



Student Resource Guide

8. Risk Management in Daily Living



Student Resource Guide: SESSION 8

Risk Management in Daily Living

OUTCOMES

When you finish this session, you will be able to:

- List The Principles of Risk Management.
- Recognize the level of risk associated with different activities.
- Describe how to reduce an individual's fear about risk.
- Use a risk assessment tool to evaluate risks in daily living.
- Complete an Unusual Incident/Injury Report.
- Identify steps to lessen the possibility that an incident will happen again.

KEY WORDS

Key Word	Meaning	In My Own Words
Causal Analysis	A way to determine why an incident or event happened in order to prevent it from happening again.	
Mitigate	To lessen the effects of risk.	
Perceived Risk	The level of risk individuals associate with an activity, based upon their experiences and feelings.	
Proactive Risk Management	Making a plan to minimize possible harm to individuals.	
Risk Assessment	Looking at an environment or activity for possible harm to individuals.	
Risk Management	A term given to processes that may reduce the chance of harm to individuals.	
Special Incident Report (SIR)	A report that is provided to the regional center in the event of serious bodily injury, serious physical harm, or death; potential criminal charges or legal action; or poisonings, or catastrophes involving any regional center individual.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

.....
What do you **already know** about risk management in daily living?

.....
What do you **want to know** about risk management in daily living?

.....
To be answered at the end of the session, during review:
What **have you learned** about risk management in daily living?

Opening Scenario

Kay is a 45-year-old woman with multiple disabilities who lives in Martha's Place, a small group home. While Kay has a number of challenges in life, including her fragile medical condition and the need for almost total assistance in her personal care activities, she is very friendly and enjoys being with people. Kay is originally from Korea and has an elderly guardian who needs to find someone else to act as Kay's guardian in the near future.

Martha's place is in an urban area, and while transportation, business and leisure opportunities are nearby, her home is not in a particularly safe area.

Joan is a young woman who has been working at Martha's place for two weeks. She has just completed her CPR and First Aid classes and is excited about this job.

The Role of the DSP in Risk Management

As a DSP, Joan has responsibilities she didn't have in her past employment. She agreed to support individuals who may need a great deal of assistance in many areas of life. At the same time, the individuals Joan supports are adults with the right to make choices and experience life. There is always some measure of risk in experiencing life and one of the first things Joan must learn is to manage risk in a way that does not limit the rights of Kay and others who live at Martha's Place.



The Principles of Risk Management

In Year 1, you learned about risk management and how to apply it to your work. Again, risk management is a term given to processes that may reduce the chance of harm to individuals. In this session we will review the principles of the risk management and learn ways to determine the causes of risk in order to prevent future incidents and injuries.

The Principles of Risk Management are:

1. Prevention of serious incidents is the number one priority.

The best possible risk management strategy is to be aware of potential risks and prevent them from happening. As a DSP, your first priority is to prevent injury or harm to individuals you support, and to protect them from abuse, neglect, and exploitation.

2. Creation and maintenance of safe environments is everyone's responsibility.

We are all responsible for looking out for risks and making environments safer. If you see an object left where someone could trip over it, put it away. If there is water on the floor that might cause someone to slip, wipe it up. Again, you need to anticipate risks and prevent accidents from happening.

The Role of the DSP in Risk Management (cont.)

3. Open communication is key to prevention.

Open communication and sharing of information is key to identifying risks and ensuring safety. Everyone—the individual, family, all members of the planning team, including the DSP—may have important information about potential risks and how to address them.

4. Everyone who is required to report incidents, including DSPs, knows how to respond to, report, and document incidents in a timely and accurate manner.

DSPs are **mandated reporters** and must report incidents accurately and in a timely manner. In this session you will learn what to report, how to report it, to whom, and by when it must be reported.

5. Ongoing identification, assessment, and planning for both potential

risks and actual occurrences is essential to the development of sound, person-centered strategies to prevent or mitigate serious incidents.

Risk management is a never-ending process of identification, assessment, planning, and evaluation of results.

Mitigate means to lessen the effects of risk.

