The Department of Mental Health must be notified of a critical incident that occurs in a Designated Hospital. An abbreviated notification must be made **within 1 business day** **for anything that may involve media** to the DMH Quality Team at [AHS.DMHQuality@vermont.gov](mailto:AHS.DMHQuality@vermont.gov) or **802-241-0090**. This form’s information must be sent to the Department of Mental Health **within 2 business days** of the event via secure email to [AHS.DMHquality@vermont.gov](mailto:AHS.DMHquality@vermont.gov).

If you need a secure fax line, please use: **802-560-5162.**

|  |  |
| --- | --- |
| **Patient Name**: | **Incident Date:** |
| **Date of Birth** | **Incident Time:** |
| **Admission Date:** | **Location:** |

**Hospital:**  BR  CVMC  RRMC  UVMMC  WC  VPCH  VA

**Type of event:**

|  |  |
| --- | --- |
| APS Report / CPS Report | Criminal activity / Law enforcement on unit |
| Death | Serious patient injury resulting from physical assault |
| Medication error | Patient serious injury / Medical event |
| Elopement | Serious staff injury pursuant to 18 V.S.A. §7257 |
| COVID-19 outbreak | Duty to warn |
| Other: | |

**Is there potential media involvement for this incident?**

|  |  |
| --- | --- |
| Yes | No |

**Persons who witnessed or were involved in the incident:**

**Description of incident** (identify precipitants, interventions used by staff to attempt to prevent/manage the event, and description of behaviors observed during the event):

**Action(s) taken because of the incident**:

**Mandated report made:**

Yes  No

**Describe any planned follow up in response to the incident**:

**Persons and agencies notified** (include when and how notified)

**Person reporting**:       **Phone/email:**