



## DEPARTMENT OF HEALTH

# Recovery Services Organization Critical Incident Report Form

The Department of Health, Division of Substance Use Programs (DSU) is to be notified of a critical incident that occurs at Recovery Centers. This form must be sent to DSU within 24 hours of the event via secure fax (802-652-2019). Filing critical incident reports with DSU does not substitute for any other report your facility or staff may be legally required to make under state or federal law, or in accordance with professional ethics requirements.

Recovery Organization:

Recovery Organization Location:

### Participant Information

Participant Name:

Participant Date of Birth (if known):

Last Date of Service:

### Incident Information

Date of Incident:

Time of Incident:

Type of Incident:

Location of Incident:

Services provided at time of the incident:

Identify other staff who witnessed the event:

Did members of the public and/or participants witness the incident? ☐ Yes ☐ No

Description of Incident (identify precipitating events, interventions used by staff to attempt to prevent/manage the incident, other relevant history, description of behaviors observed during the event, and any other relevant information):

Immediate action(s) taken as a result of the incident:

Did you conduct a root cause analysis of the incident? ☐ Yes ☐ No ☐ Not Applicable

Did you develop an action plan designed to implement improvements to reduce risks? ☐ Yes ☐ No ☐ Not Applicable

*Note: Root cause analyses and action plans may be requested by DSU.*

Will you implement the improvements identified in the action and monitor the effectiveness of those improvements? ☐ Yes ☐ No ☐ Not Applicable

If yes, please provide a copy of the action plan with this form or establish a due date for submission with a DSU program manager.

### Persons and agencies notified:

Person notified	Agency
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Person reporting:

Phone number:

Date of report:

*For DSU use only*

Date received:

Reviewed by:

☐ Dir. of Recovery Services

☐ QI Specialist

☐ Regional Manager

☐ Director of QI

Notes: