the reporter.

Upon receiving the initial report of the incident, the primary or secondary contact person shall immediately initiate internal investigative procedures. Investigating procedures shall include but not be limited to:

- physical examination by appropriate medical personnel if a physical injury or sexual assault is involved,

- including a written report of the nature and extent of the injuries;

- interviews with the person reporting the incident and any witnesses to the incident;

- written reports by all persons involved including place, date and time of occurrence and the nature of the nature of the suspected abuse, neglect or exploitation;

- interview with the person reported as perpetrating the suspected abuse, neglect or exploitation including a written response to the allegation;

- records of any previous abuse, neglect or exploitation, and;

- periodic updates and a final report to the Director of Program Services as soon as possible.

Any time during the investigation, the alleged perpetrator may be dismissed from work pending further investigation.

Upon the completion of the initial investigation, the investigator shall immediately forward all the material and results of the investigation to the appropriate authority if they request it.

Original reports will be maintained in confidence at the facility.

State law requires that all mandated reporters must report incidents of abuse, neglect & exploitation. A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure to report. Reports to the outside authority by the primary contact person requires a response to the initial reporter, that the common entry point at the Minnesota Adult Abuse Reporting Center (MAARC)) has been called. It is the agency’s responsibility to assure that the report is made and must give written notice within two working days to the initial reporter whether the internal report was passed on to the MAARC. The "Notice of Status of report of suspected maltreatment" form or an e-mail equivalent notice will be used.

The secondary contact person (Program Supervisor) will use the Incident Reporting Form to review internal and external reports for purposes of evaluation as to whether:

(a) related policies and procedures were followed;

(b) whether the policies and procedures were adequate;

(c) whether there is a need for additional staff training;

(d) whether the reported event is similar to past events with vulnerable adults or the services involved, and;

(e) whether there is a need for corrective action by AXIS to protect the health and safety of vulnerable adults.

Based upon the results of this review, AXIS will develop, document and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or AXIS, if any.

Reports should be made to the department in the county in which the maltreatment occurred. A follow-up report should be made to the person's host county, if it is different from the county in which the maltreatment occurred.

Outside reports will go to:

The common entry point (CEP) at the Minnesota Adult Abuse Reporting Center (MAARC) phone number 844-880-1574

The consumer's legal representative: (locate phone number in Contacts database)

The consumer’s case manager: (locate phone number in Contacts database)

- DHS - Division of Licensing: Fax the completed “Deaths or Serious Injury Report Fax Transmission” Form along with the “Death Report” Form or “Serious Injury” Form to (651) 431-7673.

- Office of Ombudsman for Mental Health and Mental Retardation: Fax the completed “Deaths or Serious Injury Report Fax Transmission” Form along with the “Death Report” Form or “Serious Injury” Form to (651) 296-1021.

Cooperation with DHS and any other outside authority is mandatory.

Internal Reviews

Internal reviews and final reports shall be documented and include original written material gathered in the investigation, names of persons involved, persons interviewed, investigating authority notified, written summary of all findings by the person conducting the investigations, and all conclusions reached and actions taken and all information relative to previous abuse. All reports shall be dated and include the signature and title of the person writing the report. Internal review summaries are accessible to the commissioner upon the commissioner’s request. The documentation provided to the commissioner by AXIS may consist of a completed checklist that verifies completion of each of the requirements of the review.

AXIS shall ensure that an internal review is completed and that corrective action is taken as necessary to protect the health and safety of vulnerable adults when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.

The conduct of the investigation and all records of the investigation shall be treated with utmost confidentiality.

Upon the completion of the internal investigation, a conclusion will be made and appropriate disciplinary actions may be imposed upon the employee.

The policy shall be made available to all individual’s at her/his admission conference with review and documentation in their annual individual abuse prevention plan. If individuals are unable to comprehend this plan, their representative shall be given the opportunity to receive the orientation with documentation in the individual’s abuse prevention plan.

Orientation to this policy must be given to all staff persons at the time of hire, and semi-annually thereafter. This policy will be posted in a prominent place in each facility. Copies shall be made available upon request to individuals.

**Contacting law enforcement**

AXIS employees shall contact the appropriate law enforcement agency whenever there is reason to believe that a crime is about to be committed, is in progress, or, has already occurred to an AXIS consumer, employee or property.

