

# Incident Response Policy

## **1. Purpose**

To establish standardized procedures for CAP REVIVAL CARE LLC employees when responding to consumer slips, falls, injuries, and other non-emergency or emergency incidents. This policy ensures compliance with:

- State of Florida health and safety expectations
  - **Agency for Persons with Disabilities (APD)** requirements for incident reporting and consumer safety
  - **Agency for Health Care Administration (AHCA)** standards for care providers
  - **Medicaid** service requirements
  - CAP REVIVAL CARE LLC's internal safety protocols
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## **2. Scope**

This policy applies to all CAP REVIVAL CARE LLC employees, including:

- Direct Care Staff (DCS)
- Caregivers and Home Health Aides
- Supervisors and Administrators
- Contracted service workers

It applies to all consumers receiving services through CAP REVIVAL CARE LLC.

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## **3. Definitions**

### **Minor Incident**

- Scrapes, small cuts, minor bruises
- Consumer remains alert and oriented
- No loss of function or mobility

### **Moderate Incident**

- Sprains, deeper cuts, persistent pain
- Fall with suspected minor injury
- Change in mobility but no life-threatening symptom

**Effective Date:** 5/12/2025

## **Severe Incident / Emergency**

- Major fall
- Unconsciousness or unresponsiveness
- Breathing difficulty
- Severe bleeding
- Suspected fracture or head injury
- Any situation requiring EMS assistance

## **First Aid**

Immediate care for minor injuries using approved training methods.

## **CPR & AED**

Cardiopulmonary resuscitation and use of automated external defibrillator by certified staff only.

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## **4. Policy Statements**

### **4.1 Consumer Safety**

Employees must prioritize consumer wellbeing and act within the scope of their training, while maintaining dignity, respect, and confidentiality.

### **4.2 Authorized Medical Response**

Employees may only provide **First Aid, CPR, and AED assistance** if they have **current certification** recognized by Florida training standards.

### **4.3 Mandatory Reporting**

All incidents must be reported according to APD, AHCA, Medicaid, and internal CAP REVIVAL CARE LLC timelines and documentation requirements.

### **4.4 No Diagnosis**

Employees may not diagnose injuries or make medical decisions beyond their training.

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## **5. Procedure – Slips, Falls, and Injuries**

### **5.1 Immediate Response Protocol (All Incidents)**

1. **Ensure scene safety.**  
Remove hazards, secure the environment, and protect others.
2. **Do NOT move the consumer** unless there is immediate danger (fire, collapse, etc.).

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3. **Assess the consumer's condition** using the following:

- Are they alert?
- Are they breathing normally?
- Are they bleeding?
- Can they speak or respond?
- Are they in pain?

4. **Stay calm** and reassure the consumer.

5. **Follow the appropriate procedure** based on severity.

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## **6. Procedures by Severity**

### **6.1 Minor Incidents**

Examples: minor scrape, small bruise, small superficial cut.

#### **Caregiver Actions**

- Ask the consumer what happened.
- Assist them into a safe seated position.
- Provide **First Aid**, if certified:
  - Clean minor wounds
  - Apply bandages
  - Apply ice packs
- Document the incident in the agency's internal [incident report](#) log.

#### **Notifications**

- Notify supervisor **within the same shift**.
  - Notify parent/guardian/support coordinator **if required by the care plan**.
  - Submit required APD/Agency documentation (internal Level 1/Minor Incident) within 24 hours or per agency policy.
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### **6.2 Moderate Incidents**

Examples: suspected sprain, moderate bleeding, fall causing discomfort, dizziness after fall.

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### Caregiver Actions

- Do not move the consumer unless necessary.
- Conduct basic assessment (alertness, pain level, mobility).
- Provide **First Aid if trained and appropriate**:
  - Apply pressure to stop bleeding
  - Apply ice or support the injured area
- Observe for worsening symptoms.

### Notifications

- Notify supervisor **immediately**.
- Notify guardian/support coordinator as required.
- Consumer and/or Power of Attorney (POA) determines if non-emergency medical care is needed (urgent care, PCP).
- Submit [incident report](#) according to APD/AHCA/Medicaid timelines (within 1 hour).

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## 6.3 Severe Incidents / Emergencies

Examples: unconsciousness, severe bleeding, difficulty breathing, head injury, suspected fracture.

### Caregiver Actions

1. **Call 911 Immediately.**
2. Begin **CPR or AED use ONLY if**:
  - Consumer is unresponsive
  - Not breathing or gasping
  - No pulse
  - Caregiver is currently certified in CPR/AED
3. Do NOT provide food or drink.
4. Do NOT move the consumer unless scene is unsafe (fire, environmental hazard).
5. Continue care until EMS arrives.

## Notifications

- Notify Supervisor and Administrator **immediately after calling 911**.
- Notify guardian/support coordinator ASAP.
- Complete required **APD Critical Incident Report** within the mandated timeframe (within 1 hour for initial, 3-5 days for follow-up).
- Document and file all AHCA and Medicaid-required documentation promptly.

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## 7. Documentation Requirements

### All incidents must include:

- Date, time, and location
- Description of incident
- Staff present
- Actions taken
- Notifications made
- Consumer outcome
- Witness statements (if any)

Documentation must be completed **before the end of the employee's shift**, unless emergency circumstances reasonably delay reporting.

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## 8. Training Requirements

### All employees must:

- Maintain current **First Aid, CPR, and AED** certification if required by their job classification
- Participate in APD/AHCA-approved incident management training
- Review CAP REVIVAL CARE LLC's safety policy bi-annual

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## 9. Follow-Up Procedures

### Supervisors must:

- Review all incident reports for accuracy
- Determine need for retraining or corrective action

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- Ensure APD/AHCA/Medicaid notification timelines are met
  - Follow up with consumer and guardian within 24–48 hours or as required
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## 10. Prohibited Actions

Employees may NOT:

- Diagnose injuries or provide medical opinions
  - Withhold reporting of any incident
  - Provide CPR/AED without certification unless the individual is acting in “good faith”
  - Move a seriously injured consumer unless in danger
  - Use restraints, force, or unsafe handling techniques
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## 11. Quality Assurance

CAP REVIVAL CARE LLC will:

- Conduct quarterly reviews of incident data
  - Update procedures based on state and agency rule changes
  - Ensure staff competency through training refreshers
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## 12. Acknowledgment

I have received, read, and understand the **Incident Response Policy: Slips & Falls, First Aid, CPR & AED, and Emergency and Non-emergency Policy and Procedures**, and I have signed the **Incident Response Policy** acknowledgment log, and agree to comply with all related policies and procedures.