6. Safety starts with those who work most closely with individuals receiving supports and services.

In your role as DSP you work day-to-day, hour-to-hour, minute-to-minute with individuals with developmental disabilities. You see things first and are in a position to identify risks early before an accident or injury occurs. You have a unique responsibility in supporting quality of life for individuals and ensuring their health and safety. **Remember: Prevention is the number one priority!**

Levels of Risk

Scenario

Joan prides herself on her independence. She has been working since she was 14 years old and, as the oldest child in her family, had responsibility for her siblings. She is athletic and enjoys mountain biking and rock climbing. Joan has lived in urban areas all her life. She travels by public transit at all hours of the day and night and would have it no other way.

Life has its risks, doesn't it? Even when there seem to be risks in the normal routine of living, some of us like to take recreational risks. Remember when you were a teenager and you couldn't wait to be more independent? It seemed your parents would never let you grow up. Parents, recognizing the importance of taking risks in learning, had to spend hours worrying about your safety and ability to act responsibly. Those of you

who are parents understand of this challenge.

Joan enjoys mountain biking and rock climbing, two activities that have risks associated with them. Surely there are safer recreational activities. What about going to a movie? The point is, there are all kinds of activities to choose from, and all of them have a certain level of risk. The level may be considered appropriate, increased, significant, or high.

Levels of Risk (cont.)

Let's look at some typical activities. How would you rate the level of risk?

1. Eating breakfast.
2. Calling a friend on the phone.
3. Riding the bus.
4. Walking to the grocery store.
5. Taking a shower.
6. Cooking dinner.

Certainly, for most of us, the level of risk for these activities would be appropriate. However, each one can have increased, significant, or even high levels of risk under certain circumstances. For example, traffic at different times of day may be busier, increasing the risk of walking to the store. Taking a shower when we have an injury and feel more unstable may increase the risk of falling.

Almost any environment or activity has a certain level of risk associated with it. You can trip on an uneven sidewalk while taking a walk, receive a bite from a dog you are petting, or break a tooth eating candy. Most of you don't stop doing activities because something might happen. We simply decide to be careful or take other protective steps when we know the risk in doing something. Most of the things you do have an appropriate level of risk; that means the level of risk is reasonable and you know what to expect. Some activities have an increased level, meaning you have some concern about what might happen and that you should be careful. There are activities that have a significant or high level of risk, which means that you should avoid the activity or take precautions.

Perceived Risk

Perceived risk is the level of risk individuals associate with activities based upon their experiences and feelings.

The risk in activities differs for all of us. The things I fear might hold no fear for you. Each of you may feel fear, anxiety, panic, or even terror depending on the level of risk you associate with the activity, action, or place.

There are activities that seem to carry a lot risk with them no matter who is doing them; for example, surfing in heavy waves, and skydiving. There are also activities that, for most of us, seem to have little or no risk associated with them. However, these same activities might seem to be very risky for others. For some individuals, activities of daily living can make them nervous and unable to participate. For example, some people have no problem standing in front of a group of strangers to deliver a speech or to do a workshop. Others find this frightening. Some people have driven cars for years, and still find driving in the Los Angeles area scary and avoid it. There are a lot of reasons for these differences, including a negative past experience with the activity and perceived dangers.

The individuals you work with associate levels of risk in activities and environments they participate in, based on their experience or their perception of the experience, and may express the anxieties that go with them.

Levels of Risk (cont.)

As a DSP, your job is to take steps to minimize or mitigate the risk, or the perception of risk, for that individual. For example, because James does not like going to places he's never been before, you might find ways to make him more aware of the new place through pictures, videos, discussion, stories, association with positive events or feelings, and other means to reduce the level of fear he feels. Just knowing about an individual's personal limitations—emotional and physical, for example fear of crowds,

small places, animals, heights, low endurance for physical activities, difficulty with eye-hand coordination—allows us to take steps to mitigate those risk factors.

Any activity can involve risk, and the circumstances may increase the level of risk. Even an activity you do everyday, such as eating breakfast, may present a high risk of choking for someone who eats too quickly or doesn't chew. As DSPs, recognizing the potential for risk in activities, assessing that risk, and taking steps to minimize risk is your responsibility.

Proactive Risk Management

Mealtimes are meant to be pleasant and safe. However, most of us have had or heard about an event that occurred during mealtimes that reminded us that even this simple activity has risks.

