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 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.

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:**