

Critical Incident Form

(SCL, SGF)

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CRITICAL INCIDENT

Funding Source: SCL SGF

Participant Directed Services?

Individual's Last Name: _____ Individual's First Name: _____ Social Security Number: _____ Date of Birth: _____	Reporting Agency: _____ Reporter's Last Name: _____ Reporter's First Name: _____ Reporter's Phone: _____ Reporter's Title: _____
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Category of Critical incident (Select all that apply.)

*Suspected Abuse	<input type="checkbox"/>	Suicidal Ideation	<input type="checkbox"/>
*Suspected Neglect	<input type="checkbox"/>	Loss of Limb	<input type="checkbox"/>
*Suspected Exploitation	<input type="checkbox"/>	Missing Person	<input type="checkbox"/>
Death	<input type="checkbox"/>	Serious Med Error	<input type="checkbox"/>
Homicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/> Other (Describe):	

Critical Incident: Date: _____ Time: _____ Discovery: Date: _____ Time: _____ Name of Location of Incident: _____ Address of Critical Incident: _____ Location Phone Number(@ _____ # _____): _____ Location County : _____	DDID Notification: 7 Date: _____ Time: _____ DCBS Notification: Hotline ID #: _____ Accepted for Investigation: Yes No Unknown Date: _____ Time: _____ Name: _____ or <input type="checkbox"/> DCBS central intake email only if between the hours of 8am-4:30pm, Mon-Fri., No holidays. Guardian Notification: Date: _____ Time: _____ Name: _____ Case Manager Notification: Date: _____ Time: _____ CM Agency Name: _____ CM Phone #: _____ CM Name: _____
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1) Briefly describe what happened? [Use the first and last name(s) of any staff involved.]

2) What is the person's current status? (Choose one.)

- Stable with no serious changes noted.
- Seen by professional and returned home.
- Seen by professional and admitted to facility.
- ~~Any~~ Other Briefly describe:

3) Why did the critical incident occur? (Choose one.)

- Failure to follow Crisis Support Plan and/or Behavior Support Plan.
- Unable to determine
- Other Briefly describe:

4) Could this critical incident have been prevented? Yes No

If yes, then how could the critical incident have been prevented? Choose one.

- Track/monitor previous critical incidents
- Ensure timely implementation of current Crisis Support Plan
- Track/monitor medical treatment (ER, doctor, hospital, etc.)
- ~~Any~~ Other Briefly describe:

5) Were staff training needs identified? Yes No

If yes, then identify: (Choose one.)

- Medication administration
- Abuse/Neglect/Exploitation prevention and reporting
- Crisis Prevention
- Person-specific training. For example, dining plan, positioning, etc.

6) Identify needed changes to prevent similar critical incidents. (Choose one.)

- Watch more for advance signs of and triggers for the incident
- Team Meeting
- Improve communication within the agency and between agencies
- Agency processes/procedures improvements
- Other Briefly describe:

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