

**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL RETARDATION**

Procedure No: I.D.PR.013

Issue Date: June 7, 2002

Subject: Risk Management: Individual Safety Screening

Effective Date: July 1, 2002

Designated Area of Responsibility: Division of Quality Assurance

A. Purpose

To establish a process to determine if an individual may be subject to severe physical injury or death in identified risk areas. To ensure that a plan is in place to reduce or eliminate risk if an individual is determined to be at risk.

B. Applicability

This procedure shall apply to all individuals served by programs licensed, operated and/or funded by the Department of Mental Retardation. This includes individuals living in community living arrangements, community training homes, campus settings, those receiving supported living services and day services. This procedure shall apply to all public/private case managers or team leaders, contract managers/monitors, regional quality improvement directors and central office Division of Quality Assurance personnel.

C. Definitions

1. Identified Risk Areas:

- a. Severe Limitations in Mobility: An individual possesses severe impediments to movement during the activities of daily living that may create the potential for severe physical injury or death (i.e., considerations include visual and auditory impairment that may contribute to impeding movement).
- b. Severe Seizure Disorder: An individual is diagnosed with a seizure disorder that, when manifested, creates the potential for severe physical injury or death.
- c. Complications of Swallowing - Maladaptive Eating Behaviors: An individual possesses complications of swallowing (Guidelines for Management of Dysphagia – see Reference 1, Section E) **or** maladaptive eating behaviors **or** complications of swallowing (dysphagia) in concert with maladaptive eating behaviors that may create the potential for severe physical injury or death.

2. Service provider: A privately contracted agency, individual, or DMR Region providing services to individuals as defined in the Applicability section of this procedure.

D. Implementation

1. All individuals for whom this procedure applies shall undergo an Individual Safety Screening within 90 day of the Issue Date of this procedure. All public/private case managers or team leaders shall initiate the completion of an Individual Safety Screening form by the Interdisciplinary Team (see Section E, Reference 2) for every individual for whom they are responsible. The Individual Safety Screening form shall be placed in the Health Section of the individual's record and a copy forwarded to the Case Manager for follow-up and CAMRIS data entry.

2. Annually thereafter or at any time a risk factor is first identified, an Individual Safety Screening shall be completed.
3. The case manager shall ensure that all individuals determined eligible for DMR services, for which this procedure applies, shall undergo an Individual Safety Screening prior to the initiation of service provision.
4. Whenever any service provider staff person identifies a risk factor, that staff person shall notify the case manager.
5. If, as a result of the Individual Safety Screening, risk is present for any of the Identified Risk Areas (see Definitions 1 above), appropriate actions shall be initiated by the case manager or team leader.

Appropriate actions shall include but not be limited to:

- a. **determination and implementation of immediate safeguards**
 - b. **immediate referral to the appropriate professional for assessment**
 - c. **implementation of professional recommendations including staff training by the appropriate professional with associated documentation**
6. The service provider shall ensure that any identified assessments are completed, safeguards and/or support strategies are implemented, staff are trained, and all associated documentation is completed.
 7. Personnel performing the following roles shall monitor, in the course of their duties, any identified Individual Safety Screening or follow-up actions for completion:
 - Case managers, team leaders, contract managers/monitors, regional quality improvement directors and central office Division of Quality Assurance personnel

The frequency of these assurance mechanisms shall be consistent with established service provider oversight activities (e.g., OPS quarterlies, contract monitoring schedules, case management contacts, and regional and central office quality improvement and assurance activities).

If follow-up actions are not completed, these personnel shall inform the appropriate case manager who shall assure that follow-up actions are completed.

8. **If a staff person identifies a failure to comply with any aspect of this Individual Safety Screening procedure, that person shall immediately report the failure to the appropriate Regional Director or designee who shall initiate corrective action.**

E. Reference

1. DMR Medical Advisory #99-1 – Guidelines for Management of Dysphagia (March 1999)
2. Individual Safety Screening (January 2002) - attachment