

### Critical Incident Report

**Instructions:**

Case managers should complete this form anytime they are aware of an incident of any Critical Incidents involving suspected ANE, police involvement as a perpetrator or victim, hospitalization/emergency medical care, or psychiatric hospitalization, medication error or staff injury. This form should be sent to the CSS/QMS and CDDO Contact within 24 hours via email.

Name		DOB		Date	
Residential Provider		Day Provider			
SHC Provider		Are Services Self-Directed?	Yes	No	
PAS Agent		TCM Provider			
Case Manager		Person's County of Residence	CQ	EK	GW WL

Type of ANE	Physical	Verbal	Sexual	Neglect	Exploitation	Fiduciary
Type of Critical Incident	Police Victim	Police Perpetrator	Hospitalization/ Emergency Room			
Medical Treatment Required:			Mental Health Treatment:			
Medication Error	Meds Not Given	Wrong meds or dose given	Unordered Med Given	Allergic Reaction		
	Person Refused Meds	Meds given to wrong person	Other, describe			
Staff required medical treatment	Yes	No				

Location of Incident		Date and Time of Incident	
Description of Incident (include names of other clients, staff or witnesses)			
What steps has the provider taken to resolve the incident?			
Notification Dates	Parent/Guardian	TCM	CDDO CSS/QMS

Client Data

Medically Fragile	Yes		No		Prone to Falls	Yes		No	Self-Abusive	Yes		No	
Seizures	Yes		No		Aggressive	Yes		No	Non-Verbal	Yes		No	
Ambulatory	Yes		No		Other								
Risk Assessment	In place and current					Needs Updated				Needs			N/A
Individual Justice Plan	In place and current					Needs Updated				Needs			N/A

Additional Comments:

Completed by \_\_\_\_\_ Date: \_\_\_\_\_  
 Name/Title:

Send this completed form to:

CDDO Contact: Angela Allen email: [aallen@nbeinc.org](mailto:aallen@nbeinc.org)

CSS/QMS – Liz Allen; email; [liz.allen@srs.ks.gov](mailto:liz.allen@srs.ks.gov)

**Put "Critical Incidents" in the subject line of the email.**