

Safety Plans

Effective December 1, 2017

BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Department of Accountability and Compliance
The Office of Incident Management

March 8, 2018



What is a Safety Plan?

A written plan for ensuring the health and safety of all individuals in response to an incident.

The plan describes:

- The reasons why the incident may have occurred.
- The risks involved.
- What actions the agency will take to prevent similar incidents from occurring.

The Safety Plan is based upon what is known at the time the incident is submitted.



When is a Safety Plan completed?

A Safety Plan must be completed by the provider after a Critical Incident occurs.

Only one Safety Plan per incident is required to be submitted, regardless of the number of individuals or staff involved.

The Safety Plan must be submitted at the same time the Critical Incident Report (CIR) is entered into ROCI.

ROCI Website: <https://rociprod.dbhdd.ga.gov:8443/dhr/ROCI/login.do>

Where to find the Safety Plan form?

PolicyStat Website:

<https://gadbhdd.policystat.com/>



Policy Number: 04-106

Reporting and Investigating Deaths and Critical Incidents in Community Services



**Attachment B:
Safety Plan (Version 3/6/2018)**

SAFETY PLAN	Incident # (ROCI)	Registered Name of the Provider	Street Address for Location	
Please answer the following questions for the individual(s) involved in this incident.				
Have any of the involved individuals received Crisis Services within the past 3 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
Have any of the involved individuals changed providers in the past 6 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
Is there supporting information related to the incident (such as letters, pictures, videos, etc.)?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
Were any of the individuals ADMITTED to the hospital? (not the emergency room or for observation only)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA	
Do any of the involved individuals have one of the following? <input type="checkbox"/> Behavior Support Plan <input type="checkbox"/> Crisis Plan <input type="checkbox"/> Individualized safety plan <input type="checkbox"/> Unk/NA				
Level of Supervision or Frequency of Contact per ISP/IRP:				
DO NOT ENTER IDENTIFYING INFORMATION (Name, date of birth, etc.)				
What did your agency do directly following the incident to make sure individuals and staff were safe?				
What circumstances may have led to the incident?				
What steps will be taken to prevent a similar incident in the future? (Such as new/additional assessments or evaluations, review of protocols, consults, follow-ups, increased observation or contact, review of treatment plan, staff training etc.)			Title of Person Responsible	Implementation Date
1.				
2.				
3.				
4.				
FOR BEHAVIORAL HEALTH PROVIDERS:				
Do the involved individuals receive: <input type="checkbox"/> Intensive Residential Svcs <input type="checkbox"/> Semi-Independent Residential Svcs <input type="checkbox"/> Independent Residential Svcs <input type="checkbox"/> None				
FOR DEVELOPMENTAL DISABILITY PROVIDERS:				
For involved individuals only, which healthcare protocols apply: <input type="checkbox"/> None <input type="checkbox"/> Aspiration/Choking <input type="checkbox"/> Bowel <input type="checkbox"/> Diabetes <input type="checkbox"/> Fall <input type="checkbox"/> Seizure <input type="checkbox"/> Skin				
<input type="checkbox"/> Other: _____				
Do they have a special diet? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____				
Person completing Safety Plan:			Date:	
Title:	Phone:	Email:		

Completing a Safety Plan from the Top

SAFETY PLAN	Incident # (ROCI)	Registered Name of the Provider	Street Address for Location
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Incident # (ROCI): The number assigned to the report once it has been entered into ROCI.

Example- 20109876

Registered Name of the Provider: Your agency's name.

Location: Address of provider location.

Examples of what address should be used:

- An individual falls and breaks a leg at their CLA, then is admitted to the hospital. The CLA address would be entered.*
- Two individuals on an outing with day program staff and engage in behavior that requires law enforcement. The day program address would be entered.*
- An individual who lives at home with their family and receives Nursing Services, becomes hospitalized. The Nursing Services provider address would be entered.*

Determining the Risks

Please answer the following questions for the individual(s) involved in this incident.				
Have any of the involved individuals received Crisis Services within the past 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA	
Have any of the involved individuals changed providers in the past 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA	
Is there supporting information related to the incident (such as letters, pictures, videos, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA	
Were any of the individuals ADMITTED to the hospital? (not the emergency room or for observation only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA	
Do any of the involved individuals have one of the following?	<input type="checkbox"/> Behavior Support Plan	<input type="checkbox"/> Crisis Plan	<input type="checkbox"/> Individualized safety plan	<input type="checkbox"/> Unk/NA
Level of Supervision or Frequency of Contact per ISP/IRP:				

Answer the questions for the individual(s) involved in the incident.

Crisis Services may include:

- Mobile Crisis Teams
- Crisis Respite Homes
- Behavioral Health Crisis Centers
- Crisis Stabilization Units (SCU)
- Community Stabilization Programs
- Event resulting in notification of the Georgia Crisis & Access Line (GCAL)

Levels of Supervision or Frequency of Contact per ISP/IRP:

- This will be specific to each individual and should be outlined in their ISP/IRP.

