



# UPDATED DHHS CRITICAL INCIDENT FORM

ver 082022

Page 1

**USE OF FORM** within 24 hours of becoming aware of the critical incident: The CI must be documented on DHHS CI Form.

CI form ([page 1 & 2](#)) shall be completed and emailed to [DHHSCI@milwaukeecountywi.gov](mailto:DHHSCI@milwaukeecountywi.gov) (email must be safeguarded by the sender for all service recipient specific CIs as well as for agency or service provider specific CIs if it includes electronic Protected Health Information (ePHI), or Personally Identifiable Information (PII)). A copy of the completed form shall be placed in the record; agency/personnel or client record.

## CHECK ALL Applicable Service and Program/Network below:

<input type="checkbox"/> Aging and Disability Services (ADS)	<input type="checkbox"/> Housing Services (HS)
<input type="checkbox"/> Behavioral Health Services (BHS)	<input type="checkbox"/> Director's Office/Management Services
<input type="checkbox"/> Community Access to Recovery Services (CARS)	<input type="checkbox"/> Veterans' Services
<input type="checkbox"/> Comprehensive Community Services (CCS) – Adults	
<input type="checkbox"/> Crisis Services – Adults	
<input type="checkbox"/> Children's Community Mental Health Services and Wraparound Milwaukee (WM)	
<input type="checkbox"/> Children, Youth & Family Services (CYFS)	
<input type="checkbox"/> Youth Justice	<input type="checkbox"/> Multiple Program Involvement
<input type="checkbox"/> Birth to Three	<input type="checkbox"/> Children's Community Options Program (CCOP) <input type="checkbox"/> Children's Long-Term Support (CLTS) Program

**Refer to CI definition page, "Instructions" for further clarification in completing fields below:**

1. Agency Name and Address	2. Agency Phone Number	3. Location of Incident
4. DHHS Service Recipient(s) Involved – Full Name(s)	5. Date of Incident	6. Time of Incident <input type="checkbox"/> AM <input type="checkbox"/> PM
7. Staff Directly Involved (if any)	8. Date of Report	9. *Name of Person Reporting
10. Supervisor's Name who Reviewed CI Form	*Typing your name above constitutes your signature	

## **Event or Situation (Incident) Type – check all that apply:**

<input type="checkbox"/> Any Instance of Abuse or Neglect to Service Recipient by any person including another Service Recipient
<input type="checkbox"/> Auto Accident
<input type="checkbox"/> Any Credible Allegation of Caregiver Misconduct (as described in DHS 13)
<input type="checkbox"/> Damage to Facility
<input type="checkbox"/> Death
<input type="checkbox"/> Disease Outbreak
<input type="checkbox"/> Environmental Hazard
<input type="checkbox"/> Evacuation or Closure of Facility or Provider Site
<input type="checkbox"/> Fire Setting
<input type="checkbox"/> Law Enforcement Involvement
<input type="checkbox"/> Unfavorable Media Exposure
<input type="checkbox"/> Medication Error
<input type="checkbox"/> Missing Service Recipient
<input type="checkbox"/> Other - An Incident of a Critical Nature that may not be identified (i.e., death threat made to a Service Recipient, DSP, or Indirect Staff, etc.)

<input type="checkbox"/> Overdose of Drugs or Alcohol by Service Recipient
<input type="checkbox"/> Owner/admin/board member convicted or being investigated by Gov't Agency
<input type="checkbox"/> Physical Force to Apprehend
<input type="checkbox"/> Physical Injury
<input type="checkbox"/> Physical or Sexual Assault/Misconduct or Commercial Sexual Exploitation/Trafficking
<input type="checkbox"/> Protective Services Contact
<input type="checkbox"/> Suicide Attempt by Service Recipient
<input type="checkbox"/> Service Recipient Restraint and/or Injury to a Service Recipient during a Restraint
<input type="checkbox"/> Violence

## CYFS Only

<input type="checkbox"/> Youth damaging, losing and/or stealing the personal property of others, e.g., other youth or staff
<input type="checkbox"/> Property of Youth being damaged, lost and/or stolen
<input type="checkbox"/> Death of someone who had a direct connection with youth who is a service recipient

# UPDATED DHHS CRITICAL INCIDENT FORM

ver 082022

Page 2

**COMPLETE BOTH SECTIONS (I and II) OF THIS PAGE**

I. **Summary of Incident** – in space below describe what happened.

II. **Agency Response** – in space below describe agency efforts to respond to the incident thus far.

# UPDATED DHHS CRITICAL INCIDENT FORM ver 082022

## **INSTRUCTIONS to completing CI Form (10 fields)**

Fill in all fields, your Agency Name and Address, Phone No., Location of Incident, etc.

4. **DHHS Service Recipient(s) Involved – Full Name(s)** – include only DHHS service recipients receiving service at your agency
5. **Date of Incident** – actual date of Incident
7. **Staff Directly Involved (if any)** – include only staff directly involved in incident (not staff that witnessed incident or were not directly involved in the actual incident)
8. **Date of Report** – date person completing CI Form
9. **Name of Person Reporting** – a typed name on this Form constitutes your signature
10. **Supervisor Name who Reviewed CI Form** – First and Last Name of Supervisor

---

## **DEFINITIONS**

**“Critical Incidents”** - defined as any actual or alleged event or situation that jeopardize the physical or mental health or safety of Service Recipients or of staff.

