



STATE OF VERMONT

AGENCY OF HUMAN SERVICES

Department of Mental Health (DMH)
Department of Disabilities, Aging and Independent Living (DAIL)

**CRITICAL INCIDENT
REPORTING REQUIREMENTS
FOR
DESIGNATED AGENCIES
SPECIALIZED SERVICE AGENCIES**

**Revised Effective Date:
January 25, 2016**

For an **Adult or Child** receiving mental health services through a
Designated Agency contact:

Vermont Department of Mental Health

280 State Drive NOB 2 North
Waterbury, VT 05671
Phone: 802-241-0106
Fax: 802-241-0100

For an individual receiving **Developmental Services** contact:

Vermont Department of Disabilities, Aging and Independent Living
Developmental Disabilities Services Division

280 State Drive HC-2 South
Waterbury, VT 05676-2030
Phone: 802-241-0305
Fax: 802-241-0410
www.DDSD.vermont.gov

For forms or other general information:

<http://mentalhealth.vermont.gov/>
<http://mentalhealth.vermont.gov/forms>

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Summary

Critical Incident Reporting is an essential part of maintaining collaborative communication between the state government departments charged with oversight and the entities providing direct service to vulnerable populations. Documenting, evaluating and monitoring certain serious occurrences, ensures that the necessary people receive the information for review or action. It informs quality assurance and assists in quality improvement projects as they arise. Aggregated data is used to inform policies and procedures and may be used in reporting to Legislative oversight or to other providers who may use this public data to diversify services in this ongoing climate of change.

The content of this manual reflects standard definitions, applicable populations for required reporting, timelines, and methods for reporting incidents. Questions or requests for clarifications should be made to DMH or DAIL/DDSD for their respective programs.

These Guidelines are subject to change *with* notice, as the aforementioned departments may be required to collect different data in response to Legislative requests and oversight.

Caveat: *The guidelines within this publication provide parameters to assist direct-service providers in deciding what constitutes a critical event across service sectors. The threshold for reporting events is often debatable and subject to interpretation. If there is any question, feel free to call the assigned State of Vermont department for support in making that decision.*

DESIGNATED OR SPECIALIZED SERVICE AGENCY (DA/SSA) CRITICAL INCIDENT REPORTING PROTOCOL

WHAT EVENTS SHALL BE REPORTED BY AN AGENCY?

Situations must be determined to be serious or severe by the provider organization's policies and procedures and must include the following incident types:

◆ **Criminal Activity Involving Law Enforcement**

Any serious illegal act, alleged or suspected, must be reported, including any act that warrants incarceration of a person enrolled in services. Any circumstance indicating a duty to warn must be reported. Youth under the age of 18 should not be reported as critical incidents.

◆ **Potential Media Involvement**

Any incident, marked by seriousness or severity, that is likely to result in attracting negative public attention, or lead to claims or legal action against the State or the reporting entity.

◆ **Staff perpetrator (abuse, neglect or exploitation/prohibited practice)**

Any incidents by a paid staff/provider or worker must be reported when the action is toward a person receiving services or in the presence of a person receiving services. Worker can also mean: an intern, a person who volunteers (including those paid a stipend or expense reimbursement) or a person employed or contracted by an organization that operates programs or administers services paid with state funding (including contracted home providers, shared living providers, developmental home providers, foster care providers) or by a surrogate, family member or person who receives services.

Examples of Prohibited practices include:

- Corporal punishment
- Seclusion which is not voluntary
- Psychological/verbal abuse by a staff member towards a client
- Restriction of contact with family or significant others unless clinically indicated or legally prohibited
- Denial of basic physical needs
- Withholding funds as a punitive measure
- Use of physical, chemical or mechanical restraints (see definitions page 7)
- Exploitation – financial or otherwise

Reminder: Filing a critical incident report does NOT replace a mandated report

Adult Protective Services (APS) 1-800-564-1612

Department for Children and Families (DCF) 1-800-649-5285

◆ **Medical Emergency**

A serious, life threatening, medical event, for a person served, that requires immediate emergency evaluation by medical professional/s. Death would likely result without

evaluation and treatment. For children in parental custody report only if incident occurs during active engagement with agency workers.

◆ **Untimely or Suspicious death/Natural Death**

Unknown or suspect causation (includes completed suicide) are required for all programs. Incidents of natural death for CRT clients should also be reported with the critical incident form.

◆ **Missing Person**

A person enrolled in services who is identified as missing by law enforcement, the media, staff, family, caregivers, or other natural supports or in a residential program and has an unexplained absence.

- A person served is considered “missing” if the person’s housemate or support staff cannot locate him or her and there is reason to think that the person may be lost or in danger. A report is not required for people who live with unpaid caregivers or housemates (such as natural family), unless the caregiver or family requests assistance in locating the person or the person has been identified as missing by law enforcement.
- A person in a DMH funded residential program is considered missing if their unexplained absence exceeds 24 hours or if a missing persons report is filed with local law enforcement (if less than 24 hours); or any person subject to an Order of Non-Hospitalization (ONH) who meets this definition and whereabouts cannot be confirmed.

