



Student Resource Guide

8. Risk Management in Daily Living



Student Resource Guide: SESSION 8

Risk Management in Daily Living

OUTCOMES

- When you have finished this unit of study, you will be able to:
- ▶ State the Principles of Risk Management.
 - ▶ Identify types and levels of associated risk and describe how to support individuals in their fears about risk.
 - ▶ Use the Risk Assessment Evaluation and Planning Worksheet to evaluate risks in daily living.
 - ▶ Describe DSP responsibilities for identifying risk management issues for program planning, the IPP, and person-centered planning.
 - ▶ °Demonstrate the ability to complete a Special Incident report (SIR) to identify what can be learned from incidents and identify steps to minimize recurrence.

KEY WORDS

Causal Analysis: A method used to determine the basic causes of an incident or event in order to identify and take action to prevent it from happening again.

Mitigate: To lessen the effects of risk.

Proactive risk management: Prevention practices that lead to minimizing possible harm to individuals in a planned way.

Risk assessment: Evaluating an environment or activity for possible harm to individuals.

Risk management: A term given to a set of practices that lead to minimizing possible harm to individuals.

Special Incident Report: A report that is provided to the Regional Center in the event of serious bodily injury, serious physical harm, or death; the use of emergency intervention procedures; potential criminal charges or legal action; the denial of an individual's rights; or epidemic outbreaks, poisonings, or catastrophes involving any regional center individual.

Title 17: A set of regulations that establishes requirements for regional centers and regional center vendors including vendored community care facilities.

Title 22: A set of regulations that establishes requirements for licensed community care facilities.

Opening Scenario

K.J. is 45-year-old woman with multiple disabilities who lives in Martha's Place, a small group home in the Bay area. While K.J. has a great number of challenges in life, including her fragile medical condition and the need for almost total assistance in her personal care activities, she has a sunny disposition and enjoys being with people. K.J. is originally from Korea and has a guardian who, at 70 years old, needs to find someone else to act as K.J.'s guardian in the near future. Martha's place is in an urban area, and while transportation and community business and leisure environments are readily available, her home is not in a particularly safe area. There has been some gang activity nearby recently.

Mary is a young woman of 24 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. Mary has worked at a number of jobs, including fast food restaurants and for a brief time as a receptionist. She sees herself as a people person.

The Role of the DSP in Risk Management

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

Risk Management Principles



In Year I, you learned about **risk management** and how to begin to apply it to your work. In this session we will review the guiding principles of the risk management systems for the developmental disabilities service system in California and apply another level of analysis to determine the causes of risk.

Guiding Principles of Risk Management

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

The best possible risk management strategy is to anticipate 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 a rake 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 (continued)

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. **All who are required to report incidents, including DSPs, are competent to respond to, report, and document incidents in a timely and accurate manner.**
DSPs, as well regional center staff and others who witness or learn about an incident, must report it 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. You will also learn about your

responsibilities as a “mandated” reporter.

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.**
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 anticipate risks early on before an accident or injury occurs. You have a unique responsibility in supporting a high quality of life for individuals and ensuring their health and safety. Remember: Prevention is the number one priority!

Levels of Risk

Scenario

Mary 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. Mary 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 seems to be sufficient risks just 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 have an intimate understanding of this challenge.

Mary enjoys mountain biking and rock climbing, two activities that have inherent risks associated with them. Surely there are safer recreational activities. What about going to a nice play? The point is, there are numerous activities in which to participate and all of them have a certain degree or level of risk. The level may be considered appropriate, increased, significant, or high.

For example, let's look at a number of typical activities. How would you rate the level of risk?

Levels of Risk

1. Eating breakfast.
2. Calling a friend on the phone.
3. Catching the bus downtown.
4. Walking to the 7-11.
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, the safety of a neighborhood at particular times of night may change. Traffic at certain times may be busier, increasing the risk of walking to the store. Taking a shower when we have an injury and feel more unstable involves an increased, and at times, significant risk of falling.

Almost any environment or activity has a certain degree of risk associated with it. You can trip on an uneven sidewalk while taking a stroll, receive a bite from a dog you are petting, or break a tooth eating candy. Most of you don't stay in bed 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 is, it 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 caution may be in order. There are activities that have a significant or high level of risk which means that either you should avoid the activity or take precautions. 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.

