

	<p><b>STARBRIDGE POLICIES &amp; PROCEDURES MANUAL</b></p>
SECTION:	<b>Internal Events (Incident Management)</b>
SITE(S) / PROGRAM(S):	All Sites/Programs
President/CEO Approval:	Date Approved: 5/22/2024
Board of Directors Approval: (Meeting Minutes)	Date Approved: 5/22/2024
Date(s) Revised:	

An Internal Event is any event or situation that may result in a possible negative effect upon an individual supported by Starbridge. Internal Events are used for the purpose of tracking individual/staff behaviors/situations that are out of the ordinary. They are also used as a communication device to highlight unusual events that occur within the residence, program, or service.

**PROCEDURES TO FOLLOW WHEN REPORTING, COMPLETING,  
AND MONITORING AN INTERNAL EVENT**

**Responsible:**

All Staff

**Procedure:**

1. Reports/witnesses/discovers an unusual situation that falls within the definitions listed below.
2. After ensuring the safety of the individual(s), immediately completes an Internal Event form located at: Starbridge network shared “N” drive, General folder, Quality and Compliance Forms, Internal Events, Internal Events Reporting Form. Staff should check all definitions that apply to the situation.
3. Will contact the Program Director immediately for any possible theft and/or financial exploitation against a person that receives services OR any use of a SCIP-R restrictive technique.
4. Upon completion, emails the Internal Event form and any attachments to the Manager/Coordinator. (Exception – For any possible theft and/or financial exploitation against a person receiving services OR any use of a SCIP-R restrictive technique, immediately notifies and emails the Internal Event form to the Program Director.)

Manager/Coordinator

1. Reviews the Internal Event form and any attachments and describes actions to prevent a reoccurrence, further monitoring steps, and follow up steps. The Manager/Coordinator will add

## PROCEDURES TO FOLLOW WHEN REPORTING, COMPLETING, AND MONITORING AN INTERNAL EVENT

### Responsible:

### Procedure:

- their name and date to the form to demonstrate their review of the Internal Event.
2. Evaluate if/what other service providers may need to be notified of the situation (i.e. residential program, day program, employment, counselor, etc.). Complete notification and document in the notification section of Internal Event.
  3. For IRAs ONLY: If appropriate, the Manager/Coordinator will email the Internal Event to the Registered Nurse. The RN will describe actions to prevent a reoccurrence, further monitoring steps, and follow up steps. The RN will add their name and date to the form to demonstrate their review of the Internal Event. The RN will email the Internal Event back to the Manager/Coordinator.
  4. Forwards the Internal Event by email to the Program Director within three days. (Exception – For any theft and/nor financial exploitation against a person receiving services OR any use of a SCIP-R restrictive technique, emails Internal Event form immediately after completion).
- Program Director
1. Reviews Internal Event and adds any additional recommendations to prevent a reoccurrence, further monitoring steps, and follow up steps. The Program Director will add their name and date to the form to demonstrate their review of the Internal Event.
  2. Emails the Internal Event to the Quality Improvement team member within two work days. (Exception – For any theft and/or financial exploitation against a person receiving services OR any use of a SCIP-R Restrictive technique, emails Internal Event form immediately after review to the Quality Improvement Director.
- Quality Improvement Team
1. Quality Improvement Liaison and/or Quality Improvement Director will review the form to ensure information is complete, and appropriate follow-up and monitoring has occurred.
  2. Files the Internal Event and any attachments in the Quality Improvement network folder on the Starbridge “N” drive in two manners:
    - Saves within the Internal Event → Program → Year folder. When saving, titles the saved document in the

## **PROCEDURES TO FOLLOW WHEN REPORTING, COMPLETING, AND MONITORING AN INTERNAL EVENT**

### **Responsible:**

### **Procedure:**

following manner: Date, Individual's Last Name, and Internal Event category.

○ Also saves within the Internal Event → Individual's Name → Year folder. When saving, titles this saved document in the following manner: Date, Program, and Internal Event Category.

3. Internal Events completed for any use of a SCIP-R restrictive technique will be entered into the Restrictive Intervention Application (RIA) within 5 business days of the occurrence.
4. Upon request and at least on an annual basis, will provide a trend report of Internal Events filed within specific program, program type, and agency wide.

## **INTERNAL EVENT DEFINITIONS FOR ALL SERVICES**

### **UNUSUAL INAPPROPRIATE BEHAVIOR**

- **All Services:** Any behavior that is unusual for the individual and the individual's actions may potentially put themselves or others at risk of injury, harm, loss of housing, loss of services, etc.
- **IRA:** Any behavior that is not addressed within a Support Plan (i.e.: inappropriate sexual behavior, upset behavior, self-injurious behavior (SIB), any use of an object as a weapon, stealing, any unusually long or intense behavior that is addressed in a Support Plan.

