

**CRITICAL INCIDENT CATEGORIES AND SUBCATEGORIES WITH DESCRIPTIONS (October 2023)**

<b>DEATH Subcategories</b>	<b>Report all cases</b>	<b>When to Report</b>
Suicide	Yes	Client died by suicide.
Homicide	Yes	Client was a victim of homicide.
Accident	Yes	Death by accident (not including substance overdose).
Accidental Overdose (resulting in death)	Yes	Death by accidental overdose of substance by client (i.e., client overestimated tolerance).
Medical Error	Yes	Death by medical error; can include medication or procedural errors.
Illness, Age, or other Medical Reason	Yes	May include acute or chronic illness(es); “natural causes”.
Information Pending / Insufficient Info	Yes	Use as a <u>last resort</u> , if none of the above reasons can be used with confidence.

**Do Report:**

All client and staff deaths should be reported

Report any client death that occurs within 30 days after discharge from a DMHAS program

<b>MEDICAL EVENT Subcategories</b>	<b>Report all cases</b>	<b>When to Report</b>
Accidental Injury	No	Any accidental <u>serious</u> injury which results in the admission of the person to a medical or surgical <u>inpatient</u> unit – includes transportation accidents and non-suicidal self-injurious behavior. Also includes injuries that happen <u>during program activity or on program premises</u> (versus in the community) and require medical attention in ER or Urgent Care settings.
Accidental Overdose (not resulting in death)	Yes	Accidental overdose of substance by client (i.e., client overestimated tolerance).
Medication Reaction	No	Adverse reaction to medication (such as allergy, negative interaction with other substances) that was dispensed by a Provider (PNP or State Op) which resulted in medical unit visit/admission
Medical Event - Other	No	Other <u>serious</u> medical event (e.g., non-fatal heart attack, diabetic coma, etc.) resulting in admission to medical / surgical <u>inpatient</u> unit. Also can include other serious medical events <u>during involvement in program activity</u> that require medical attention (ER, Urgent Care).

**Do Report:**

All overdoses (fatal and non-fatal) should be reported

All COVID related events (positive test, etc) should be reported (report as Medical- Other) in clients or staff

Any medical event that occurs during program-related activities or on program premises and results in admission to medical inpatient unit

Any medical event that requires hospital admission

Any medical event that is related to program activity and requires a visit to Urgent Care or the ER

Any medical event that develops into a situation where the client dies ( at closure final category changes to Death)

**Examples:**

- Injury from MVA during transportation in a staff driven car which requires surgery
- Choking during meal at a Group Home that results in medical admission
- Client requires inpatient medical treatment for non-suicidal self-injurious behavior
- Inpatient client is given a medication and has an allergic reaction that requires inpatient medical care
- Residential client who has diabetes and is found unresponsive and is admitted to the hospital for treatment
- Client displays uncomfortable symptoms of withdrawal. Nurse evaluated client and sent her to the ER and admitted for further treatment.

**Do NOT Report:**

- Medical events that happen at home or in the community and do not require inpatient medical treatment
- Hospital visits/medical interventions due to behavioral health symptoms

**Examples:**

- Client is riding his bike near his home, falls and requires stitches at an Urgent Care facility
- Client isn't feeling well and is taken to the Emergency Room by a friend but is not admitted
- Client is hallucinating and agitated due to not taking prescribed medications and is transported to ED

SERIOUS SUICIDE ATTEMPT Subcategories	Report all cases	When to Report
Suicide Attempt while Active in Program	No	During program enrollment – any serious attempt, which results in a <u>referral to and/or admission to a medical/surgical facility for treatment of injury and/or civil commitment</u>
Suicide Attempt within 90 days of Discharge	No	Within 90 days post-program discharge from any program level – any serious attempt (if known) which results in <u>admission to a medical/surgical facility for treatment of injury and/or civil commitment.</u>

**Do Report:**

- All suicide attempts that result in a referral to and/or admission to a treatment facility (medical or mental health)

**Do NOT Report:**

- Any suicide attempt that does not require referral or admission to a hospital or in patient treatment facility
- Instances when a client expresses suicidal ideations but has not acted on them

<b>CLIENT ABUSE ALLEGED Subcategories</b>	<b>Report all cases</b>	<b>When to Report (NOTE: A Staff member MUST be the perpetrator in these incidents)</b>
Physical Abuse	Yes	Client is alleged to have been physically abused by a program staff member. If the perpetrator of this abuse is not STAFF, then DO NOT USE this category (use Serious Crime Alleged). Please include both the staff and the client(s) involved. At Closure, <u>please indicate if allegation was found to be substantiated or not substantiated.</u>
Verbal Abuse	Yes	Client is alleged to have been verbally abused by a program staff member. If the perpetrator of this abuse is not STAFF, then DO NOT USE this category (use Serious Crime Alleged). Please include both the staff and the client(s) involved. At Closure, please indicate if allegation was found to be substantiated or not substantiated.
Sexual Abuse	Yes	Client is alleged to have been sexually abused by a program staff member. If the perpetrator of this abuse is not STAFF, then DO NOT USE this category (use Serious Crime Alleged). Please include both the staff and the client(s) involved. At Closure, please indicate if allegation was found to be substantiated or not substantiated.
Neglect	Yes	Client is alleged to have been a victim of neglect by staff. This includes inattention by staff during constant observation. Please include both the staff and the client(s) involved. At Closure, please indicate if allegation was <u>found to be substantiated or not substantiated.</u>
Exploitation	Yes	Client is alleged to have been a victim of exploitation by staff. Please include both the staff and the client(s) involved. At Closure, please indicate if allegation was found to be substantiated or not substantiated.

