

**Vermont Department of Mental Health  
Agency of Human Services**

**Critical Incident Reporting Requirements  
for  
Designated Agencies  
Specialized Service Agencies**

**Revised Effective Date  
10/30/2019**



**Department of Mental Health**  
AGENCY OF HUMAN SERVICES  
280 State Drive, NOB-2 North  
Waterbury, VT 05671  
[www.mentalhealth.vermont.gov](http://www.mentalhealth.vermont.gov)

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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](http://www.DDSD.vermont.gov)

For forms or other general information:

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

<https://mentalhealth.vermont.gov/reports-forms-and-manuals>

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## Introduction

The guidelines within this publication provide parameters to assist direct-service providers in deciding what constitutes a critical incident across service sectors. If you have any questions or hesitations about whether and how to complete a Critical Incident Form, please call:

**Nurse Quality Management Specialist**

**Phone: 802-241-0106**

### What

A critical incident is any actual or alleged incident that can create a significant risk of harm to the health and/or welfare of a client, staff, facilities, public or may bring about adverse publicity. It may also have the potential to have a negative impact on the mental and/or physical well-being of all involved. See definitions of reportable critical incidents on page 6.

### Why

Critical incident reporting is an essential part of maintaining collaborative communication between state government departments charged with oversight and the entities providing direct service to vulnerable populations.

Documenting, evaluating, and monitoring certain incidents ensures that the necessary people receive the information for review or action. It informs quality assurance and assists in quality improvement projects. Aggregated data is used to inform policies and procedures and may be used in legislative reporting.

Critical incident reporting is required for all clients served by community mental health programs. Certain events are also required by the following statutes for individuals in the custody or temporary custody of the Commissioner (accessed December 2017):

#### 18 SA § 7258. Reportable Adverse Events

- (a) An acute inpatient hospital, an intensive residential recovery facility, a designated agency, or a secure residential facility shall report to the Department of Mental Health instances of death or serious bodily injury to individuals with a mental condition or psychiatric disability in the custody or temporary custody of the Commissioner.

#### 18 VSA § 7258. Review of Adverse Community Events

- (b) The department of mental health shall establish a system that ensures the comprehensive review of a death or serious bodily injury occurring outside an acute inpatient hospital when the individual causing or victimized by the death or serious bodily injury is in the custody of the commissioner or had been in the custody of the commissioner within six months of the event. The department shall review each event for the purpose of determining whether the death or serious bodily injury was the result of inappropriate or inadequate services within the mental health system and, if so, how the failure shall be remedied.

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The department may ask agencies to review significant critical incidents that occur involving any client served by community mental health programs as outlined in the *Department of Mental Health Critical Incident Review Protocol*.

Critical Incident Reports can also be subject to public information requests. If a Critical Incident Report is requested and made public, all client-identifiable information shall be redacted prior to release.

### **How**

The content of this manual reflects standard definitions, applicable populations for required reporting, timelines, and methods for reporting incidents. The program where the incident occurred shall be responsible for submitting the Critical Incident Report to DMH and ensuring that all relevant providers have been made aware of the event. If an event occurs off-site, the primary program responsible for providing services shall submit the report. Questions or requests for clarifications should be made to the Department of Mental Health (DMH).

### **When**

DMH must be notified verbally of a critical incident within 24 hours or next business day. Agencies must provide a written report electronically within 48 hours or two business days of the incident.

### **Who**

Critical incident reporting requirements apply to all community mental health programs, crisis beds, residential programs, and the Intensive Residential Recovery (IRR) programs of each agency, including those managed in partnership with other agencies.

The following are considered Designated Agencies (DAs), Special Service Agencies (SSAs), and IRR programs by DMH and must report critical incidents:

#### **DAs**

- Clara Martin Center
- Counseling Service of Addison County
- Healthcare and Rehabilitation Services of Southeastern Vermont
- Howard Center
- Lamoille County Mental Health Services
- Northeast Kingdom Human Services
- Northwestern Counseling and Support Services
- Rutland Mental Health Services
- United Counseling Service
- Washington County Mental Health

#### **SSAs**

- Northeastern Family Institute

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- Pathways Vermont

#### IRRs

- Hilltop Recovery Residence
- Maplewood
- Meadowview Recovery Residence
- Middlesex Therapeutic Community Residence
- Second Spring North
- Second Spring South
- Soteria

These Guidelines are subject to change *with* notice.

### Required Information When Reporting

Critical incident reports must include the following client information:

- Name
- Date of birth
- Agency of service
- Incident date and time
- Location of the incident, including residential program name if applicable
- Last date of service by the agency
- Last reported mental health program assignment
- Persons who witnessed or who were involved in the incident
- Description of incident (identify precipitants, interventions used by staff to attempt to prevent/manage the incident, and description of behaviors observed during the incident)
- Immediate action(s) taken because of the incident
- Whether any mandated reporting occurred
- Any planned follow up in response to the incident
- Persons and agencies notified (include when and how notified)
- Potential media involvement related to the incident

Incident reporting should be completed in its entirety to allow for thorough review and proper data collection. Expanding the description of the incident is recommended to provide DMH with clear understanding.

