

Policies & Procedures

CRITICAL INCIDENTS/SENTINEL EVENTS

Section: Administrative
Pages: 3
Subject: Critical Incidents/Sentinel Events
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PURPOSE

To set up procedures to report, investigate and resolve where possible, adverse incidents, which occur at DBH in order to ensure safety of all clients and staff.

POLICY

It is the policy of DBH to protect its client's property and staff from harm or threat of harm and, when possible, to act quickly and decisively at the time of occurrence to prevent or mitigate any harm or threat of harm. All critical incidents/sentinel events will be reviewed to determine the need for quality improvement activities on the part of the agency.

PROCEDURE

1. Critical Incidents are those incidents that cause or threaten to cause physical and/or personal harm to clients, staff, and property.

Please reference the last page of this policy for a list of reportable critical incidents.

Sentinel events are those events that have resulted in the serious incapacitation or death of the consumer (suicide) or the serious incapacitation or death of another (homicide).

2. All critical incidents/sentinel events will be handled and stabilized to the extent possible at the point in time of the incident. Where needed, assistance should be obtained from the Program Director, the crisis team, or from whomever the program director deems necessary.
 - a. In the case of a sentinel event, notification should be made to the provider's supervisor who will notify the provider at the earliest available opportunity. The compliance officer will also be notified.

- b. All sentinel events involving a death of a client are required to be reported to the office of licensing. The corporate compliance officer is responsible for convening the fatality review if necessary. The purposes of the fatality review committee are:
 1. To aid and support in the de-briefing of staff involved
 2. To determine what, if any quality improvement actions might be recommended.
 3. To determine whether an investigation should be undertaken
 4. To determine if any procedures should be changed
 5. To determine whether additional follow-up is necessary,
 6. To determine whether the incident should be reported to our insurance company, the corporate attorney, and/or government authorities.
3. In the event of a critical incident, a licensed mental health professional, will determine:
 - a. If the client is currently stable, and
 - b. What additional follow-up, if any, is necessary.
4. All critical incidents need to be recorded on the Incident Report Form. The individual responsible for completing this form will follow the office of licensing time constraints and send a copy to the compliance officer. The Incident Report Form will be entered into the clinical record of the client involved.

This is a reminder of when an incident report needs to be completed and sent to the Corporate Compliance Officer, Shelly Tanner. Incident reports are located on our intranet and as a word document that your supervisor can send to you. This pertains to clients only.

"Critical Incident" means an occurrence that involves:

- (a) abuse (definition below); (b) neglect; (c) exploitation; (d) unexpected death;
- (e) any client injury, including self-harm, **requiring medical attention beyond basic first aid**;
- (f) any client injury that is a result of staff or client assault, restraint or intervention;
- (g) all criminal activity excluding minor infractions, medical emergency or protective service intervention;
- (h) the unlawful or unauthorized presence or use of alcohol, [or] substances, or harmful contraband items;
- (i) the unauthorized presence or misuse of dangerous weapons;
- (j) attempted suicide;
- (k) any on-duty or client-involved staff sexual misconduct or any client unlawful sexual misconduct;
- (l) client rights violations; (i) per Office of Licensing code of conduct for all licensed providers; and (ii) per DHS code of conduct for DHS contracted providers; and (iii) per human rights committee approval for DSPD contracted providers;
- (m) medication errors resulting in impact on client's well-being, medical status or functioning;
- (n) **the unauthorized departure of a client from the program**;
- (o) outbreak of a contagious illness or situation requiring notification of or consultation with the local health department; or
- (p) any event compromising the client environment, including roof collapse, fire, flood, weather events, natural disasters and infestations;
- (q) any other incident that compromises client health and safety shall result in a critical incident report;
- (i) specific contract language may also exist that requires additional criteria for DHS contracted providers.

"Abuse" includes, but is not limited to: (a) attempting to cause harm; (b) threatening to cause harm; (c) causing non-accidental harm; (d) unreasonable or inappropriate use of a restraint, medication, confinement, seclusion or isolation that causes harm; (e) sexual exploitation, as defined in 78A-6-105; (f) sexual abuse, including sexual contact or conduct with a client, or as defined in 78A-6-105; (g) a sexual offense, as described in Title 76 Chapter 5; or (h) domestic violence or domestic violence related to child abuse. (i) "Abuse" does not include the reasonable discipline of a child, or the use of reasonable and necessary force in self-defense or the defense of others, as such force is defined in 76-2-4.

Form: November 7, 2018