

CRITICAL INCIDENT REPORTING

Critical incident reporting includes when the person is/has:

- ✓ Subject to incident of potential physical harm, mental/emotional harm, sexual abuse/exploitation, theft or exploitation of money or possessions.
- ✓ Experienced an unexpected medical emergency and/or hospitalization (including hospitalization for psychological reasons), or an unexplained or reasonably preventable injury.
- ✓ Contact with a criminal justice agency as a potential victim or as a potential suspect.

**SHAWNEE COUNTY CDDO
CRITICAL INCIDENT REPORT**

I. INFORMATION		
Person Served:	ID#	Date of Report:
Address:		Phone Number:
Case Manager:		
Person Reporting: <input type="checkbox"/> Provider <input type="checkbox"/> TCM <input type="checkbox"/> Other		Provider Responsible: <input type="text"/>
Address:		
Phone Number:		
Report made to CPS/APS:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> UnKnown	Date Reported To CPS/APS:
*Welfare Subject to incident of potential	<input checked="" type="checkbox"/> physical harm <input type="checkbox"/> mental/emotional harm <input type="checkbox"/> sexual abuse/exploitation <input type="checkbox"/> theft or exploitation of money or possessions	
*Health Experienced.	<input type="checkbox"/> unexpected medical emergency and/or hospitalization <input type="checkbox"/> unexpected mental health emergency and/or hospitalization	
*Safety Contact with criminal justice agency.	<input type="checkbox"/> as a potential victim or <input type="checkbox"/> as a potential suspect	
*Staff	<input type="checkbox"/> physical harm	
II. SUMMARY OF INCIDENT		
Date & Time of Incident:		
<input type="text"/> <input type="calendar"/> <input type="clock"/>		
<input type="button" value="Save Notes"/>		
Plan Of Action:		
<input type="button" value="Save Notes"/>		
III. RESOLUTION		
Issue Resolved:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date: <input type="text"/>
Follow up needed:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Date: <input type="text"/>

Critical and Other Reportable Incidents

This is in addition to calling 911, APS, Hot Line, Law Enforcement, or any other appropriate site according to protocol. Any individuals' death (suspicious or not of natural causes) or serious action (inappropriate sexual contact, physical, verbal, psychological abuse, or any other abuse, neglect, or exploitation, misuse of client medication or financial resources) or injury requiring medical intervention, emergency care or hospitalization, or requiring reporting to abuse hotlines or law enforcement, which occurred while the individual was participating in a KDADS funded service provided in a hospital, foster home, group home, PRTF, ICF/MR, or any other KDADS funded setting whether directly or through a contractor, grantee, licensed provider, provider or any other vendor.

Any work related injury which results in the death or serious injury requiring emergency care or hospitalization of an employee or any incident involving a threat to the life of the employee.

Any situation which is likely to result in media coverage or involvement of Kansas Legislators or Congresspersons or similar others (so our Leadership can be aware to answer any questions).

The widespread loss of personally identifiable information entrusted by clients to the agency. The loss may be the result of theft, malicious or deliberate breach of confidentiality and HIPAA protocols, or the accidental mishandling of such information.

Any other incidents which are likely to become high profile.