Let's look at the possible causes more closely. There is an underlying characteristic associated with any accident or injury. For example, swallowing problems can be related to a physical disorder, side effects of medication, dislike for certain textures or tastes, a tendency to take more food into the mouth than safe, or some other reason. Similarly, frequent falling may be related to a developmental disability like cerebral palsy; a side effect of medication affecting gait or balance; a tendency to run without paying attention to obstacles; or visual problems. Of course, falling may also be related to safety or environmental issues as in the case of uneven or slippery floors. Falling may even be related to the type of shoes a person wears.

What we have done through the exercise is a form for risk assessment called a causal analysis. Specifically, we have identified the problem, and considered probable causes. The next step would be to discuss intervention strategies to prevent the event from happening again. This is what **proactive risk management** is all about: making a plan to minimize possible harm to individuals.

A C T I V I T Y

Looking at Levels of Risk

Directions: Take a few moments and write down some home, community, and recreational activities that you do. Don't only consider the high risk activities; for example, skydiving. Consider some of the more common activities you do. Write down the level of risk you associate with each activity.

- Appropriate—an acceptable level of risk
- Increased—additional risk associated with activity
- High—many risks associated with activity

Finally, write down things that might increase the level of risk.

Activity	Level of risk	What would increase the level of risk?
Examples:		
Taking a shower	Appropriate	Unstable, can't judge temperature, fearful of shower, drowsy, medications, etc.
Driving	Increased	Medications, sleepy, heavy traffic, noisy, poorly behaved companions, etc.

S C E N A R I O

Ray loves to read People magazine. He looks forward to getting each new copy. In developing his IPP through a Person-Centered Plan, his support staff, family, and friends suggested that Ray develop skills by buying his own magazine at the store. This would be a natural way for Ray to learn travel and money skills, except for one thing—Ray is scared of going to the store. He is often invited and always prefers to stay in the car or outside. For some reason, this activity feels very scary to Ray; that is, he perceives a high level of risk in going to the store.

It is likely that there are parts of the activity of purchasing a magazine that Ray can do. However, there are other parts that are a problem for him. In Session 7, we discussed task analysis. This involves breaking down an activity into steps and

then teaching the individual steps or in some cases, finding a way to adapt one or more of the steps. If we take Ray's situation in the scenario above, how would we break it down into parts?

A C T I V I T Y

Reducing Perceived Risk

List the steps involved in preparing for, and going to the store to buy a magazine.

Identify the step(s) that might present the challenge for Ray.

What can we do to reduce the risk Ray perceives?

You could simply accept that Ray won't go in the store. Ray then has to depend on others to do something he could do. He also might miss some exciting adventures associated with

shopping. The best choice is to support Ray in dealing with the risk he perceives. As DSPs, you can assist individuals to be as independent as possible and to experience what life has to offer.

A C T I V I T Y

Task Analysis for Risk Assessment

Kay has decided that she would like to go to a rock concert. The staff at Martha’s Place were surprised when she told them this and didn’t think it would be safe for her. Joan, the DSP, understands that this is important for Kay and is willing to try to find a way to honor Kay's wish.

Pretend that you are Kay's DSP. List the steps involved in the activity of going to the rock concert. Assume that you have tickets to the concert. What steps would occur on the night of the concert, from Kay leaving her home until she returns after the concert? Note the concerns you have and write down possible strategies for each concern.

Steps	Risk	Plans for Minimizing Risk

In many cases, the first thing some staff members might do is try to talk Kay out of this or to try to re-direct her to something that is perceived as more safe or at least easier to manage. However,

DSPs are support professionals. Your role is to support individuals with disabilities to participate in what life has to offer. Let’s assess the risks in this choice and see how you might plan for success.

Using a Risk Assessment Tool

Identifying, assessing, and planning to prevent or mitigate risk often takes a team effort. DSPs, working individually or in teams, may want to use an assessment tool such as the following sample Risk Assessment Worksheet, in the activity below. A blank worksheet is in Appendix 8-A.

On this worksheet, the DSP simply lists the risks and ideas or plans for reducing or avoiding the risk. DSPs can use this worksheet as a guide for thinking through the risk management process. It will help you to record your observations and ideas to share with others, including the planning team.

