

**Department of Health and Human Services/ Behavioral and Developmental Services
Critical Incident Reporting Form**

The reporting, evaluation, and analysis of critical incidents is a DHHS/BDS quality improvement activity as required by statute (Title 34B MRSA Section 1207). Informing clients of this activity is The responsibility of the licensed contracting provider.

<p>The following types of incidents must be reported by phone to the DHHS/BDS Regional Director or Facilities Operations Director immediately (within 4 hours) after incident becomes known to staff and followed by a faxed incident report:</p> <p><u>Level I incidents</u></p> <p>A. Suicides</p> <p>B. Homicides/other unexplained deaths</p> <p>C. Major physical plant disasters (that affect consumer : non exclusive examples: fire, flooding , evacuation of building)</p> <p>D. Other events that significantly jeopardize client and/or public safety (These are non-exclusive examples [e.g., serious crimes (assault or hostage taking), serious injury to consumer or staff requiring emergency medical intervention, arson, lost or missing client with adverse results, etc.; or with children events which present extreme risk of harm]</p> <p>D1. Serious suicide attempt (any suicide attempt – intentional or non intentional)</p>	<p>The following incidents must be reported by phone to the DHHS/BDS Regional Director or Facilities Operations Director within 24 hours after an incident becomes known to staff and followed by a faxed incident report:</p> <p><u>Level II incidents</u></p> <p>A. Major medication errors or other adverse clinical events resulting in the need for immediate/emergency medical attention (non exclusive examples: Result of person not taking medications, allergic reaction , taking wrong medications, given wrong dosages,)</p> <p>B. Alleged physical and/or sexual abuse of a client by a staff member or by another client; or with children a report of physical or sexual abuse filed with DHHS child protective services.</p>
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INCIDENT DESCRIPTION (please print or type)

Client Name: Complete first and last name (DHHS/BDS operated programs/facilities only)

Parents/Guardian Name (if applicable): Complete First and Last Name

Client Identification Number: CDC XXXX (agency/provider client i.d. number
For client involved in incident)

Descriptive Data: (1) Male _____ (2) Female X Age: 50 Date of Birth: 03 – 08 -- 1960

Current Residence: County: Androscoggin ; Town/City: Auburn

Class Member Status (Check one): X (1) AMHI Class _____ (3) Community MR Class
_____ (2) Member of both _____ (4) Not a Class Member

Level of Incident I X II _____ **Type of Incident** (A, B, C, D, and D1): D

Date of Incident: March 26, 2010 **Time of Incident:** (examples) 10:30 pm , unknown, around 9:00am

Location of Incident: Consumer's residence at xxxx Street, Auburn, ME

Date/Time Received by DHHS/BDS: March 27, 2010 at 8am (Filled in by DHHS staff upon receipt)

Incident Summary Description (brief): (attach additional sheet if necessary)

- If consumer was known to agency (last contact and this contact)
 - How and when did agency become involved with the consumer and this incident
 - What was your intervention and/or others involved parties' intervention if known
- (Non exclusive examples:**
- the emergency room contacted crisis services to evaluate consumer after medical clearance was completed
 - crisis services was contacted by consumer's parents and crisis mobile out reach evaluated consumer at his parents home;
 - Consumer boyfriend contacted crisis line stating consumer overdosed on her prescription drugs and other unknown pills. Crisis services contacted and requested police/ambulance services to address given by boyfriend;
 - CSW was notified of consumer's cutting incident by crisis services and participated in follow up meeting ,
 - CSW was notified by crisis services of consumer attempted suicide. Crisis services stated that consumer was voluntarily hospitalized at Hospital, Lewiston, ME and CSW will participate at hospital discharge planning meeting

Describe the incident

Staff Response: (Use categories below; include specific actions taken by agency/facility & person(s) involved in response)

1. Client safety secured: Non - exclusive examples:

- Consumer's mother transported him to ED
- Auburn Police transported consumer to ED after residential staff contacted them; residential staff met police and consumer at ED.
- CSW called 911 after finding consumer unconscious on the front porch, the police and an ambulance arrived and ambulance transported consumer toHospital, Lewiston, ME.

2. Medical attention required: What was the medical intervention? Describe briefly (Non exclusive examples:

- consumer was charcoaled, intubated at the ED and admitted to ICU for medical monitoring;
- consumer received 9 stitches for laceration on left arm, blood alcohol level was taken and results were negative
- consumer received 5 sutures on left wrist
- consumer's tox screen completed and the following results were positive for(if known)

3. Administrative response: What was agency response? Non exclusive examples :

- Crisis services assessed consumer at hospital and recommended CSU, consumer agreed to stay at CU unit for 4 days.
- Crisis services assessed consumer at hospital and was admitted involuntarily to the psychiatric unit at (specify hospital and location-.....Hospital, Lewiston, ME..
- Crisis Services assessed psychiatrically once consumer was medically cleared by the ED and consumer voluntarily admitted to (specify hospital and location hospital in Augusta, ME.
- Crisis Services recommended CUS unit , consumer refused, this agency will contact consumer for follow up services and linkage to community services
- CSW will discuss crisis plan with consumer and be involved with the hospital discharge planning meetings.
- CSW will coordinate a treatment team meeting to discuss critical incident and review crisis plan
- If this incident triggered a policy /procedural review etc - non exclusive examples : (Administration will review policies and procedures around transporting a consumer to the hospital when consumer threatened to hurt himself during a home visit with CSW ; administration will review policies and procedures around calling 911 when consumer suddenly becomes violently ill during a home visit)

Was there a psychiatrist and were they notified? Provide name

Was there a medical doctor and were they notified? Provide name

List all medications if known and who prescribes them? Was the prescriber of the medications contacted? If consumer took another individual medications (family member, friends, significant other) if known.

Person(s) Notified: (List all individuals who were notified of the event): Note how each individual below was addressed (Non exclusive examples – if there is no family involvement, document “none”; if consumer did not sign release for psychiatrist, document “no release by consumer signed “; if notification will be done by another party involved in the incident, document “Crisis Unit will notify Medical Provider Dr. Jones on 3/26/2010”.

Guardian Client’s family Psychiatrist

Name: no guardian No family involvement consumer did not sign release

Police DHHS Protective Services Agency administrator

Name: no involvement did not notify /no children involved Name: Mr. Paul

Medical provider/doctor Case manager Therapist

Name: Dr. Joe Jones Mary Smith at MH agency no therapist involved

Other (describe): none

Staff Member Submitting Report: (PRINT) Paul Smith **Telephone:** 287-9170

Agency Name and Unit: DHHS/OAMHS Consent Decree Coordinators Office , Region II, Augusta,ME

Program Area Affiliation (Check one)

- (1) MR/DD (Adult)
- (2) Mental Health (Adult)
- (3) Children
- (4) Substance Abuse Services

Program Type (Check one)

- (1) Residential
- (2) Hospital Inpatient
- (3) Case management
- (4) Outpatient
- (5) Crisis
- (6) Other: DHHS/OAMHS/Consent Decree Coordinator office

Signature of Person Completing Report: _____ **Supervisor Signature:** _____