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.

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, social stories, association with positive events or feelings, and other means to reduce the level of fear he has. 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.

The point is, 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 contain high levels of risk for someone who eats too quickly or doesn't chew and, therefore, may choke. As Direct Support Professionals, recognizing the potential for risk in activities, assessing that risk, and taking steps to minimize risk is your responsibility. Let's look at the potential for risk in some common activities.

Mealtime Safety

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 even this simple activity has risks.

Let's examine the possible causes more closely. There is an underlying consumer 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, considered probable causes, and discussed intervention strategies to prevent the event from happening again. This is what proactive risk prevention is all about.

There are activities that seem to carry significant risk with them no matter who is doing them; for example, rafting in class five rapids, 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, the 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.

ACTIVITY

Think, Pair, Share



Take a few moments and write down some home, community, and recreational activities that may have a certain level of associated risk. Don't only consider the high risk activities; for example, skydiving. Consider some of the more common activities you do for in your homes, in the community, and for recreation. Then record 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, record factors that would increase the level of risk.

Activity	Level of risk	What would increase the level of risk?
<i>Example</i>		
<i>Taking a shower</i>	<i>appropriate</i>	<i>unstable, can't judge temperature, fearful of shower, drowsy, medications...</i>
<i>Driving</i>	<i>increased</i>	<i>medications, sleepy, heavy traffic, noisy, poorly behaved companions...</i>

Scenario



Raymond loves to read *People* magazine. He looks forward to getting each new copy and has saved quite a number of magazines in his room. Raymond is very verbal and loves sharing information about the exciting people in the magazine. In developing his IPP through a Person-Centered Plan, his support staff, family, and friends suggested that Raymond develop skills in purchasing his own magazine at the store. This would seem to be a natural way for Raymond to learn these skills, except for one thing—Raymond is absolutely terrified of going to the store. He is often invited and always prefers to stay in the car or outside. For some reason, this activity, simple for most of us, is perceived by Raymond to be very risky.

Is there some way to reduce the perceived risk associated with activities?

It is likely that there are parts of the activity of purchasing a magazine that Raymond 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 Raymond’s situation in the scenario above, how would we break it down into parts?

ACTIVITY

Looking for Risk



Using a wall chart, describe the steps in preparing for, and going to the store to buy a magazine. Identify the step(s) that might present the challenge for Raymond. For this step, what can we do to reduce the risk Raymond perceives?

If you discover that Raymond, for example, feels very uncomfortable going through the checkout and interacting with someone he does not know, you might consider going to a smaller store or going when it is very quiet. You might even consider introducing him to the clerk outside the store. You might go with him to help. You might role play the interaction with him or describe step-by-step what the interaction will look like as in social stories. What other strategies might help?

You could simply accept that Raymond won’t go in the store. Raymond 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 Raymond 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.

Scenario



K.J. has decided that she would like to go to a Dave Matthews concert in Berkeley. She has his CDs and a video of a show he did in New York. The staff at Martha's Place were surprised when she told them this and frankly didn't think it would be safe for her.

However, Mary understands that this is important for K.J. and is willing to try to work it out. What can she do? How can you support her choice?

In many cases, the first thing some staff members might do is try to talk K.J. 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.

ACTIVITY

Task Analysis for Risk Assessment



Task analyze the activity of going to the Dave Matthews concert. Assume that you have tickets to the concert. What steps would occur on the night of the concert, from K.J. leaving her home until she returns after the concert. Note the concerns you have and brainstorm possible strategies for each concern.

Steps

Risk

Plans for Minimizing Risk

Share your team's ideas with the large group.

Risk Assessment

When we spoke about basic risk management principles, there was one principle that stood as the most important: *Prevention is the number one priority.*

How can you help to prevent injury while still allowing for the dignity of risk and the opportunity to experience what life has to offer? We've spoken above about how to examine specific activities for risk and then to identify ways to minimize that risk. At this point, let's look at individual consumers to identify significant risk factors in their life so that you can plan ways to minimize that risk across all the activities they might engage in.

