

Critical Incident Reporting Form

NONPUBLIC FILE
DHS LICENSE _____

DOC USE ONLY
ID# _____

Within 10 days of the incident, submit one copy of this form with any attachments to your licensor:

Facility Name <i>(Please print)</i>	Telephone Number (____) ____ - ____	Date of Report ___/___/___																												
Facility Address <i>(Please print)</i>	Date of Incident _____ Time _____ ___/___/___																													
Facility Administrator (Last, First,) <i>(Please print)</i>	Resident/offender(s) Involved (Last, First, Middle Name) <i>(Please print)</i>																													
Person Reporting (Last, First) <i>(Please print)</i>	Staff Involved (Last, First,) <i>(Please print)</i>																													
Person in Charge During Incident (Last, First) <i>(Please print)</i>	Last Logged Check of Resident(s) Involved: Date: ___/___/___ Time: _____ Findings: _____																													
Incident Type (Circle One) (See Definitions on Back) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">a. Suicide *</td> <td style="width: 33%;">f. Fire</td> <td style="width: 33%;">i. Escape from a secure facility</td> <td style="width: 33%;">m. Sexual Misconduct</td> </tr> <tr> <td>b. Homicide *</td> <td>g. Riot/Disturbance</td> <td>j. Serious Resident Injury</td> <td>1. Resident on Resident by coercion</td> </tr> <tr> <td>c. Other Death (Identify) *</td> <td>h. Assault</td> <td>k. Serious Resident Illness</td> <td>2. Resident on Resident - mutual consent</td> </tr> <tr> <td>d. Attempted Suicide *</td> <td>1. Resident on Resident</td> <td>l. Serious Infectious Disease</td> <td>3. Resident on Staff</td> </tr> <tr> <td>e. Natural Disaster</td> <td>2. Resident on Staff</td> <td></td> <td>4. Staff on Resident</td> </tr> <tr> <td></td> <td>3. Staff on Resident</td> <td></td> <td>n. Alleged Maltreatment</td> </tr> <tr> <td></td> <td></td> <td></td> <td>o. Other (Identify Below)</td> </tr> </table>			a. Suicide *	f. Fire	i. Escape from a secure facility	m. Sexual Misconduct	b. Homicide *	g. Riot/Disturbance	j. Serious Resident Injury	1. Resident on Resident by coercion	c. Other Death (Identify) *	h. Assault	k. Serious Resident Illness	2. Resident on Resident - mutual consent	d. Attempted Suicide *	1. Resident on Resident	l. Serious Infectious Disease	3. Resident on Staff	e. Natural Disaster	2. Resident on Staff		4. Staff on Resident		3. Staff on Resident		n. Alleged Maltreatment				o. Other (Identify Below)
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* Attach Attempted Suicide/Suicide/Non-Suicide Death Survey Form (DOC FACILITIES ONLY)																														
Other: _____	Attachments: ___ Yes ___ No # of pages: ___																													
Summary of Incident or attach related reports																														

PLEASE NOTE:

Notifying your licensing agency on this critical incident report does not take the place of your mandatory reporting responsibility.

Subp. 24. Critical incident. "Critical incident" means an occurrence, which involves a resident and requires the program to make a response that is not a part of the program's ordinary daily routine. Examples of critical incidents include, but are not limited to, suicide, attempted suicide, homicide, death of a resident, injury that is either life-threatening or requires medical treatment, fire which requires fire department response, alleged maltreatment of a resident, assault of a resident, assault by a resident, client-to-client sexual contact, or other act or situation which would require a response by law enforcement, the fire department, an ambulance, or another emergency response provider.

Critical Incident Reporting Form

NOTE: *The definitions for the types of incident are provided below. These definitions are offered as a guide only. If you have any questions, please contact the inspector assigned to your facility.*

Incident Definitions

SUICIDE:	Intentionally killing oneself.
HOMICIDE:	The killing of one person by another.
OTHER DEATH:	Accidental death or death from natural causes.
ATTEMPTED SUICIDE:	The attempt to intentionally kill oneself, and the attempt caused injury or could have resulted in serious injury or death if not detected.
NATURAL DISASTER:	Acts of nature which cause personal injury to staff and/or residents or which causes structural damage to the physical plant.
FIRE:	Incidents of fire resulting in the response by a local fire authority, requiring medical treatment of staff or residents, or significantly threatens the security of the facility.
RIOT:	Any disturbance by three or more residents that seriously disturbs the operation of a facility, jeopardizes the control of an area, threatens violence against or destruction of property, or results in significant property damage or personal injury to residents or staff.
SERIOUS INFECTIOUS DISEASE:	Diseases such as but not limited to TB, Hepatitis A, B, or C, or serious sexually transmitted diseases as tracked by the Center for Disease Control. This only needs to be reported if there is a threat of transmission of the disease to staff or other residents.
SERIOUS RESIDENT INJURY:	Any injury to a resident that requires the resident to be hospitalized or receive significant medical treatment. Significant medical treatment is treatment that could not be handled by a trained health care person in a non-clinic setting.
SERIOUS RESIDENT ILLNESS:	Any resident illness that requires the resident to be hospitalized or receive significant medical treatment except 72-hour mental health holds and detoxification holds – DOC only . Significant medical treatment is treatment that could not be handled by a trained health care person in a non-clinic setting.
ASSAULT:	An act committed by a resident or a staff /volunteer on another resident or staff /volunteer that results in physical harm and that requires significant medical care. Significant medical treatment is treatment that could not be handled by a trained health care person in a non-clinic setting (Harm resulting from sexual misconduct or assault is to be separately reported.)
SEXUAL MISCONDUCT:	Any sexual conduct between residents or between residents and staff / volunteers. Sexual conduct includes intentional touching of another person's intimate parts, or the clothing covering the immediate area of the intimate parts, committed with sexual or aggressive intent
ESCAPE:	A resident's departure from a secure facility without lawful authority. This includes both juvenile and adult facilities. This also includes escapes while on a supervised off grounds setting (i.e. transports, hospital, medical visits). STS should be reported on Special Incident Quarterly Reporting form.
OTHER:	Incidents not reported in another category that result in a child protection investigation, significant media coverage or juvenile/adult charged with a crime.