### **EMERGENCY ROOM VISIT**

- **All Services:** Whenever an individual is examined in a hospital emergency room due to medical reasons and/or injury. Indicate if the individual is/was admitted into the hospital. The guardian must be notified, and parent/family member must be notified unless the individual objects to notification (An internal event is NOT required for scheduled hospitalizations, i.e. planned surgery.)

### **URGENT CARE FACILITY**

- **All Services:** Whenever an individual is examined in an urgent care facility due to medical reasons and/or injury. The guardian must be notified, and parent/family member must be notified unless the individual objects to notification

### **MENTAL HEALTH ARREST**

- **All Services:** Whenever law enforcement requires an individual that receives services to be immediately evaluated for mental health issues. The guardian must be notified, and parent/family member must be notified unless the individual objects to notification.

### **SAFETY ISSUE**

- **All Services:** Any situation in which the person that receives services is in a situation that is dangerous/ hazardous / harmful. This could be due to the individual's own actions, environmental concerns, or external factors.

### **INJURY CAUSE UNKNOWN**

- **All Services:** Any significant injury in which the person can not describe how the injury occurred.
- **IRA:** Any injury in which the person can not describe how the injury occurred. Staff must document in the Medical Progress Notes. RN notification required.

### **POSSIBLE THEFT**

- **All Services:** Any possible theft of **Starbridge** monies or property. Staff must immediately notify the Program Director.
- **All Services: Any possible theft and/or financial exploitation against a person that receives services.** Any suspected theft or financial exploitation that is less than or equal to \$15.00 in value and that does not involve a debit, credit, or benefit card must be reported as an Internal Event. Staff must immediately notify the Program Director, complete the Internal Event and forward upon discovery. The Program Director will review the Internal Event and add any additional recommendations to prevent a reoccurrence, further monitoring steps, and follow up steps. The Program Director will immediately forward the Internal Event to the Quality Improvement Director.
  - **Any theft and/or financial exploitation which involves amounts between \$15.00 and \$100 shall be filed as a Minor Notable Occurrence. Any theft and/or financial exploitation over \$100 and/or that which involves a debit, credit, or benefit card will be filed as a Reportable Significant Incident.**

### **PROPERTY DAMAGE**

- **All Services:** Damage to Starbridge's property.
- **IRA:** Damage to Starbridge's or an individual who receives services' property.

### **VEHICLE ACCIDENT**

- **All Services:** Any accident involving a Starbridge vehicle. Staff will document the year, make, and model of automobiles involved; name, address of drivers involved; name of insurance carrier, and extent of damage. Staff should contact the police and obtain a copy of the report. Staff will notify the Program Director. The Chief Financial Officer must be notified by the Program Director/Manager/Coordinator/staff.
- **All Services:** Any van/car/bus accident that involves an individual that receives services, in which the individual sustained a significant injury.
- **IRA:** Any van/car/bus accident that involves an individual that receives services.

### **COMPLAINT**

- **All Services:** Any complaint by an individual that receives services, family member, neighbor, other service provider, someone in the community, etc., towards a person that receives service or an employee of Starbridge. This may also include any inappropriate behavior that is witnessed by or involves the general public.

### **EMPLOYEE ISSUE**

- **All Services:** Any situation involving an employee performance issue. Internal Event is written only when directed by the Program Director, VP of Corporate Compliance, Quality Improvement Director, Chief Program Officer, or President/CEO.

### **REGULATORY OVERSIGHT OF ANOTHER STATE AGENCY**

- **All Services:** Complete if an event or situation occurs in a facility or service setting subject to the regulatory oversight of another State Agency (e.g. school, special education, article 28 clinic, hospital, physician's office), and the event or situation meets the definitions of a Reportable Incident / Notable Occurrence. Notifications should include the report of the situation to the management of the facility or service setting.
  - When there is reasonable cause to believe a crime against a person may have occurred in a facility or program of any other service provider licensed, certified, funded, or operated by a State Agency, the President/CEO, Chief Program Officer, VP Corporate Compliance, or Quality Improvement Director will notify the Executive Director/Officer of that facility or program as soon as possible unless the Executive Director/Officer of the facility is alleged to have committed the crime.