### Reportable Critical Incidents

Following the guidance of the National Quality Forum (NQF), DMH requires reports for incidents that are considered “unambiguous, largely preventable, and serious, as well as

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adverse, indicative of a problem in a healthcare setting's safety systems, or important for public credibility or public accountability.”<sup>1</sup>

“*Serious*” describes an event that *can* result in death, loss of a body part, disability, loss of bodily function, or require major intervention for correction (e.g. higher level of care, surgery).

“*Injury*” includes physical or mental damage that substantially limits one or more of the major life activities of an individual in the short term, which *may* become a disability if extended long term.

The following defined critical incidents must be reported to DMH:

### **1. Criminal Activity Involving Law Enforcement**

- Any serious illegal act, alleged or suspected, must be reported, including any alleged act that results in incarceration of a person enrolled in services
- Any circumstance indicating a duty to warn must be reported
- Criminal activity involving clients under the age of 18 should NOT be reported as critical incidents

### **2. Abuse, neglect, or exploitation perpetrated by staff**

Any incident by a paid staff/provider/worker\* must be reported when the incident is inflicted on a client or in the presence of a client (this includes any unplanned use of restraint on a client to mitigate self-harm or harm to others).

Some examples of abuse, neglect, or exploitation include:

- Corporal punishment
- Isolation behind locked doors; apart from emergency protocols
- Involuntary seclusion which is not part of a therapeutic intervention
- Use of manual, chemical, or mechanical restraints with adults
- 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
- Deliberate misplacement, exploitation, or wrongful temporary or permanent use of a client's belongings or money without the client's consent
- Economic, sexual, or other forms of exploitation

*\*Worker can mean an intern, a volunteer (including those paid a stipend or expense reimbursement), someone employed or contracted by an organization that operates programs or administers services paid with state funding. This includes contracted home providers, shared living providers, foster care providers or by a surrogate, family member, or person who receives services.*

### **3. Medical Emergency/Serious Injury**

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<sup>1</sup> National Quality Forum (NQF), *Serious Reportable Events in Healthcare—2011 Update: A Consensus Report*, Washington, DC: NQF; 2011.

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#### **TO a Client**

- A serious, life-threatening medical event or injury **to a client** that requires immediate emergency evaluation by a medical professional where death would likely result without evaluation and treatment
  - For children in parental custody, report to DMH required only if incident occurs during active engagement with agency workers

#### **CAUSED BY a Client**

- A serious, life-threatening injury allegedly **caused by a client** that requires immediate emergency evaluation by medical professional where death would likely result without evaluation and treatment

#### **4. Death**

##### **OF a client**

- All deaths of an unknown or suspect causation (including suicide deaths) must be reported
- Natural deaths of CRT clients must be reported (natural deaths in programs other than CRT do not have to be reported to DMH)

##### **CAUSED BY a client**

- A death of person allegedly **caused by a client** must be reported

#### **5. Missing Person**

- A client who is identified as missing by law enforcement, the media, staff, family, caregivers, or other natural supports, or is enrolled in a residential program and has an unexplained absence
  - A client is considered “missing” if the person’s housemate or support staff cannot locate them and there is reason to think that they may be lost or in danger
  - A report is not required for those who live with unpaid caregivers or housemates (such as natural family), unless the caregiver or family requests assistance in locating the client or the client has been identified as missing by law enforcement
  - A client in a DMH funded residential program is considered missing if their unexplained absence exceeds 24 hours or if a missing person’s 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

#### **6. Seclusion or Restraint**

##### **Children’s Services Only (For adults see #2 above)**

- The incidents of seclusion and restraint are reportable for children’s services only; however Designated Agencies are not required to report any seclusion or restraint that is part of a documented service plan on file developed in accordance with the Minimum Standards for Behavioral Interventionists. If a child is injured during a

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restraint a critical incident report must be submitted regardless of documented need in the service plan

- If seclusion and restraints are used together in response to an incident—for instance, using manual restraint to guide an individual to seclusion, both interventions should be reported on the same form

## Mandated Reporting

Filing a critical incident report **does NOT replace** mandated reporting. Mandated reporting must be documented. Agencies must make a report to Adult Protective Services (APS) or to Department for Children and Families (DCF) for incidents that meet the mandated reporting requirement.

## How to Report Critical Incidents

DMH must be notified of a critical incident within 24 hours or next business day.

When reporting an incident, the DA must complete the following two reports:

1. Verbal Report: Designated Agencies must call the DMH Nurse Quality Management Specialist and leave an initial verbal report within 24 hours or one business day of the incident.
2. Written report: Designated Agencies must provide a written report electronically within 48 hours or two business days of the incident.

Upon receipt, DMH will review the critical incident report and follow up with the Designated Agency if any further information is needed.

## Who to Contact

DMH Nurse Quality Management Specialist:

**Phone:** 802-241-0106

Written Report Submission:

**Email:** [AHS.DMHquality@vermont.gov](mailto:AHS.DMHquality@vermont.gov)

**Fax:** 802-241-0100

It is the expectation that agencies will report electronically via secure email if they have the capacity to use the critical incident reporting 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 have any questions, please call the DMH Nurse Quality Management Coordinator.

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