Examples of supervision or contact frequency may include:

- 1:1 (one to one staffing), 2:1 (two to one staffing), line of sight, 30 minute visual checks, 2x/weekly visits, independent, etc.

Determining the Risks

DO NOT ENTER IDENTIFYING INFORMATION (Name, date of birth, etc.)

What did your agency do directly following the incident to make sure individuals and staff were safe?

- Describe what immediate steps were taken to ensure individual and staff safety.
- Include actions taken by staff and management.

Note: This should include steps taken to ensure the safety of all individuals, which may include those who were not directly involved in the incident.

Some examples may include, but are not limited to: staffing reassignment, notification of law enforcement, seeking medical attention, redirecting individuals, utilizing crisis intervention techniques, etc.

What circumstances may have led to the incident?

- Describe what happened before the incident.
- What was going on that may have resulted in the incident?

Note: This should be answered based on information known at the time of the incident.

Some examples may include, but are not limited to: staffing factors, environmental factors, previous behavioral history, social issues for the individual, previous incidents, prior medical history, etc.

IMPORTANT: DO NOT ENTER IDENTIFYING HEALTH INFORMATION (Names, date of birth, etc.)

The more information you provide about the risks, causes and immediate actions, **THE BETTER!**

DBHDD may request more information if the Safety Plan does not provide enough detail.

Developing a Plan

What steps will be taken to prevent a similar incident in the future? (Such as new/additional assessments or evaluations, review of protocols, consults, follow-ups, increased observation or contact, review of treatment plan, staff training etc.)	Title of Person Responsible	Implementation Date
1.		
2.		
3.		
4.		
5.		
6.		

**Type in what your agency is going to do to help make sure a similar incident does not happen again.
 What actions can your agency take to address the things that led up to the incident?**

Person Responsible: The full name and title of the person responsible to ensure the action gets completed.

Implementation Date: The specific date (MM/DD/YYYY) the action will be completed.

Consider actions like: following up with medical professionals, scheduling a team meeting to further discuss the issues, staff training, disciplinary actions, evaluate staffing needs, implementing a new process, redesigning current processes, re-evaluate current treatment plans, developing a treatment or behavior plan, increasing supervision etc.

Example: Increase Medication Administration Record (MAR) reviews to twice a week for 2 months to minimize medication errors. Implemented by Jane Doe, RN on 1/1/2018.

For Specific Providers

FOR BEHAVIORAL HEALTH PROVIDERS:

Do the involved individuals receive: Intensive Residential Svcs Semi-Independent Residential Svcs Independent Residential Svcs None

FOR DEVELOPMENTAL DISABILITY PROVIDERS:

For involved individuals only, which healthcare protocols apply: None Aspiration/Choking Bowel Diabetes Fall Seizure Skin

Other: _____

Do they have a special diet? No Yes: _____

For Behavioral Health Providers ONLY: Answer what residential services the individual(s) involved in the incident are receiving.

For Developmental Disability Providers ONLY: Check any healthcare protocols that the individual(s) involved in the incident currently have in place.

- Include the individual's special diet if they currently have one.

Examples may include, but are not limited to: foods cut to size, pureed, thickened liquids, etc.

Signed, Sealed and Delivered

Person completing Safety Plan:			Date:
Title:	Phone:	Email:	

The submission of this Safety Plan indicates that it is truthful, fully complete, and will be implemented as indicated.

The provider must cooperate with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) representatives and investigations.

DBHDD may require additional verification of your statements above.

DBHDD may require corrective action or take enforcement action for false statements.

Be sure to review your Safety Plan for accuracy and that **NO IDENTIFYING HEALTH INFORMATION is listed (including names or other identifying information).**

Provide an accurate phone number and email address that allows for easy contact from DBHDD.

Save a copy of the completed Safety Plan to upload into ROCI and for your records.

Submitting into ROCI

The screenshot shows the 'Reporting Of Critical Incidents (ROCI) ver 1.0.1' web application. At the top left is the 'georgia.gov' logo with the text 'Online access to Georgia government'. At the top right is the 'Georgia Department of Behavioral Health and Developmental Disabilities' logo and the text 'A Country Manner, Inc.'. Below the header is a green bar with the text 'Reporting Of Critical Incidents (ROCI) ver 1.0.1' and a 'Secure Site' icon. A navigation menu is on the left, with 'MENU' written vertically. The main content area has a header with 'Incident Detail', 'Incident Type', 'Person', 'Notifications', and 'Check & Submit' buttons. Below this, there is a 'Document' menu with 'Upload' and 'View' options. A red arrow points to the 'Upload' button. The main content area also displays 'Incident/Death Date: June 12, 2017', 'Discovery Date: June 13, 2017', and 'Report Date: June 14, 2017'. There are 'Cancel' and 'Save & Continue' buttons at the bottom. The text '** HIPAA CONFIDENTIAL **' is visible in the top right of the main content area. The text '#2017 (Pending)' and 'OIMI Status: (review needed)' are also visible.

