



Investigation Guidelines for Level 7 & 8 Events

1. Notify the police and/or authorities immediately.
2. Investigations for a Level 7 severity event (suicide of resident) or Level 8 event (suspected assault, rape homicide or other significant crime) are to be performed by the Risk Manager in close coordination with the Director of Risk Management. In addition:
 - a. In the case of a resident suicide, the Director of the area in which the resident lived will also assist in the investigation.
 - b. In the case of a rape or homicide that occurred on campus, the Director of the area in which the event took place will also assist in the investigation.
 - c. The Risk Manager may also request additional assistance from any other employees at the facility to conduct a full and thorough investigation.
3. All investigations should be performed in a prompt and timely manner as close to the time of the event as possible.
4. Interview the preparer of the report to familiarize investigator with event facts.
5. Investigate to determine how the event occurred if unknown and if occurred on campus.
 - a. If possible, request and obtain copies of any police reports that were prepared.
 - b. Conduct interviews with all employees involved with resident, all employees who work in the area where the crime or event took place, and any witnesses to the crime (*Do not request or prepare statements or tape record any interviews before consulting with Director of Risk Management or outside counsel*).
6. The employee responsible for documenting Follow-Up Actions in the Event report is [Insert Title Here].
7. In the case of a suicide:
 - a. Review the resident's chart to determine if the record documents any threats of suicide, unusual behaviors, mental instability, or prior attempts of suicide.
 - b. If the record indicates the aforementioned, or if interviews with employees and witnesses reveal the aforementioned, request review and investigation by Medical Director to determine if care and treatment were within acceptable standards of care.
 - c. Coordinate with clinical manager to offer grief counseling for family of resident, employees, and for other residents on campus.
8. For rapes, assaults and homicides **known or suspected to be committed by a resident**:
 - a. Review the suspected resident's chart to determine if the record documents any threats towards others, unusual behaviors, mental instability, or prior attempts and/or assaults on others.
 - b. If the record indicates the aforementioned, or if interviews with employees and witnesses reveal the aforementioned, request review and investigation by Medical Director to determine if care and treatment were within acceptable standards of care.



9. For rapes, assaults and homicides **known or suspected to be committed by an employee:**
 - a. Review the employee's record to determine if there is documentation of any threats towards others, unusual behaviors, mental instability, or prior attempts and/or assaults on others.
 - b. Remove employee from schedule and grounds immediately pending the results of the investigation.
10. For assaults, rapes and homicide **involving residents, visitors, or others:**
 - a. Investigate the area in which the event took place and review environmental possibilities.
 - b. At a minimum, investigate lighting conditions, security conditions and access to area. Document findings in Follow-up Action→Work Done on File and determine whether any changes are necessary or recommended to increase safety.
 - c. If safety recommendations are made, bring such issues before the Risk Management Committee for implementation and document in Follow-up Action→Work Done on File.
8. Offer to meet with the family of victim early in the process on all such events; offer to meet again following investigation. Document meeting(s) in Follow-up Action→Work Done on File with factual information. If, and when meetings with the family and other employees have occurred, ensure that all information about discussion is provided, and encourage employees to involve Risk Management in process before discussion so that all are aware of how to appropriately communicate with the family/resident.
9. Before closing the file, review the following recommendations and document in Follow-up Action→Work Done on File, as indicated:
 - a. Ascertain whether employee in-servicing is beneficial or necessary, and if so, conduct in-servicing.
 - b. Ascertain whether any policy/procedure changes need to be made; if so, make such changes or additions.
 - c. Ensure identified environmental conditions have been addressed (such as temporary locking of all doors, for example, until a formalized plan can be made).
 - d. Ensure that event was reported to the appropriate government agency, if necessary.
 - e. Ensure that event was reported to insurance carrier, if necessary.
 - f. Ensure that all corrective actions and contributing factors are documented.
10. Risk Manager should summarize findings and corrective actions in Resolution/Outcome section under Risk Manager Review prior to closing file.
11. File closure can take place once the established sign-off procedure, based on facility policy, is completed, Risk Manager has completed his/her Risk Manager Review, and Follow-up Actions are documented in Event file.
 1. A File Manager with Closure may close the file if the following conditions apply [include if organization allows file managers to close events; remove if not permitted].
 - a. Actual Level of Severity is 0-2 (lowered from a 7 or 8) as determined from Risk Manager.
 - b. Risk Manager has signed off under Follow-up Action→Review or Sign-off.
12. General file closure guidelines are as follows:
 - a. Severity 0-2, no longer than 2 weeks [or modify as appropriate; in no event should this be longer than 4 weeks].
 - b. Severity 7 or 8, no longer than 4 weeks [or modify as appropriate; in no event should this be longer than 4 weeks unless there is still ongoing activity on the file].



Note: Event files are available for review after closure and are easily found/recoverable in RL6. Do not delay closure due to concern that the event will no longer be accessible.