**“Any Instance of Abuse or Neglect to Service Recipient by any person including another Service Recipient”** - any instance of abuse or neglect to Service Recipient by any person including another Service Recipient.

**“Auto Accident”**- service provider involved in an auto accident with client in the vehicle at the time of the accident.

**“Any credible allegation of Caregiver Misconduct (as described in DHS 13)”** - any credible allegation of caregiver misconduct (as described in DHS 13).

[https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/001/13](https://docs.legis.wisconsin.gov/code/admin_code/dhs/001/13)

**“Damage to Facility”**- any damage to the DHHS funded site or facility that the agency is seeking compensation for.

**“Death”** - death that occurs at DHHS funded site, or while enrolled in DHHS funded service. For CARS please also follow “CARS Death Policy.”

**“Disease Outbreak”** - an outbreak of a serious communicable disease as defined in DHS 145 Appendix A.

**“Environmental Hazard”** - exposure to a toxin, biohazard, or potentially life-threatening environmental hazard by service recipient that the service provider or agency becomes aware of in the course of providing services from DHHS funded program.

# UPDATED DHHS CRITICAL INCIDENT FORM ver 082022

## DEFINITIONS (cont'd)

**“Evacuation or Closure of Facility or Provider Site”** - any condition requiring the closure of DHHS funded site or facility requiring the execution of agency's Emergency Management Plan, which necessitates a need to evacuate (other than a fire drill) or remove service recipients.

**“Fire Setting”** – fire setting. For Children’s Community Mental Health Services and Wraparound Milwaukee Wraparound only: deliberate act of setting a fire.

**“Law Enforcement involvement”** - law enforcement involvement due to an incident that jeopardizes the physical or mental health, safety and wellbeing of service recipients or DSP or Indirect Staff.

**“Unfavorable Media Exposure”** - any event involving law enforcement or first responders that could result in unfavorable media exposure/publicity (e.g., published or broadcasted) – see section V. for further follow-up requirements. For Children’s Community Mental Health Services and Wraparound Milwaukee only –follow Media Protocol.

**“Medication Error”** - a medication administration error with significant consequence e.g., need for consultation with a doctor, ER visit, etc.

**“Missing service recipient”** – includes abduction that occurred to a service recipient receiving service at DHHS funded site/facility or at any other location related to the services; missing person’s report filed with law enforcement and/or For Housing Division if a wellness check is performed. For CYFS only – follow requirements per CYFS CI Policy No. 10 and Missing Youth Policy No. 26. For Children’s Community Mental Health Services and Wraparound Milwaukee only – follow Runaway/Missing protocol.

**“Other” - any other incident of a critical nature that may not be identified above (i.e., death threat made to a Service Recipient, DSP, or Indirect Staff, etc.)”** - any other Incident of a critical nature as stated.

**“Overdose of drugs or alcohol by Service Recipient”**- any overdose that occurs by service recipient.

**“Owner/admin/board member convicted or being investigated by Governmental Agency”** - when an owner/license holder, administrator, board member has been convicted of any crime or has been or is being investigated by any governmental agency for any act or offense.

**“Physical Force to Apprehend”** - any use of physical force to apprehend a service recipient attempting to elope.

**“Physical injury”**- a serious injury, trauma, or acute physical distress requiring the services of a licensed medical practitioner that occurred in a DHHS funded site/facility, or at any other location related to the services. For Housing Services only, includes Mental Health Emergencies; psychiatric emergency that leads to an intervention at a psychiatric ER and/or psychiatric hospital admission if incident occurs in a DHHS funded site/facility, or at any other location related to the services.

**“Physical or sexual assault/misconduct or Commercial Sexual Exploitation/Trafficking”** - physical or sexual assault/misconduct or commercial sexual exploitation/trafficking or possessing child pornography.

# UPDATED DHHS CRITICAL INCIDENT FORM ver 082022

**“Protective Services Contact”** – Any event that requires contacting child or adult protective services (CPS or APS) including abuse, neglect, malnourishment, etc.

**“Suicide attempt by Service Recipient”** – significant attempt by service recipient to end one’s life. Note: Do not report CI for acts of self-injury/abuse where intent to end one’s life is not present, injury is superficial and/or medical attention is not sought. For BHS, CARS use definition per BHS Sentinel Event Policy.

**“Service Recipient Restraint and/or Injury to a Service Recipient during a restraint”** - any use of a restraint of a service recipient. Any injury of a service recipient during the use of a restraint.

**“Violence”** – threat of harm/physical assault, actual physical assault, or use of weapons if medical attention and/or law enforcement is involved; and/or incident falls under “Duty to Warn” (Tarasoff rule).

## **CYFS Only**

**“Youth damaging, losing and/or stealing the personal property of others, e.g., other youth or staff”**

**“Property of Youth being damaged, lost and/or stolen”**

**“Death”** - Death of someone who had a direct connection with youth who is a service recipient.