**Contacting Law Enforcement - Emergency Situations**

**Responding**

AXIS employees shall contact law enforcement by dialing 911 during an emergency situation requiring assistance form law enforcement (e.g., crime in progress such as attempted illegal entry into an AXIS Home, intruder in AXIS Home, physical/sexual assault, bomb threat, etc.).

**Reporting**

Following the response by law enforcement, the AXIS employee shall immediately contact the QMRP and Manager on Call and report the incident.

The AXIS employee shall complete an incident report and notify appropriate outside contacts (e.g., consumer’s guardians, case managers, DHS Licensing, etc.) within 24 hours of the incident. The QMRP or Manager on Call will provide assistance as needed, begin an investigation of the incident and help restore the home back to its normal routine.

**Contacting Law Enforcement - Non-Emergency Situations**

AXIS employees shall report suspected crimes against AXIS consumers, employees and/or property that are not considered an emergency situation (e.g., theft of consumer property, vandalism, damage to or theft of vehicles, etc.) by first contacting the QMRP or Manager on Call. Following an investigation of the incident, the QMRP or Manager on Call shall assist the AXIS employee with making a report of the incident to the local police department or sheriff’s office.

The AXIS employee shall complete an incident report and notify the appropriate outside contacts (e.g., consumer’s guardian, case manager) within 24 hours of the incident. The QMRP or Manager on Call will provide assistance as needed. The QMRP will forward the results of the investigation to the Director of Program Services who will arrange for appropriate follow-up action.

**Fires**

**Responding**

The AXIS employee will implement the home’s fire plan. The employee will rescue any person in immediate danger (i.e., near the fire).

The employee will evacuate everyone from the house to the designated safe area away from the house (e.g., a neighbor’s house). If the primary route is blocked, the employee will evacuate everyone out of the house through the secondary evacuation route.

The employee will call 911 and report the fire.

The employee may use a fire extinguisher to fight a small fire only if the individuals, others or they are trapped by the fire and the evacuation routes are blocked by a fire. Staff will focus their efforts on evacuation of individuals and themselves, calling 911 and letting the fire department fight the fire.

**Reporting**

If the fire incident is minor (e.g., burnt popcorn in microwave or burnt pizza in the oven set off smoke alarm) and it is safe to do so, the employee will fill out incident report and report incident to QMRP.

If the fire incident resulted in an actual fire and the consumer(s), fire trucks responded and staff had to evacuate and relocate because of fire/water damage to house, the employee will contact the QMRP or designee who will complete the following steps (see also Relocation of Services for more than 24 hours policy):

1. Contact the manager on call.

2. Contact the Director of Program Services

3. Contact the owners Dorothy Wrobel and Nancy Turner.

4. Contact the parents and guardians.

5. Contact the county case managers.

6. Arrange for the completion of an incident report by the staff person who was in charge at the time of the fire incident.

7. Notify licensing personnel as appropriate.

**Severe Weather**

**I. Policy**

Whenever there is the threat of severe inclement weather, steps will be taken to assure the safety of all individuals.

**II. Definitions**

A. Warning - Issued by National Weather Service local offices indicating that a particular weather hazard is either imminent or has been reported. A warning indicates the need to take action to protect life and property (i.e., seek immediate shelter).

B. The type of hazard is reflected in the type of warning (e.g., tornado warning, blizzard warning).

C. Watch - Issued by National Weather Service local offices indicating that a particular hazard is possible, i.e., that conditions are more favorable than usual for its occurrence. A watch is a recommendation for planning, preparation, and increased awareness (i.e., to be alert for changing weather, listen for further information, and think about what to do if the danger materializes).

D. Advisory - Issued by National Weather Service local offices indicating that situations that may cause some inconvenience or difficulty to travelers or people who must be outdoors.

E. Types of Watches, Warnings, and Advisories: Tornado, Flood, Winter Storm, Snow

**Responding**

A. Monitoring weather conditions

The Program Supervisor or in-charge person is responsible for monitoring the status of the weather and determining what steps need to be taken to insure the safety of the individuals receiving services. The following considerations will be taken into account when severe inclement weather conditions arise:

1. When the weather conditions indicate the possibility of a severe inclement weather situation, the in charge person will make sure the radio is tuned to a local station for weather reports. Each AXIS Home will be equipped with a battery-operated radio.

a. The whereabouts of all persons receiving supports and staff will be accounted for.

b. For tornado watches, the in-charge person will check the flashlight and have it readily available. This Policy will also be reviewed. Staff and persons receiving supports should remain in close proximity to safe shelter.

