

## CRITICAL INCIDENT REPORT

<b>Date of Incident</b>	<b>Time of Incident</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Place of Occurrence</b>	<b>Was law enforcement involved?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was EMS/Fire Department Involved?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(If "Yes" for law enforcement) Case #</b>

**Category of Incident**

- Death of client, or staff member while on duty, or death of client within 72 hours of discharge\*
- Suicide attempt requiring medical hospitalization\*
- Assault, menacing, or other felony occurring at a center facility or program
- Injury occurring on center property or during a center activity requiring medical attention
- All allegations or threats of abuse, neglect, or exploitation of consumer while in a center facility or program
- Arrest while in the care of a staff supervised program
- Med error (circle): controlled / not controlled
- Medication Diversion
- Potential Exposure to Infectious Disease
- Unprotected exposure to body fluids
- Seclusion or restraint
- Unauthorized absence of a consumer from a Center facility for more than 6 hours

- Drug/alcohol related incident requiring medical response (in a day tx program)
- Breach of confidentiality, theft or loss of records containing client identifying information\*
- Threat of malpractice or general liability suit
- Major threat to security of a center building or person
- Fire
- Malfunction or misuse of equipment during treatment that could significantly adversely affect a consumer
- Termination of utility service to a building for more than 2 hours, ambient temperature below 60° or above 95°
- Unexplained false alarm involving police or fire department
- Destruction of property deemed significant by Manager
- Mental Health Hold (M1/27-65)
- Other: \_\_\_\_\_

<b>Client Name</b>	<b>CID</b>
<b>DOB/Age</b>	<b>Gender</b>
<b>Program</b>	<b>BHI Medicaid?</b> <b>YES / NO</b>
	<b>Medicaid ID #</b>

**Incident Description** *(Include level of staff supervision prior to incident if in a Center facility or program; was medical attention required)*

**Staff Intervention/Response/Outcome**

**Were medications a factor?**  Yes  No    **If Yes, list all medications**

**Continue on to page 2**



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### CRITICAL INCIDENTS WHICH REQUIRE EXTERNAL REPORTING

OBH requires that the following types of critical incidents be reported to them within 24-hours of the incident. External reports to OBH can be made on the *OBH Critical Incident form* found on [MyWeb](#) or [CLICK HERE](#)

#### **Office of Behavioral Health (OBH):**

**Procedure:** For all clients, Division Directors or Deputy Directors should complete the *OBH Critical Incident Form* and email it within 24-hours to [cdhs\\_ci\\_obh@state.co.us](mailto:cdhs_ci_obh@state.co.us)

**Death:** Death of an active client, staff person, volunteer or visitor on premises; Death of an active client off premises that is unexpected.

**Assault/Menacing:** Physical and/or sexual assault on or off premises by or upon an active or current client

**Unauthorized Absence:** Any active client who leaves or elopes from court-ordered treatment, (e.g. , involuntary commitment, certified inpatient hospitalization, 72 hour mental health hold and treat order).

**Breach of Confidentiality/Theft of Loss of Records Containing Client-identifying Information:** As defined by 42CFR-2, and 45CFR 142, 160, 162, 164 and HIPAA data and/or records containing client information. Theft of loss of client data and/or records containing client-identifying information.

**Suicide Attempts:** Suicide attempt or self-inflicted injury by an active or current client requiring medical hospitalization.

**Medication Diversion:** Diversion of medication. Theft of loss of medication. Injury sustained by clients, or significant others, as a result of diversion, use, or misuse or controlled substances, during or within 90 days following most treatment episode.

#### **Special Programs:**

For Residential, Licensed child care programs, Forensics, Substance Abuse Treatment, Detox, or CCC programs, please check with your Program Manager or Division Director for additional necessary reporting requirements for CDPHE, DOC/Jail, Signal, or CCC.