The Risk Assessment Evaluation & Planning Worksheet follows.

The worksheet is used to:

- Identify potential risk areas related to disability, health conditions, behavioral difficulties, abilities, and other factors.
- Describe those risks, their circumstances, and frequency.


- Identify interventions required to eliminate or minimize risks such as:
 - The need for an evaluation by a specialist.
 - The need for special equipment or structural adaptations.
 - The need for modifications to activities and environments.
 - The need for a training plan.
 - The need for a specialized health care plan.
 - The need for additional support.

It also allows us to:

- Identify information important for IPP development.
- Identify consumers with similar risk issues.
- Plan proactive prevention (rather than waiting to react after something happens).
- Determine whether the current living situation is appropriate for a particular individual or what kinds of supports are needed.

A C T I V I T Y

Risk Assessment



Using the Risk Assessment Evaluation & Planning Worksheet, think of an individual you support. Identify whether significant risk factors exist in their lives under the five categories listed. Then identify what those risks might be, when they are a factor, and how often they might occur. Finally, brainstorm interventions that might eliminate or minimize the risk.

Share thoughts on the process with the large group.

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				
	Yes	No	Description of risk, circumstances, frequency	Interventions required to eliminate or minimize risk
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				
	Yes	No	Description of risk, circumstances, frequency	Interventions required to eliminate or minimize risk
a. Injuries
b. Falls
c. Community
5. Other				
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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(continued)

Scenario



For example, K.J. is a woman with multiple disabilities including physical, communicative, and health impairment. Because of her difficulties with communication and movement, it is difficult to determine her cognitive abilities. In using the Risk Assessment Evaluation & Planning 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 K.J. 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 K.J. 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 & Planning worksheet by practical application. 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 generate 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 & 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.

Reporting Incidents

In Year I, we discussed risk management principles and incident reporting. It might be helpful to review requirements for reporting to licensing agencies (Title 22) and Regional Centers (Title 17). As a DSP, you are responsible for reporting any incidents of a particular type that occur and to report them within a limited amount of time.

In California, reporting of abuse must be made to several specific places. What you report to each is regulated by law.

- I. For elder or dependent adults, abuse reports are made:
 1. By telephone, immediately or as soon as practicably possible to the local ombudsman or the local law enforcement agency, and
 2. By written report, Department of Social Services form (SOC Form 341), "Report of Suspected Dependent Adult/Elder Abuse" sent to the Department of Social Services within two working days.

II. Licensing Agencies (Title 22): Reports that must go to the appropriate county licensing agency include, but are not limited to:

- Death of any client from any cause.
- Any injury to any consumer that requires medical treatment.
- Any unusual incident or absence (lack of supervision or safety precaution) that threatens the physical or emotional health or safety of any consumer.
- Any suspected physical or psychological abuse.
- Epidemic outbreaks.
- Poisonings.
- Catastrophes.
- Fires or explosions that occur in or on the premises.

Reports are made by telephone to the licensing agency within the agency's next working day during its normal business hours.

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

Reporting Incidents (continued)

III. Regional Centers (Title 17): Reports called *Special Incident Reports* (SIRs) are provided to the regional center for incidents that:

- Have resulted in serious bodily injury, serious physical harm, or death.
- Have resulted in the use of emergency intervention procedures.
- May result in criminal charges or legal action.
- Result in the denial of a consumer's rights.
- Or are any of the following:
 - Epidemic outbreaks
 - Poisonings
 - Catastrophes
 - Fires or explosions

All reports are made by telephone to designated staff at the regional center for any special incidents as soon as possible and in no case later than the end of the facility's business day.

A written report shall be submitted to the regional center within 24 hours of the incident.

When writing special incident reports remember the documentation tool and be sure to report the facts, (who, what, when, where) clearly and as simply as possible. Write legibly or type. Sign and date all reports.

Let's use a scenario to complete a Special Incident Report together.

ACTIVITY

Unusual Incident Report



Franklin 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. Franklin has lived in a number of care facilities since he moved from one of the state developmental centers at the age of 19. Franklin 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—Franklin 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 consumers 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 Franklin on the floor, choking. He also had a gash on his head, apparently from hitting the chair as he fell. Quickly assessing the situation, Stan used the Heimlich maneuver and was finally able, after what seemed like two or three minutes, to dislodge food from Franklin's throat. Stan checked Franklin's cut and knew he needed medical attention. He called 911 and then called his boss. Franklin was taken to emergency and received three stitches for his head wound.