2. When one of the above watches are announced, staff must be aware that conditions may change and necessitate the cancellation of community activities and the closing of day programs.

B. Modifying or Postponing Activities

The supervisor or in-charge person should be prepared to modify the schedule on short notice to insure adequate staffing to meet the needs of the program. The supervisor or in-charge person will be responsible for deciding whether to postpone an activity or not.

Emergency equipment

All Axis vehicles providing transportation to consumers of the company must be equipped with the following for winter travel:

1. Blankets.

2. First-aid kit.

C. Emergency shelter

In the event of a tornado warning or other weather condition that may force people to seek emergency shelter, staff will immediately:

1. Move all individuals to the designated safe location in the home. This location has been designated in advance and all employees have been informed of it. The designated Tornado Area/Emergency Shelter shall be in the area of the house that has double walls and is away from the windows. All the adjacent bedrooms doors shall be kept closed during this time.

2. When the designated location is an inside hallway, make sure that individuals are against the wall and seated on the floor, if possible. If people are in wheelchairs, make sure their brakes are engaged.

3. Shut all adjacent doors for protection.

4. Remain calm and protect persons receiving supports at all times.

5. Listen to the radio for updates and remain in the designated area until the warning is lifted.

D. Evacuation

In the event that weather conditions or damage force evacuation from the home, the staff person in charge shall remain tuned into the radio and follow Alternative Arrangements outlined below. The lead worker will ensure all consumers are safely removed from the home. Once everyone is safely removed from the home, the supervisor or designee will make the necessary notifications as outlined below.

E. Alternative arrangements

Should the building become uninhabitable, the following procedure should be followed.

1. Contact the manager on call who will then contact directors of program services, owners and other staff to assist with the temporary relocation of AXIS consumers.

2. Assist consumers and staff persons into the AXIS Vans and check into the nearest hotel that can accommodate the consumers and employees.

**F. Reporting**

After appropriate arrangements have been made to meet everyone's immediate needs, the QMRP or designee will complete the following steps:

1. Contact the manager on call.

2. Contact the Director of Program Services

3. Contact the owners Dorothy Wrobel and Nancy Turner.

4. Contact the parents and guardians.

5. Contact the county case managers.

6. Arrange for the completion of an incident report by the staff person who was in charge at the time of the weather emergency.

7. Notify licensing personnel as appropriate.

**Flash Flood Disaster Plan**

**Preparation and Response**

AXIS employees will monitor local radio or TV stations for flood information if it has been raining hard for several hours, or steadily raining for several days.

AXIS will assemble disaster-planning supplies as needed (e.g.,):

First aid kit and essential medications;

Canned food and can opener;

At least three gallons of water per person;

Protective clothing, rainwear, and bedding or sleeping bags;

Battery-powered radio, flashlight, and extra batteries;

Special items for infants, elderly, or disabled family members;

Written instructions for how to turn off electricity, gas and water if authorities advise you to do so. (Remember, you'll need Tom Rhode from AXIS Mechanical to turn them back on.)

Flash Floods Can Take Only a Few Minutes to a Few Hours to Develop!

A flash flood WATCH means flash flooding is possible in the area.

A flash flood WARNING means a flash flood is occurring or will occur very soon.

If a flash flood warning has been issued:

AXIS employees will move documents, and other valuables to a table or other high surface if a flash flood warning has been issued.

**Where to Evacuate Response**

The AXIS employee in charge at the time of flash flood warnings will contact the manager on call and/or the director of program services and owners who will assist the in charge person in finding and transporting consumers and staff to a room at a hotel, motel, or shelter.

**Reporting**

The in charge person will notify the following if the consumers need to move to another location:

AXIS Manager on Call;

AXIS QMRP;

AXIS Director of Program Services;

AXIS owners Dorothy Wrobel and Nancy Turner;

Parents and guardians;

Case managers, and;

Appropriate outside contacts such as DHS Licensing.

An incident report will be completed within 24 hours of the incident. Other responsibilities that are part of the AXIS Incident Reporting Policy will be completed when it’s possible to return to the home.

**Earthquake Preparedness**

In an effort to reduce the likelihood of injuries to AXIS consumers and employees from an earthquake, AXIS will:

1. Store heavy and breakable objects on low shelves;

2. Keep a flashlight;

3. Move or secure hanging objects over beds, sofas, or chairs;

4. Keep shoes and wheelchair near the bed;

**Responding**

Measures to stay safe during an earthquake:

Employees will move consumers to the designated safe place in the home (i.e., main floor bathroom and hallway).