ACTIVITY

Using a Risk Assessment Worksheet

Directions: *Think of an individual you support. Using the Risk Assessment Worksheet, identify whether significant risk factors exist in their lives. Think of plans to manage those risks.*

Description of Risk*	Plans to Manage Risk
Example: Risk of choking	Identify causing factors; have individual sit at 90 degrees while eating; ensure staff is present during meals; limit conversation; etc.

*Remember to think about the individual’s health, behavior, daily living skills, environment, and lifestyle choices.

- The worksheet can be used to:
- List and describe possible risks.
 - Provide information important for the planning team.
 - Plan intervention to prevent or mitigate risk.
 - Identify the need for an evaluation by a specialist.
 - Identify the need for special equipment or changes to the environment.
 - Identify additional services and supports that may be needed.
 - Document the plan.
 - Monitor the results.

SCENARIO**Using a Risk Assessment Tool**

Kay is a woman with multiple disabilities including physical, communicative, and health impairment. Because of her difficulties with communication and movement, it is hard to determine her cognitive abilities. In using the Risk Assessment Worksheet, her team concludes that risks certainly are present. Those risks include risk of choking when she eats, potential for illness due to a weak immune system, risk of abuse by caregivers, risk of injury when being assisted to move, and risk of being treated as a child among many others. The risks for Kay are numerous and frequent. Staff have planned interventions including training for all staff in how to prepare her food for meals and to assist her in eating; training in recognizing when she is becoming ill; frequent medical checkups; development of a communication system to back up her verbal communication; speaking with Kay about how to tell someone if she feels she is being mistreated; training for staff in lifting and positioning; and ongoing discussion at staff meetings regarding how to facilitate choice and age-appropriate participation.

It is far more helpful to learn how to use the Risk Assessment Worksheet by actually using it. As you use this tool, you will find that interventions already are in place that minimize or eliminate the risk. Some of these may include a Health Care Plan; a Training Objective; or a Behavior Support Plan. List these too, and think of others that may be of value. This exercise is not to find fault, but rather to improve upon what is already being done.

If an identified risk is noted as part of the assessment but has no current intervention in place, this is the time to discuss it with the administrator and/or the planning team.

Risk Assessment and the IPP

The IPP is the Individualized Program Plan, a document developed through the person-centered planning process that identifies events that will occur in the individual's life. As a DSP, you are in a critical position to ensure that individuals with disabilities are able to participate fully as valued members of the community. That includes having the opportunities as well as the skills to participate. As you become more and more aware of an individual's abilities, preferences, needs, and learning style, you will be in the best position to advocate for that individual as family, friends, and support agencies develop plans.

Completing a Risk Assessment Evaluation & Planning Worksheet prior to the person-centered planning process or other team meetings helps you identify how to anticipate problems and minimize risks associated with the activities in which the individual participates. It is critical to remember that your role is to support individuals to participate, not to decide what they need. A risk assessment tool simply identifies risk and how to minimize it. It should not be used to limit an individual's choice.

DSP Incident Reporting Requirements

General Reporting Requirements

In Year 1, we discussed risk management principles and incident reporting. Let's review requirements for reporting to licensing agencies (Title 22) and regional centers (Title 17).

Even if DSPs follow the principles of risk management, incidents still happen. When they happen, the DSP is required by law to report these incidents. Depending upon the type of incident, the DSP will report to all or some of these agencies: Regional Centers, Community Care Licensing, local law enforcement, Adult and Child Protective Services, and the Ombudsman. The timelines for reporting vary depending upon the type of incident. Appendix 8-B through 8-D summarize reporting requirements for these agencies. You are required to meet **all** reporting requirements. For example, upon reviewing these tables, you will see that there are requirements to report abuse of a child to regional centers, Community Care Licensing, Child Protective Services, and local law enforcement. If you suspect an adult is being abused in a licensed setting, you must report to the regional center, licensing agency, and Ombudsman or law enforcement. You must meet **all** reporting requirements. Reporting to one agency

does not mean you don't have to meet the requirements of another. The actual reports are also called by different names. For example, the incident report that goes to regional centers is called a "Special Incident Report," while the report that goes to Community Care Licensing is called the "Unusual Incident/Injury Report." (Appendix 8-D)

In this training, you will use a sample Community Care Licensing form. Even though other agencies may have different forms, the information that is required is generally the same. It is a good idea to ask the local regional center if they have a Special Incident Report form and to use it when reporting to the regional center. Some regional centers accept the Community Care Licensing form but many have their own Special Incident Report form.