How would we complete the SIR 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):

MEDICAL TREATMENT NECESSARY? YES NO IF YES, GIVE NATURE OF TREATMENT:

WHERE ADMINISTERED:	ADMINISTERED BY:
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FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS):

LICENSEE/SUPERVISOR COMMENTS:

NAME OF ATTENDING PHYSICIAN

REPORT SUBMITTED BY:	NAME AND TITLE	DATE
REPORT REVIEWED/APPROVED BY:	NAME AND TITLE	DATE

AGENCIES/INDIVIDUALS NOTIFIED (SPECIFY NAME AND TELEPHONE NUMBER)

- LICENSING _____ ADULT/CHILD PROTECTIVE SERVICES _____
- LONG TERM CARE OMBUDSMAN _____ PARENT/GUARDIAN/CONSERVATOR _____
- LAW ENFORCEMENT _____ PLACEMENT AGENCY _____

Reporting Incidents (continued)

Reporting incidents such as these are 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. This process is called causal analysis.

Causal Analysis

Causal analysis is a standardized way to look at and analyze a situation to determine why it occurred. The difference in causal analysis and reporting incidents is that, in causal analysis, you want to learn more about an incident than the facts. You want to do more than report an incident. In causal analysis, your goal is to learn from the incident in order to minimize the possibility of it recurring.

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.

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 factors. It is this unique combination of factors that results in an incident. Think about causal analysis as "peeling an onion" to get to all those contributing causes in order to take effective preventive action to

ACTIVITY

Minimizing the Possibility of Recurrence

 *Directions: Once you have identified the list of risk factors, identify ways to prevent the incident.*

Example

Factor	Ways to minimize recurrence
<i>Franklin eats too fast</i>	<ul style="list-style-type: none"> • Develop program to teach eating slowly • Provide small portions rather than full plate • Make food available to Franklin during the day
<i>Franklin can't be left alone with a plate of food</i>	<ul style="list-style-type: none"> • Two staff members on duty before dinner is served • Remove plate if supervision is limited

Applying Causal Analysis

For the remainder of the session, 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 recurrence. You are also providing a

good model for new staff members who look to more experienced staff members for guidance. If your explicit message 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



Examine the incidents described below. Using causal analysis, report the Incident, learn from the incident, minimize the possibility of recurrence.

For each example 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?

1. **Sandra** is a DSP working at Martha's Place. She is responsible for assisting consumers 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.

2. **Andrea** and **Angela** each receive medication for seizure activity. One receives Phenobarbital and one receives Dilantin. Recently, DSP staff in their home have left for new employment and a number of people have been covering until the staff becomes stabilized. Theresa, one of the new substitute staff, becomes mixed up giving medications and gives Andrea the Phenobarbital meant for Angela.

3. **Sandra**, a young woman with cognitive and communication impairments, was attending her first People First Self-Advocacy conference in Sacramento. She was staying at the DoubleTree Hotel, rooming with Amber, a friend. Support staff were not staying in the room with Sandra and Amber, but were checking in with them during the conference and in the evening when they went back to the room for bed. Sandra and Amber decided to go to the hotel bar to dance and apparently met some men who took them to another bar. The next day, Sandra, visibly upset, told a DSP that the man had taken her clothes off and she told him to stop but he didn't. Amber had started crying at that point and the men dropped them off near the hotel.

ACTIVITY

Applying Causal Analysis (continued)

4. **Jimmy**, a 10-year-old boy living in April's Place is very unstable on his feet due to cerebral palsy. He is able to do much of his own self-care, but needs assistance in climbing in and out of the shower. DSP staff have placed a shower chair in the shower for him so he can sit while he bathes. One morning, Jimmy was being assisted by Eric, a DSP who is very familiar with this process. However, Eric had recently wrenched his back and it was very sore and tender. He had difficulty bending and twisting. While Eric was helping Jimmy climb out of the shower, Jimmy suddenly slipped, pulling Eric. Normally, Eric would be able to hold Jimmy in such a situation, but on that day, he couldn't and Jimmy fell, striking his head on the edge of the shower. He was unconscious for about one minute and Eric called 911. Jimmy was transported to emergency and observed overnight. He returned to April's Place the next day.