### **OTHER**

- **All Services:** Any situation involving an individual that receives services that is not described in any other definitions for Internal Events but is deemed to be significant for that person or for Starbridge. The situation may be of a delicate nature to Starbridge and should be reported to ensure awareness of the circumstances, review of monitoring, preventative measures, and follow up was completed as appropriate.

## **INTERNAL EVENT DEFINITIONS FOR RESIDENTIAL IRA ONLY**

### **AGGRESSION TOWARDS ANOTHER**

- An individual who receives services is physically and/or verbally aggressive towards another person.

### **INDIVIDUAL TARGETED BY ANOTHER PERSON THAT RECEIVES SERVICES**

- Any occurrence when one individual is targeted by another individual that receives services that involved physical assault. Staff should always check for injuries and document the results on the Internal Event.
- Any occurrence that had a significant impact on the individual.

### **EMERGENCY USE OF SCIP-R**

- Any use of a SCIP-R personal intervention that is implemented to prevent the individual from injuring themselves or others, and is not outlined in an approved Support Plan. Any Emergency Use of a Personal Intervention should be implemented with the minimal amount of force necessary to safely interrupt the behavior, and should not exceed 20 minutes. Immediately after the use of Emergency Use of a Personal Intervention, the individual should be examined for possible injury and the findings should be documented in the Internal Event. Written statements with details of the situation should be obtained from every employee who

was involved and/or witnessed the situation. Such statements should be attachments to the Internal Event form.

### **ANY USE OF SCIP-R RESTRICTIVE PERSONAL INTERVENTIONS**

- Any use of SCIP-R restrictive personal intervention that is implemented to prevent the individual from injuring themselves or others that is outlined in a Support Plan OR in an emergency situation. The use of the SCIP-R restrictive personal intervention should be immediately reported to the Residential Services Director. Staff completing the Internal Event form must include the following information:
  - Restrictive SCIP-R technique used.
  - Date/Time/Location/Duration of Intervention
  - Additional Restrictive Interventions Used; i.e., Time Out, Medications for behavioral purposes
  - Reason for applying the intervention.
  - Indicate if Restrictive Intervention was used in accordance with a Support Plan or used in an emergency basis.
  - Medical information, body check performed, injuries resulting from the intervention.
  - Staff involved; staff injured
  - Incident Category (in the event the intervention resulted in a reportable incident or notable occurrence).

The Program Director will immediately forward the Internal Event to the Quality Improvement Director. The Internal Event will be entered into the Restrictive Intervention Application (RIA) within 5 business days of the occurrence.

### **MINOR INJURY**

- Any significant injury (i.e. cut, burn, bruise larger than a quarter, etc.) in which the cause is known, and which requires first aid. Staff must document in the Medical Progress Notes. RN notification required.

### **DAY ACTIVITY/WORK ATTENDANCE**

- An individual has missed more than five consecutive days of their day activity/work due to medical or other reasons. (This does NOT include vacations.).
- The guardian must be notified, and parent/family member must be notified (unless the individual objects to notification) after the individual has missed seven or more days of their day activity due to a health issue.

### **MAINTENANCE SAFETY ISSUE**

- Any environmental/physical plant safety features that are not in working condition. A safety plan should be implemented and documented on the Internal Event form until the safety feature is repaired and deemed to be working properly. Examples may include but are not limited to: fire door not latching properly, fire alarm system malfunction, high water temperature, etc.

### **STAFF ERROR WITH INDIVIDUAL'S FINANCES**

- Any staff error discovered concerning Starbridge's oversight and monitoring of the individual's finances. Examples may include but are not limited to: amount discrepancy on

PIA ledger, giving an individual more money than their established handling limit, PIA check received or distributed late, etc.

### **INDIVIDUAL ERROR WITH FINANCES**

- Any situation discovered involving discrepancies with the individual and how they are handling their finances. Examples may include but are not limited to: obtaining money that was over their handling limit, purchase of item that is well above their budget, etc.

### **EMERGENCY EVACUATION**

- Any evacuation of the IRA that was not a planned drill. Examples may include but are not limited to: gas leak, cooking caused the alarm to sound, smoke detector activated, etc.

### **FAILURE TO EVACUATE**

- Any occurrence when an individual who receives services was unable or not willing to evacuate from the IRA during the required time frame. This would include planned drills and unplanned activation of the fire alarm system. Retesting of the individual's ability to evacuate in an appropriate time frame should be documented on the Internal Event form. Retesting should occur within 24 hours and reflect the same conditions as the failed evacuation.

### **MEDICATION ISSUE**

- Any situation involving a medication that is NOT a med error. Examples may include but are not limited to: found medication/pill on floor or counter, missing controlled substance, missing med keys, medications not secured properly; etc.