In general, special or unusual incident reports include:

- The name, address, and telephone number of the facility.
- The date, time, and location of the incident.
- The name(s) and date(s) of birth of the individuals involved in the incident.
- A description of the event or incident.

DSP Incident Reporting Requirements (cont.)

- If applicable, a description (such as, age, height, weight, occupation, relationship to individual) of the alleged perpetrator of the incident.
- How individual(s) were affected, including any injuries.
- The treatment provided for the individual.
- The name(s) and address(es) of any witness(es) to the incident.
- The actions taken by the vendor (licensee, DSP, the individual or any other agency or individual) in response to the incident.
- The law enforcement, licensing, protective services, and/or other agencies or individuals notified of the incident or involved in the incident.
- If applicable, the family member(s) and/or the individual's authorized representative who has been contacted and informed of the incident.

The responsibility to report an incident lies with the person who observed it or the person who has the best knowledge of the incident. No supervisor or administrator

can stop that person from making the report. However, internal procedures to improve reporting, ensure confidentiality, and inform administrators of reports are permitted and encouraged. It is important that you know any internal procedures that may be used where you work.

Regional centers have the responsibility to provide case management services to the individuals you support. So, regional center service coordinators need as much information as possible about the individual. For this reason, many regional centers have additional reporting guidelines. Remember, when reporting:

- If you report to another agency, report to the regional center.
- If you are not sure if an incident should be reported, report to the regional center.
- Follow any reporting guidelines from the regional center.
- Report all incidents to the regional center, even if they did not happen in the home where you work.

A C T I V I T Y

Unusual Incident/Injury Report

Frank is a 27-year-old man living in a small group home, April's Place, just outside Bakersfield. His housemates include four other young adults with significant physical and cognitive disabilities. Frank has lived in a number of care facilities since he moved from one of the state developmental centers. Frank has a history of problems with eating, and while he does not have any physiological problems with swallowing, he has had several incidences of choking on food—Frank tends to put far too much food in his mouth and eats very quickly. He has had a problem with taking food from others at the table.

On Saturday, February 26th, one of the DSPs called to say they would be late for work and that left one staff member with five individuals for dinner. Stan, the DSP at home at the time, was doing his best to get dinner on the table and assisting everyone to eat. He left the table for a moment to get a sponge to clean up a spill and when he returned, he found Frank on the floor, choking. He also had a gash on his head, apparently from hitting the chair as he fell. Stan used the Heimlich maneuver and was finally able to dislodge food from Frank's throat. Stan checked Fran's cut and knew he needed medical attention. He called 911 and then called his boss. Frank was taken to emergency and received three stitches for his head wound.

How would you complete the Unusual Incident/Injury Report on the following two pages for this incident?

UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY	FACILITY FILE NUMBER	TELEPHONE NUMBER ()
ADDRESS	CITY, STATE, ZIP	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

TYPE OF INCIDENT

- | | | | | |
|----------------------------------------------------------|-----------------------------------------------|------------------------------------------|-------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Unauthorized Absence | <input type="checkbox"/> Alleged Client Abuse | <input type="checkbox"/> Rape | <input type="checkbox"/> Injury-Accident | <input type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Aggressive Act/Self | <input type="checkbox"/> Sexual | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Injury-Unknown Origin | <input type="checkbox"/> Other Sexual Incident |
| <input type="checkbox"/> Aggressive Act/Another Client | <input type="checkbox"/> Physical | <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Injury-From another Client | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Aggressive Act/Staff | <input type="checkbox"/> Psychological | <input type="checkbox"/> Other | <input type="checkbox"/> Injury-From behavior episode | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Aggressive Act/Family, Visitors | <input type="checkbox"/> Financial | | <input type="checkbox"/> Epidemic Outbreak | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Alleged Violation of Rights | <input type="checkbox"/> Neglect | | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Other (<i>explain</i>) |

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

Causal Analysis

Reporting incidents is just the first step. Accidents do happen, but as DSPs you must learn from past incidents and take steps to reduce the likelihood of similar incidents occurring in the future.

