**Edwin Fair Community Mental Health Center, Inc.**

**Confidential Critical Incident Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Incident Date: | | |  | | | | Time: | |  | | Location | | | |  | | | | | |
| **Consumer Information** | | | | | | | | | | | | | | | | | | | | |
| (C1) | Last Name: | | | |  | | | First Name: | | |  | MI: | |  | | | Member ID# | |  | |
| Admit Date: | |  | | | Types of Services Received : | | | | | |  | | | | | | | | | |
| Date of Last Appointment: | | | | |  | | How consumer presented at that time: | | | |  | | | | | | | | | |
| *\*If death of a consumer list date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and date of death\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* | | | | | | | | | | | | | | | | | | | | |
| (C2) | Last Name: | | | |  | | | First Name: | | |  | MI: | |  | | | Member ID# | |  | |
| Admit Date: | |  | | | Types of Services Received : | | | | | |  | | | | | | | | | |
| Date of Last Appointment: | | | | |  | | How consumer presented at that time: | | | |  | | | | | | | | | |
| *\*If death of a consumer list date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and date of death\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* | | | | | | | | | | | | | | | | | | | | |
| **Staff Information** | | | | | | | | | | | | | | | | | | | | |
| (S1) | Last Name: | | | |  | | | First Name: | | |  | | | Title: | | | |  | | |
| (S2) | Last Name: | | | |  | | | First Name: | | |  | | | Title: | | | |  | | |
| Incident Description: | | | | |  | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | |
| List Witnesses: | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Date Action Taken: | | | |  | | | Action Taken: | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Pertinent Consumer and/or Other Information (Diagnosis, Medications, etc.): | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Severity of injury if applicable: **□** No off-site medical care required or first aid care administered on-site □ Medical care by a physician | | | | | | | | | | | | | | | | | | | | |
| or nurse or follow-up attention required □ Hospitalization or immediate off-site medical attention was required. | | | | | | | | | | | | | | | | | | | | |
| Type of Critical Incident – Identify by Individual | | | | | | | | | | | | | | | | | | | | |
|  | **adverse drug events** | | **self-destructive behavior** | | **Deaths\* and injuries to consumers,**  **staff, and**  **visitor;** | | **medication errors** | | **neglect or abuse of a consumer** | | **fire** | **unauthorized disclosure of information** | | | | **damage to or theft of property belonging to consumers or the facility** | | **other unexpected occurrences** | | **events potentially subject to litigation** |
| C1 |  | |  | |  | |  | |  | |  |  | | | |  | |  | |  |
| C2 |  | |  | |  | |  | |  | |  |  | | | |  | |  | |  |
| S1 |  | |  | |  | |  | |  | |  |  | | | |  | |  | |  |
| S2 |  | |  | |  | |  | |  | |  |  | | | |  | |  | |  |
| Staff Signature Preparing Report: | | | | | |  | | | | | | | | | | Date/Time: | |  | | |
| Supervisor’s Comments (required) | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |
| Date/Time Received by Reviewer: | | | | | | | | | |  | | | | | | | | | | |
| Need for Staff Debriefing: □Yes □No Signature of Reviewer: | | | | | | | | | |  | | | | | | | | | | |
| Management’s Signature: | | | | | | | | | |  | | | | | | | | | | |
| Date/Time Sent to ODMHSAS: | | | | | | | | | |  | | | | | | | | | | |

***\*See back for procedures***

EDWIN FAIR COMMUNITY MENTAL HEALTH CENTER, INC.

REPORTING CRITICAL INCIDENTS

**PROCEDURES:**

1. Critical incidents which involve a death or which jeopardize a consumer’s life must be reported immediately to the Clinical Director. This includes nights, weekends and holidays. The cell number for the Clinical and Executive Director can be found in our EFCMHC directory. If they cannot be reached, the CAO, other member of the administrative staff, or the program coordinator shall be contacted. The Clinical or Executive Director or their designee will immediately report the incident to ODMHSAS [**Provider Certification: (405) 522-3800**; **by fax (405) 522-0236**.] Such reports shall be followed by a written incident report to ODMHSAS as soon as possible but no more than 24 hours later.

**2**. Other critical incident reports are to be faxed to ODMHSAS within 24 hours, attention Provider Certification. To meet this deadline EFCMHC field staff must complete critical incident reports as soon as possible and have their immediate supervisor fax the critical incident to the Clinical Director in Ponca City at FAX (580) 762-2576. If supervisor is not available, the critical incident form will be faxed to the Ponca City Administrative office (580-762-2576) and the front desk shall be notified by phone (580-762-7561) by EFC staff sending the form that the Critical Incident form is being faxed.

**These forms shall be available in each office. Forward the completed report to EFC Management in the Ponca City Administrative office and the member of EFC Management including the Clinical Director, Executive Director or Chief Administrative Officer will fax the form to ODMHSAS.**

**3.** Incident reports will be kept physically separate from a consumer’s clinical record. An individual's HIV status is not to be reported.

**4.** The Clinical Director will be responsible for ensuring that all employees review the guidelines and receive sufficient training regarding actions or situations, which may constitute a critical incident and the procedures for reporting such incidents.

**5.** The reporting clinician shall relay information concerning the incident to the staff psychiatrist as necessary.

**6.** The Clinical Director forwards all incident reports to the Director of QI/RU for follow-up action on necessary and periodic tabulation and analysis.

**7.** Incident and accident reports will be routed to the Health and Safety Committee for review.

**8**. All incidents involving medication, including but not limited to medication errors and drug reactions must be reported to the prescribing physician immediately.

**9.** Any communicable diseases will be tracked and reported on the Critical Incident reporting form.

**10.** Critical Incident reports will be filled out immediately for the following incidents: infection outbreak, use or possession of weapons, vehicular accidents, biohazard accidents, abuse and neglect, unauthorized use or possession of licit or illicit substances, suicide or suicide attempts, or other sentinel events.

**11.** The following definitions may be used to determine if an occurrence is a critical incident:

• Death - Suspicious death where cause is not known or apparent; death from other than natural causes; or suicide.

• Suicide attempt – Attempted suicide considered serious in nature.

• Consumer self-abuse – Any self-abuse by a consumer considered serious in nature and/or and self-inflicted injury requiring medical attention.

• Consumer injury – Any physical injury determined to be serious by the physician, nurse or designated staff who examines the consumer. This includes but is not limited to the following: fracture, dislocation of any major joint, internal injury, concussion, laceration, bite, sprain, or second or third degree burns.

• Staff injury - Any physical injury determined to be serious by the physician, nurse or designated staff who examines the staff. This includes but is not limited to the following: fracture, dislocation of any major joint, internal injury, concussion, laceration, bite, sprain, or second or third degree burns.

• Adverse drug reaction – Adverse Drug Reaction is an undesirable effect reasonably associated with use of the drug. This may occur as part of its pharmacological action or may be an unpredictable occurrence. An adverse drug reaction, as defined by the FDA, includes: 1) new and unexpected reactions not listed in the product labeling; 2) serious, life threatening, or fatal reactions; 3) reactions which result in persistent or permanent impairment; 4) unusual increases in numbers or severity of reactions (clusters); 5) potential associations with congenital anomalies; and 6) incidence of therapeutic failure which could suggest problems with drug bio-availability.