

INTENSIVE RESIDENTIAL TREATMENT FACILITIES CRITICAL INCIDENT REPORTING FORM

Within 10 days of the incident, submit this form with any attachments to your licensor.
DHS Licensing Fax Number: 651-431-7673

Program Information

License Number _____ Program Name _____

Person Reporting _____ Telephone Number _____

Incident Information

	Attachments	Yes	No	Number of Pages
Date of Incident	Time of Incident			Date of Report
Staff Involved	Recipient(s) Involved			

Incident Type (Select all that apply. See page 2 for definitions and reporting guidelines.)

- | | | |
|-------------------|--------------------------|---|
| Suicide | Assault | Other act or situation that requires a response by: |
| Attempted Suicide | Alleged Maltreatment | Law Enforcement |
| Death | Serious Recipient Injury | Fire Department |
| | Other | Ambulance |
| | | Other Emergency Responder |

Summary of the Incident

Summary of the Program's Response

PLEASE NOTE: Reporting this Critical Incident to DHS Licensing does not change your mandated reporting responsibilities.

DHS Use Only *Licensor Instructions: Document your initials, the date this report was reviewed, and any contacts made regarding the incident.*

DHS Intensive Residential Treatment Services (IRTS)

Critical Incident Reporting

Subp. 10. Critical incident. “Critical incident” means an occurrence, that involves a recipient and requires the program to respond in a manner that is not a part of the program’s ordinary daily routine including but not limited to, suicide, attempted suicide, homicide, death of a recipient, injury that is either life-threatening or requires medical treatment, fire which requires fire department response, alleged maltreatment of a recipient, assault of a recipient, assault by a recipient, or other act or situation that requires a response by law enforcement, the fire department, an ambulance, or another emergency response provider.

Incident Definitions and Parameters

SUICIDE	Intentionally killing oneself.
ATTEMPTED SUICIDE	The attempt to intentionally kill oneself, and the attempt caused injury or could have resulted in serious injury or death.
DEATH	Accidental death, death from natural causes, or homicide.
ASSAULT	An act of aggression by or to a recipient that results in serious injury.
ALLEGED MALTREATMENT	Alleged maltreatment.
SERIOUS INJURY	Any injury to a recipient that requires hospitalization or significant medical treatment. <ul style="list-style-type: none"> ▪ Significant medical treatment is treatment that could not be provided by a trained health care person in a non-clinic setting, such as treatment that could be provided by the program’s RN. ▪ A report is not required if the recipient was evaluated by a health care person to rule out a fracture or other serious injury, when it was determined there was no fracture or other serious injury
OTHER	Other significant incidents that require the program to make a response that is not part of the program’s ordinary daily routine.
OTHER ACT OR SITUATION THAT REQUIRES A RESPONSE BY LAW ENFORCEMENT, FIRE, AMBULANCE, ETC.	Other acts or situations that require a response by law enforcement, the fire department, an ambulance, or other emergency responder. <ul style="list-style-type: none"> ▪ Reports are not required if law enforcement is contacted only to alert them of a recipient who walked away, not to request a response