Causal analysis is a way to determine why an incident or event happened in order to prevent it from happening again.

Individual's lives are very complex. Rarely, if ever, does any one thing cause an incident to occur. Generally, incidents occur because of a combination of things. Think about causal analysis as "peeling an onion" to get to all those contributing causes, in order to take preventive action to reduce the risk of the incident happening again.

Learning from the Incident

When using causal analysis, examine what you learn from each incident. Ask, what were the risk factors in this situation? Use the Risk Assessment Evaluation & Planning Worksheet. Consider any other factors related to the activity itself. Don't try to come up with strategies or things that should have been done. In the previous example, it would be easy to say that Stan shouldn't have left the table or that he should have asked another consumer to get a sponge. It's likely Stan was doing the best he knew how at the time. Be objective observers and clearly examine the situation.

ACTIVITY

Minimizing the Possibility of Recurrence

Directions: *Using Frank as an example, identify his risk factors and ways to prevent the incident from happening again.*

Factor	Ways to minimize recurrence
Example: Frank eats too fast	<ul style="list-style-type: none"> Develop program to teach eating slowly Provide small portions rather than full plate Make food available to Frank during the day

Applying Causal Analysis

Let's take some time to practice the steps you need to take when an incident occurs. Remember, practice makes perfect. The more we allow ourselves to learn from such experiences, the easier it is to prevent them from happening again. You are also providing a good

model for new staff members who look to more experienced staff members for guidance. If your attitude as a staff is that events happen and you continually learn from these events, there is less need for blaming, defensiveness, or attempting to hide mistakes that are made.

ACTIVITY

Applying Causal Analysis

Read the incident described below.

Sandra is a DSP working at Martha's Place. She is responsible for assisting individuals to take medications during her shift. Three young individuals receive medications at dinner time. As she is preparing medications for all three, she hears a crash in the next room. Leaving the medications on the counter, she runs in to find that someone has knocked down a floor lamp. After she picks it up, she returns to the medications to find that some are missing and that William, a young man who eats anything, is in the room. He seems alright, but does not respond when Sandra asks if he took the medications.

Answer the following questions:

1. Should an incident report be made and if so, to whom?

2. What have you learned from the incident?

3. How can you minimize the possibility something like this will occur again?

S U M M A R Y

In summary, remember that prevention is the number one priority. You learn to prevent injury by getting to know the individuals who you support and by learning from your experiences.

P R A C T I C E A N D S H A R E

1. Take an incident that occurs in the home where you work. Apply the steps of causal analysis and share the causes of the incident and what you did or recommended to minimize reoccurrence.

OR

2. Fill out a Risk Assessment Worksheet with one individual you support. Share with the class if you identified any risk that needed to be brought to the attention of the planning team.

Risk Management in Daily Living

1. **Which of the following is one of the Guiding Principles of Risk Management?**
 - A) Make friends and have fun
 - B) Prevention of serious incidents is the #1 priority
 - C) Avoid common mistakes
 - D) Keep information confidential
2. **One of the keys to preventing serious accidents is:**
 - A) Strong rules
 - B) Positive relationships
 - C) Visual learning
 - D) Open communication
3. **Which one of the following activities involves the most risk?**
 - A) Watching TV
 - B) Taking a nap
 - C) Walking to the store
 - D) Reading a book
4. **An activity has an appropriate level of risk when:**
 - A) The activity is reasonable and the individual knows what to expect
 - B) The activity is completely new
 - C) The activity is something the individual usually avoids
 - D) The activity can severely affect an individual's health
5. **What is the first step in developing a plan to reduce the individual's perceived risk associated with an activity?**
 - A) Complete a Special Incident Report
 - B) Discourage the individual from doing the activity
 - C) Substitute another activity for the one with perceived risk
 - D) Break the activity into steps
6. **What is the purpose of completing the Risk Assessment Worksheet?**
 - A) To plan ways to minimize risk across all activities
 - B) To meet the DSP requirements
 - C) To keep the individual from doing risky things
 - D) To provide the individual with choices
7. **What is an example of an incident requiring a Special Incident Report (SIR)?**
 - A) An incident that resulted in loss of a friendship
 - B) An incident that resulted in a small bruise
 - C) An incident that resulted in a temper tantrum
 - D) An incident that resulted in serious bodily injury
8. **When must a written Special Incident Report be submitted to the regional center?**
 - A) One week after the incident
 - B) Within one work day of the incident
 - C) By the end of the facility's business day
 - D) Within 48 hours of the incident
9. **What is a standardized way to look at and analyze a situation to determine why it occurred?**
 - A) Risk analysis
 - B) Task analysis
 - C) Causal analysis
 - D) Personal analysis
10. **What is the goal of causal analysis?**
 - A) To minimize the recurrence of an incident
 - B) To mitigate the effects of an incident
 - C) To minimize the consequences of an incident
 - D) To maximize the individual's potential