If indoors, stay there. Many fatalities occur when people run outside, only to be killed by falling debris from collapsing walls. It is safer to stay indoors until the shaking stops and it is safe to exit. When going outdoors, move quickly away from the building to prevent injury from falling debris.

When outdoors, find a spot away from buildings, trees, streetlights and power lines, and overpasses. Lock the consumer’s wheelchair brakes and drop to the ground and stay there until the shaking stops. Injuries can occur from falling trees, streetlights and power lines, or building debris.

If in a vehicle, pull over at a clear location and stop. Stay in the vehicle with seatbelt fastened until the shaking stops.

**Immediately following an earthquake**

Check consumers and yourself for injuries. Staff persons will be better able to help others if they are not injured or if they have received first aid for their injuries. Provide first aid for consumers.

Protect consumers and yourself from further danger by putting on long pants, a long-sleeved shirt, sturdy shoes, and work gloves.

If fires are present, move consumers outside to safety away from buildings and trees, streetlights and power lines.

Clean up spills

By cleaning up medicines, bleaches, flammables, and other spills, it is possible to prevent many small but potentially dangerous hazardous-materials emergencies.

Inspect the home for damage.

Aftershocks can cause additional damage to unstable buildings. If there are major cracks in the chimney or foundation or if the earthquake has moved the home or utilities, get everyone out of the home. Take photographs of the home and its contents to document insurance claims.

Tune to the Emergency Alert System (EAS) for emergency information and instructions.

Move people to safe location

Expect aftershocks. Aftershocks often occur minutes, days, or weeks following an earthquake. When aftershocks occur, move consumers and staff to bathroom/hallway.

**Reporting**

Notify the following people once it is safe to do so:

Call 911 if serious injuries occurred;

Call the Manager on Call who will then contact the Owners and Directors of Program Services;

Contact the parents and guardians;

Contact case managers, and;

Contact other appropriate individuals or agencies within 24 hours (e.g., DHS) following the AXIS Incident Reporting Policy.

**Bomb Threats (Telephone Threat)**

**Responding**

1.Attempt to gather data from the caller (i.e., location, nature of bomb, time of detonation, etc.).

2. Contact 911 and report the bomb threat.

3. Evacuate everyone from the house or follow the direction of the responding Police officer.

4. Assure everyone is out.

**Reporting**

5. Contact the QMRP and report the incident.

**Bomb Threats (Suspicious Device/Activity)**

**Responding**

1. Upon evidence of any suspicious device or activity in the house or on the property, call 911 and report your observation.

2. Follow the direction of the responding police officer.

**Reporting**

3. Contact the Program Supervisor and report the incident.

**Bomb Threat (Written Threat)**

**Responding**

1. Upon receiving a written threat of a bomb, call 911.

2. Follow the direction of the responding police officer.

**Reporting**

3. Contact the Program Supervisor and report the incident.

**Utilities - Gas**

**Responding**

If you smell gas, leave with consumers immediately and call utility company (e.g., Center Pointe Energy at 612-372-5050 or 911 and report incident. Do not use phone in house to make phone call as it may ignite gas fumes if there is sufficient amount present.

**Reporting**

Report problem to the Program Supervisor.

**Utilities - Electrical**

**Responding**

Report minor electrical problems to the Program Supervisor and major electrical problems (e.g., fallen power lines) to Excel Energy.

Disable or remove any electrical devices that present an electrical danger to consumers but do so only of it is safe to do (e.g., frayed electrical cords, damaged power outlets).

Arrange environment to protect consumers from electrical shock.

**Reporting**

Communicate to Program Supervisor that items needs to be repaired or replaced.

**Utilities - Water**

**Responding**

If water is not working, report to Program Supervisor. If excessive water is flowing, turn off water at cutoff source near sink or in basement and report to the Program Supervisor.

**Reporting**

Report to Program Supervisor**.**

**Utilities - Heat or Air Conditioning**

**Responding**

Report problems to the Program Supervisor. The Program Supervisor will assess situation and decide if repairperson is needed to repair or replace appliance and if necessary, whether consumer(s) need to relocate to another location (see relocation policy/procedure).

**Reporting**

Report problem to Program Supervisor.

**Suspicious persons or activity near the house**

**Responding**

Call 911 to report any suspicious activity or persons. Make sure doors and windows are locked at all times unless otherwise indicated.

**Reporting**

Document any incidents that involve police and report to the Program Supervisor.