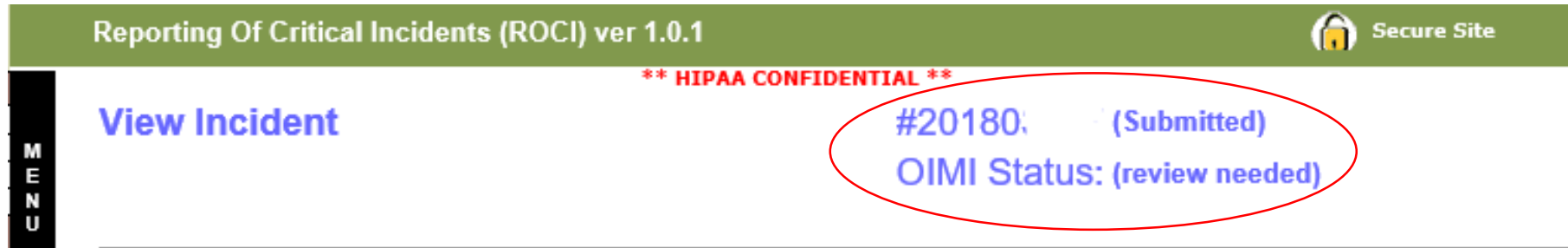
To submit the Safety Plan into ROCI:

Note: You must be in the Critical Incident Report edit view.

- Hover over the **MENU** tab on the top left side of the screen.
- Select **Upload** under **Document**.
- Select the Safety Plan document to upload.
- Electronically sign the Attestation
- Save and Submit the Critical Incident Report.

Submitting into ROCI

- Once the incident has been **fully** submitted, when you view the Critical Incident Report (CIR), the ROCI # will show as (Submitted) and OIMI Status will show as (review needed).



Reporting Of Critical Incidents (ROCI) ver 1.0.1 Secure Site

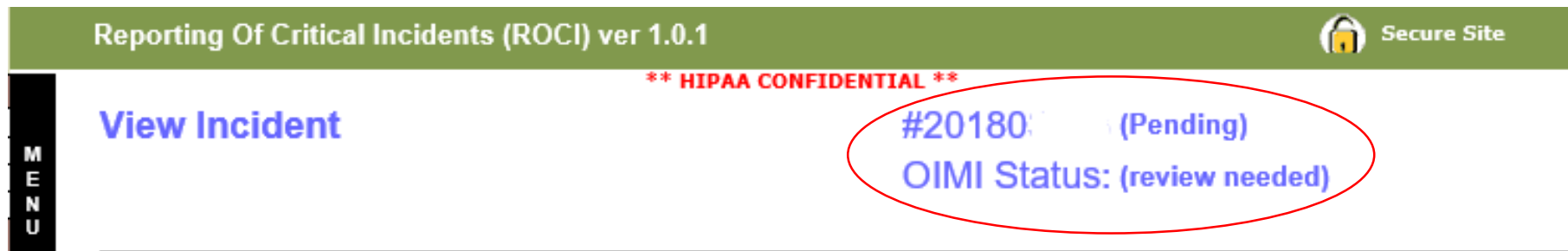
** HIPAA CONFIDENTIAL **

View Incident #20180: (Submitted)
OIMI Status: (review needed)

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Detailed description: This is a screenshot of a web application interface. At the top, there is a green header bar with the text 'Reporting Of Critical Incidents (ROCI) ver 1.0.1' on the left and a 'Secure Site' icon on the right. Below the header, there is a red warning banner that reads '** HIPAA CONFIDENTIAL **'. The main content area shows a 'View Incident' link on the left. To its right, the incident details are displayed: '#20180: (Submitted)' and 'OIMI Status: (review needed)'. A red oval highlights these two lines of text. On the far left, there is a vertical black bar with the word 'MENU' written vertically in white capital letters.

- If the CIR has **not** been fully submitted, the ROCI # will show as (Pending).



Reporting Of Critical Incidents (ROCI) ver 1.0.1 Secure Site

** HIPAA CONFIDENTIAL **

View Incident #20180: (Pending)
OIMI Status: (review needed)

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Detailed description: This is a screenshot of the same web application interface as above. The header and warning banner are identical. The main content area shows the same 'View Incident' link. To its right, the incident details are displayed: '#20180: (Pending)' and 'OIMI Status: (review needed)'. A red oval highlights these two lines of text. On the far left, there is a vertical black bar with the word 'MENU' written vertically in white capital letters.

- When the CIR says (Submitted), then DBHDD will receive the report and will begin processing.

IMPORTANT: If the report remains in (Pending) status, then DBHDD will not receive the CIR and you may become out of compliance with Policy 04-106 reporting requirements.

Questions

If you have questions related to completing a Safety Plan, you can email: dbhddincidents@dbhdd.ga.gov

If you're experiencing issues uploading documents within ROCI, you can email: ROCI@dbhdd.ga.gov

If you are having issues with password lockouts to ROCI, you can email: ROCI.Lockouts@dbhdd.ga.gov

If you have questions related to policies, you can email: policyquestions@dbhdd.ga.gov