Appendices



- Instructions for Completing Risk Assessment Worksheet
- Under each specific area, list the Significant Risks identified.
 - Indicate "yes" or "no" as to whether a significant risk has been identified in the listed category.
 - Indicate "yes" or "no" whether training/service plans are present for the specific risk

- If training/service plans have been developed, indicate the training/area.
- Briefly, indicate a summary of the intervention required to eliminate or minimize the risk.

Risk Assessment Evaluation & Planning Worksheet: Sample A

Individual's Name _____ Date of Discussion _____ Date of Note _____

Participants _____

Significant Risk Factors (List) Present Description of risk, circumstances, frequency Interventions required to eliminate or minimize risk
Yes : No :

1. Functional Abilities

a. Eating/Choking			
b. Mobility			
c. Communication			
d. Personal Care			
e. Transferring/Repositioning			
f. Continence			
g. Vision			
h. Hearing			

2. Behavior Challenges

a. Self-abuse			
b. Aggression toward others or property			

Significant Risk Factors (List) Present : Yes : No : Description of risk, circumstances, frequency Interventions required to eliminate or minimize risk

3. Health

a. Allergies

b. Seizures

c. Mental Illness

d. Skin breakdown

e. Bowel function

f. Nutrition

g. Psychotropic Medication

h. Sun/Heat Exposure

i. Other Chronic Conditions

4. Environmental

a. Injuries

b. Falls

c. Community

5. Other

Appendix 8-B

DSP Incident Reporting Requirements

General Reporting Requirements

Even if DSPs follow the principles of risk management, incidents still happen. When they happen, the DSP is required by law to report these incidents. Depending upon the type of incident, the DSP will report to all or some of these agencies: regional centers, Community Care Licensing, local law enforcement, Adult and Child Protective Services, and the Ombudsman. The timelines for reporting vary depending upon the type of incident.

The tables on the following pages summarize reporting requirements for each of these groups. You are required to meet **all** reporting requirements. For example, upon reviewing these tables, you will see there are requirements to report abuse of a child to regional centers, Community Care Licensing, Child Protective Services, and local law enforcement. If you suspect an adult is being abused in a licensed setting, you must report to the regional center, licensing agency, and Ombudsman or law enforcement. You must meet **all** reporting requirements. Reporting to one agency does not mean you don't have to meet the requirements of another.

The actual reports are also called by different names. For example, the incident report that goes to regional centers is called a "Special Incident Report," while the report that goes to Community Care Licensing is called the "Unusual Incident/ Injury Report." (Appendix 8-D) In this training, you will use a sample Community Care Licensing form. Even though other agencies may have different forms, the information that is required is generally the same. It is a good idea to ask the local regional center if they have a Special

Incident Report form and to use it when reporting to the regional center. Some regional centers accept the Community Care Licensing form but many have their own Special Incident Report form.

In general, special or unusual incident reports include:

- The name, address, and telephone number of the facility.
- The date, time, and location of the incident.
- The name(s) and date(s) of birth of the individuals involved in the incident.
- A description of the event or incident.
- If applicable, a description (such as, age, height, weight, occupation, relationship to individual) of the alleged perpetrator of the incident.
- How individual(s) were affected, including any injuries.
- The treatment provided for the individual.
- The name(s) and address(es) of any witness(es) to the incident.
- The actions taken by the vendor (licensee, DSP, the individual or any other agency or individual) in response to the incident.
- The law enforcement, licensing, protective services, and/or other agencies or individuals notified of the incident or involved in the incident.
- If applicable, the family member(s) and/or the individual's authorized representative who has been contacted and informed of the incident.