5. **Joan** is a 58-year-old woman with cognitive disabilities. She lived in a state developmental center for 20 years, placed there by her aging parents. Joan is currently living in a care home and has been there for approximately three months. She has developed Type II diabetes and is currently 40 pounds overweight. She is passive and timid in her relationships. Joan has a real problem with her eating habits. She will not monitor her food intake or the types of food she eats. Her diabetes is worsening. Her provider is threatening to remove Joan because she does not believe she has the staffing level adequate to monitor Joan's medical condition. Joan wants to stay but her health is at risk. She is often fatigued, has dizzy spells, and heals slowly when injured. One afternoon, Teri found Joan lying on the floor next to her bed. She was unresponsive and Teri immediately called 911.

PRACTICE AND SHARE

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 recurrence.

Or,

2. Fill out a Risk Assessment & Planning 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.

This concludes this session on Risk Management. Remember that prevention is the number one priority. You learn to prevent injury by getting to know those consumers who you support and by learning from your experiences.

Risk Management

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

- All the following are principles of risk management, except:**

 - A) Preventing serious incidents is the number one priority.
 - B) It is best not to allow risks in the first place.
 - C) Safe and accessible environments are everyone’s responsibility.
 - D) Quality of life starts with those who work most closely with persons receiving services.
- Which of the following activities can be risky?**

 - A) Walking to the store.
 - B) Eating a meal.
 - C) Parasailing.
 - D) All of the above.
- Four levels of associated risk are:**

 - A) Appropriate, average, significant, and too risky.
 - B) No risk, average risk, significant risk, and high risk
 - C) Appropriate risk, increased risk, significant risk, and high risk.
 - D) Appropriate risk, increased risk, high risk, and too risky.
- One appropriate way to minimize risk in an activity is to:**

 - A) Determine what part of the activity is risky for the person and finding ways to adapt that part.
 - B) Do not let the person participate in the activity.
 - C) Do the activity for the person if they are afraid.
 - D) None of the above.

5. People involved in Person-Centered Planning are:

- A) DSPs and other paid staff
- B) The individual and his/her family
- C) Friends
- D) All of the above

6. “Causal analysis” is a step-by step process by which the DSP can:

- A) Identify the problem, think out its likely causes, and come up with ways to prevent it from happening again.
- B) Identify the individual, tell the individual what is being done wrong, and monitor to see the problem does not come back.
- C) Find causes of problems, learn about the dangers of the problem, and add entry to facility log.
- D) Identify the problem, file a Special Incident Report about the problem, and give consequences to the individual to prevent the problem from happening again.

7. The purpose of using the Risk Assessment Evaluation & Planning worksheet is to:

- A) Determine placement in different levels of care homes.
- B) Evaluate the intrinsic risk in dangerous activities.
- C) Determine which activities are too dangerous.
- D) Identify interventions required to eliminate risks.

8. Title 17 reports (Special Incident Reports) are provided to the Regional Center for which of the following incidents?

- A) Those that have resulted in serious bodily injury or death.
- B) Those that have resulted in emergency interventions.
- C) Those that may result in denial of a consumer’s rights.
- D) All of the above.

9. Under Title 22, reporting must be made to the licensing agency:

- A) Within one month of the incident.
- B) Verbally, within one week; written, within one month.
- C) By telephone, within the agency’s next working day.
- D) In written form, within one day

10. When an incident occurs, the DSP should take the following actions:

- A) Report the incident; learn from the incident; minimize the possibility of recurrence.
- B) Report the incident; change the individual’s program; eliminate the risk.
- C) Gather the facts; report the incident; change the individual’s program.
- D) Gather the facts; learn from the incident; eliminate 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

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** **Description of risk, circumstances, frequency** **Interventions required to eliminate or minimize risk**

Yes **No**

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			
a. Injuries			
b. Falls			
c. Community			

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.