◆ **Seclusion or Restraint** Though under review, the incidents of seclusion and restraint are reportable for children’s services and developmental disabilities services at this time. Seclusion and restraint is prohibited in CRT and not a reportable event in Emergency Services. Due to the seriousness of such procedures and potential for misapplication of technique the following discussion is provided for staff who report on these events:

“Restraint” includes:

- **Mechanical restraint:** any items worn by or placed on the person to limit behavior or restrict movement and which cannot be removed by the person. Mechanical restraints include devices such as mittens, straps, arm splints, harnesses, restraint chairs, bed rails and bed netting. **Helmets used for the purpose of preventing self-injury are considered mechanical restraints.**
- **Physical restraint:** any method of restricting a person’s movements by holding of body parts to keep the person from endangering self or others (including seclusion or physical escort to lead the person to a place he or she *does not want to go*).
- **Chemical restraint:** the administration of a prescribed or over-the-counter medicine when all the following conditions exist: the primary purpose of the medication is a response to problematic behavior rather than a physical health condition; and, the prescribed medicine is a drug or dosage which would not otherwise be administered to the person as part of a regular medication regimen; and, the prescribed medicine impairs the individual’s ability to do or accomplish his or her activities of daily living

(as compared to the individual's usual performance when the medicine is not administered) by causing disorientation, confusion, or an impairment of physical or mental functioning.

- For detailed information and exceptions for persons on a DS Waiver, see the DS Behavior Support Guidelines posted on the DAIL website:
www.dail.vermont.gov
- Restraints that occur fewer than 8 hours apart may be reported in a single report. Restraints that occur more than 8 hours apart must be reported in separate reports.
- If two types of restraint are used together (e.g., physically restraining a person to administer a chemical restraint), both types of restraint shall be noted on the report. **Guardians must be notified verbally immediately of any restraint, unless the restraint is done according to a written support plan that the guardian has approved and the guardian has stated that he/she does not wish to receive immediate notification of restraints.**

Exceptions:

- Time-limited restraints for medical purposes **do not** need to be reported as long as they are done in a manner consistent with the DS Behavior Support Guidelines and the proper documentation is on file. If restraint is done without the required authorization and documentation, an Incident Report must be filed.
- PRN medication does not need to be reported unless it meets the definition of a chemical restraint (see DS Behavior Support Guidelines).
- For Children's Services, Designated Agencies are not required to report any seclusion or restraint event that is part of a documented service or behavioral plan on file developed in accordance with the behavior support guidelines for the person served.

REPORT BY PHONE:

DAIL/DDSD

Call the 24 hour CIR answering service for the Developmental Disabilities Services Division at **802-241-2678** within 24 hours for the following critical incident types:

- ◆ **Suspected abuse/neglect or exploitation by a staff member**
- ◆ **Untimely or Suspicious death**
- ◆ **Missing Person**
- ◆ **Potential Media Involvement**

DMH

Call DMH Quality Management Coordinator or designee at **802-241-0106** and leave initial report by secure voice mail within 24 hours or one business day of the incident.

WHERE DO I SEND COMPLETED REPORTS?

DAIL/DDSA

Reports for ALL critical incidents, including ones called in, must be submitted using one of the following methods within 48 hours of the incident:

- 1) by fax to secure Department fax number 802-241-0410
- 2) by scanning or electronic submission via the secure FTP site GlobalScape at <https://gs-sftp.ahs.state.vt.us/EFTClient/Account/Login.htm> . There are staff at each DA/SSA assigned access to this site for the purpose of uploading these reports. An e-mail needs to be sent to the address below to inform DDSD that a report has been uploaded to the site:

Tammi.Provencher@vemront.gov

DMH

Send reports to AHS.DMHquality@vermont.gov via secure e-mail or fax to **802-241-0100** within 48 hours or two business days of the incident.

A NOTE ON ELECTRONIC REPORTING (DMH):

It is the expectation that Designated Agencies will report electronically via secure email if they have the capacity using the significant event form (<http://mentalhealth.vermont.gov/forms>). In the absence of such capacity, scanned or fax submissions will be accepted for the same form.

An agency generated form with the required elements will also be accepted.

If you require clarification, please call the DMH Quality Management Coordinator or designee at **802-241-0106**.

A NOTE ON COMPLETING THE REPORT:

It is important that the incident report be completed in its entirety to allow for thorough review and proper data collection. Feel free to expand the description of the event as needed to provide DAIL/DDSD/DMH with clear understanding of the event. **MAKE SURE TO INCLUDE ALL MANDATED REPORTS THAT WERE MADE AND TO RECORD THEM IN THE CLIENT RECORD.**