Appendix 8-B

DSP Incident Reporting Requirements (cont.)

The responsibility to report an incident lies with the person who observed it or the person who has the best knowledge of the incident. No supervisor or administrator can stop that person from making the report. However, internal procedures to improve reporting, ensure confidentiality, and inform administrators of reports are permitted and encouraged. It is important that you know any internal procedures that may be used where you work.

Regional centers have the responsibility to provide case management services to the individuals you support. So, regional center service coordinators need as much information as possible about the individual. For this reason, many regional centers have additional reporting guidelines. Remember, when reporting:

- If you report to another agency, report to the regional center.
- If you are not sure if an incident should be reported, report to the regional center.
- Follow any reporting guidelines from the regional center.
- Report all incidents to the regional center, even if they did not happen in the home where you work.
- The report should answer who, what, when and where.
- Information included should be thorough, accurate and clear; anyone reading the report should have the same understanding of what happened.

Appendix 8-C

Special Incident Reporting to Regional Centers

All regional center vendors (including community care facilities) and vendor staff (including DSPs) must report special incidents to the regional center as follows:

Table 1. Special Incident Reporting for Regional Center Vendors and Staff
California Code of Regulations (CCR), Title 17, Section 54327

What Do I Report?

Missing individual. An individual is considered missing if he/she leaves their community care home unexpectedly or without the needed supervision.

Suspected abuse/exploitation including physical, sexual, fiduciary (financial), emotional/mental, or physical and/or chemical restraint. This includes cases in which an under-age girl becomes pregnant.

Suspected neglect including failure to provide medical care, care for physical and mental health needs; proper nutrition; protection from health and safety hazards; assistance with personal hygiene; food, clothing, or shelter; or the kind of care any reasonable person would provide. Neglect may include an individual's self-neglect or behavior that threatens their own health or safety.

A serious injury/accident requiring medical treatment beyond first aid including cuts requiring stitches, staples, or skin glue; wounds by pointed objects; fractures; dislocations; bites that break the skin; internal bleeding (including bruises); medication errors; medication reactions; or burns.

Any hospitalization due to breathing-related illness; seizures; heart problems; internal infections; diabetes; wound/skin care; nutritional problems; or involuntary admission to a mental health facility.

Death of individual.

Individual is a crime victim including credible evidence of robbery, physical assault, theft, burglary, or rape. Credible evidence means that there is believable proof. This includes records of a 911 call, an incident report number and date, and a report from a law enforcement official.

Who Do I Report To?

The regional center with case management responsibility for the individual and the vendoring regional center, if different.

When Do I Report?

Call or fax immediately but no more than one work day after learning of the occurrence and submit a written report within *two work days* of the incident, even if you are not sure if the incident is reportable. Corrections can be made as more information becomes available.

Appendix 8-D Special Incident Reporting to Community Care Licensing

All Administrators and staff (DSPs) of community care licensed facilities must report special incidents to their licensing agency as follows:

Table 2. Unusual Incident Reporting for Licensed Community Care Facilities
California Code of Regulations (CCR), Title 22, Sections 80061, 84061, 85061,
and 87561

What Do I Report?

- Death of an individual from any cause.**
- Any injury to any individual that requires medical treatment.**
- Any unusual incident or absence that threatens the physical or emotional health or safety of any individual.***
- Any suspected physical or psychological abuse.***
- Epidemic outbreaks.**
- Poisonings.**
- Catastrophes.**
- Fires or explosions that occur in or on the premises.**
- The use of an Automated External Defibrillator (RCFE*).**
- Major accidents that threaten the welfare, safety, or health of residents (RCFE**).**

Who Do I Report To?

Report to the local Community Care Licensing agency.

When Do I Report?

Call within the agency's next working day during its normal business hours.

A written report shall be submitted within seven days following the occurrence of the event.

*In serious bodily injury when these two incidents occur, a DSP must report to the Ombudsman **AND** local law enforcement immediately or within two hours. If there is no serious bodily injury, a report must still be filed, but within 24 hours

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