An Emergency Backup Plan is required to handle situations when an employee, who is providing essential supports, is unavailable and/or when an Employer/Designated Representative is not capable or available to manage employees; and handling other emergencies. The ISP must address the Emergency Backup Plan. All members of your support team need to be educated on and knowledgeable of your Emergency Backup Plan and have the Emergency Backup Plan accessible. This form should be used to ensure the essential information is available for your support team.

1. **Please provide detailed steps to handle situations when an employee, who is essential for support, is not available:**
2. **In the event that the Employer/ Designated Representative is not capable or available to manage employees, I would like to:**

Appoint the following temporary representative\*: Name:      ; Relationship      ; Phone:

(This temporary representative has received training on the role of Designated Representative and has received information on use of FMS web portal)

Appoint the individual approved for Self-Directed Supports as the Responsible Party (if a Designated Representative is currently appointed): Name:      ; Phone:

Receive unpaid care from natural support from: Name:      ; Relationship:      ; Phone:

I have discussed with my Service Coordinator receiving agency based support and have developed the following plan:

* Support Coordinator must be contacted to evaluate if a new representative must be appointed.

**Emergency Contacts**

(All emergency numbers must be accessible to your employees)

Name of Individual:

Designated Representative: Name       Phone Number

Other Contact Relationship Name       Phone Number

Other Contact Relationship Name       Phone Number

Support Coordinator Name:       Phone Number:

**Incident Response System & Event Management Tracking:** DMH tracks events to ensure your health and safety. DMH looks at these events to improve programs and services. Individuals and unpaid family members are not required to report these incidents, but any employee paid to provide Medicaid Waiver services is required to report any events that could impact your health or safety. If any of the following occur, the employee should first ensure your health and safety and then should contact Designated Representative when applicable, and the Support Coordinator or the office on-call staff as soon as possible:

* 1. All events where there is a report, allegation or suspicion that an individual has been subjected to Misuse of Consumer Funds/Property, Neglect, Physical Abuse, Sexual Abuse or Verbal Abuse. (9 CSR 10-5.200, DOR 2.210)
  2. All of the Following:
     1. Emergency Room Visits
     2. Non-Scheduled Hospitalizations
     3. Deaths of Consumers Served by DD
     4. Medication Errors Which Reach a Consumer (the individual did not receive their medicine or received it in any manner that varies from the physician’s order (i.e. wrong dose, form, route, time, etc.)
     5. Incidents of Falls: *The apparent (witnessed, not witnessed, or reported) unintentional sudden loss from a normative position for the engaged activity to the ground, floor, or object which has not been forcibly instigated by another person.*
     6. Uses of Emergency Procedures With a Consumer: *Emergency Procedure: any restraint/time out used by DMH staff or contracted staff to restrict a consumer’s freedom of movement, physical activity, or normal access while in DMH services. If any of the following restraint types or time out occurs as defined, they must be reported:*

*Chemical Restraint: a medication used to control behavior or to restrict the consumer’s freedom of movement and is not a standard treatment for the consumer’s medical or psychiatric condition. A chemical restraint would put a consumer to sleep or render them unable to function as a result of the medication (A pre-med for a dental or medical procedure would not be reported as a chemical restraint).*

*Manual Restraint: any physical hold involving a restriction of a consumer’s voluntary movement. Physically assisting someone who is unsteady, blocking to prevent injury, etc. is not considered a manual restraint.*

*Mechanical Restraint: any device, instrument, or physical object used to confine or otherwise limit a consumer’s freedom of movement that he/she cannot easily remove. (The definition does not include the following: medical protective equipment, physical equipment or orthopedic appliances, surgical dressings, or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests, devices used to support functional body position or proper balance, or to prevent a consumer from falling out of bed, falling out of a wheelchair, or equipment used for safety during transportation, such as seatbelts, or wheelchair tie-downs, mechanical supports, supportive devise used in normative situations to achieve proper body position and balance).*

*Time Out: The involuntary confinement of a consumer alone in a room or an area from which the consumer is physically prevented from having contact with others or leaving.*

* 1. All events where there is Law Enforcement involvement when the consumer is either the victim, alleged perpetrator, or when Law Enforcement is called in support of the event.
  2. All events of fire, theft, or natural disaster resulting in the disruption of DMH-DD service to consumer(s).
  3. All events where there is sexual conduct involving a consumer and it is alleged, suspected, or reported that one of the parties is not a consenting participant.
  4. All events involving a consumer when there is a realistic threat or physical action of serious self-harm or assault of others.
  5. All events where the consumer ingests a nonfood item. (Nonfood item is an item that is not food, water, medication, or other commonly ingestible items).
  6. All events which result in a need for a consumer to receive lifesaving intervention or medical/psychiatric emergency intervention.

04/19/2022