**Do Report:**

[All](#) instances of alleged client abuse must be reported

This category is only appropriate for use if the abuse is [perpetrated by a staff member on a client](#)

It is crucial that the closure of these incidents include information as to whether the incident was found to have actually happened

**Do NOT report:**

Do not use this category to report any incidents that occur only between clients.

Client A punches Client B - situation should be reported under Serious Crime – Physical Assault

Do not use this category to report instance where client assault staff (use appropriate category under Serious Crime Alleged)

<b>SERIOUS CRIME ALLEGED Subcategory</b>	<b>Report All Cases</b>	<b>When To Report (Note: Client or Staff can be the perpetrator in these categories)</b>
Physical Assault	Yes	Client is alleged to have physically assaulted someone (including staff), or to have been physically assaulted. DO NOT USE this category for physical assault when the perpetrator is STAFF and the victim is a client (use Client Abuse Alleged)
Sexual Assault	Yes	Client is alleged to have sexually assaulted someone, or to have been sexually assaulted by someone other than staff. DO NOT USE this category for physical assault when the perpetrator is STAFF and the victim is a client (use Client Abuse Alleged)
Risk of Injury to Minor	Yes	Client alleged to have been involved in a situation where a minor's well-being was in actual or potential risk.
Arson	Yes	Client is alleged to have committed arson, OR has been a victim of arson. Please indicate if the client was perpetrator or victim. Use this category to report only fires that were intentionally set.
Drug Sale / Distribution/Possession	No	Use when client is alleged to have been involved in the sale, distribution, or possession of illegal substances <u>on program premises</u> . (Do not report if this happens outside of program activities)
Homicide / Manslaughter	Yes	Client is alleged to have been involved with homicide or manslaughter. DO NOT USE if client (or staff) is murdered; use the relevant Death code instead.
Theft/Burglary	No	Report when client has committed a theft or burglary. Reportable only if it pertains directly to the program (i.e., property, premises, staff).
Other Serious Crime	Yes	Client is alleged to have been involved with other <u>serious</u> crime (e.g., firearms, hostage, embezzlement). <u>Please indicate if the client was perpetrator OR victim.</u>

**Do Report:**

All assaults that result in significant criminal justice involvement (e.g. arrest)

Physical assaults where client assaults staff

All arrests should be reported for clients in residential and housing programs

**Examples:**

Client is suspect in killing of 3 people (Homicide)

Client arraigned on charges of armed robbery and stabbing at local convenience store (Physical Assault and Theft – choose more severe crime, which would might be physical assault or attempted homicide)

**Do NOT Report:**

Example: Client's home was burglarized while they were out

Example: Client got into a fight in the community (but was not arrested)

<b>PATIENT RIGHTS Subcategories</b>	<b>Report all cases</b>	<b>When to Report</b>
Violation of Patient Rights with Significant Consequences	Yes	Client's rights have been violated and the consequences have significant impact on the client.
Breach of Confidentiality with Significant Consequences	Yes	Client's confidential information has been breached and the consequences of that breach have a significant impact on the client.

**Do Report:**

All instances of potential violations of a patient's rights should be reported

<b>THREATS Subcategories</b>	<b>Report all cases</b>	<b>When to Report</b>
Threats to Agency	Yes	Client has made threats against agency or program (not a specific person,) and has been assessed by staff to represent a serious risk
Threats to Person	Yes	Client has made threats against a specific person or people, and has been assessed by staff to represent a serious risk

<b>FEDERAL NOTIFICATION Subcategories</b>	<b>Report all cases</b>	<b>When to Report</b>
Secret Service	Yes	Client has been subject of inquiry by the US Department of Homeland Security/Secret Service.
FBI	Yes	Client has been subject of inquiry by the US Federal Bureau of Investigation.
Other Federal Notice	Yes	Client has been subject of inquiry by a US federal agency not listed above.

<b>PROPERTY DAMAGE Subcategories</b>	<b>Report all cases</b>	<b>When to Report</b>
Property Damage – Safety Issue	Yes	Property damage that has compromised or could have compromised staff or patient safety.
Property Damage	No	Over \$1,000 worth of property damage has been incurred (but is not a safety issue.)

**Do Report:**

Property damage of more than \$1000 that is related to a program or program property

<b>MISSING CLIENT Subcategories</b>	<b>Report all cases</b>	<b>When to Report</b>
Missing Inpatient, Risk to Self or Others	Yes	Missing <u>inpatient</u> client considered dangerous to self or others.
Missing Outpatient, Risk to Self or Others	Yes	Missing <u>outpatient</u> client considered dangerous to self or others.
Missing Person	No	Missing client (can be inpatient or outpatient) who has had a 'missing person' report <u>officially</u> made to police, and is not considered dangerous. (Example: Silver Alert, although non-Silver Alert missing may also be reported)

**Do Report:**

Missing clients who have been officially reported to the police as missing

**Do NOT Report:**

Missing clients who are not considered to be dangerous and have not been officially reported as missing

<b>ESCAPE (Forensic Use Only) Subcategories</b>	<b>Report all cases</b>	<b>When to Report</b>
PSRB	Yes	Psychiatric Security Review Board
DOC	Yes	Correctional transfer (Dept. of Correction)
Competency Restoration	Yes	54-56d commitment (competency restoration)

<b>EMERGENCY EVACUATION Subcategories</b>	<b>Report all cases</b>	<b>When to Report</b>
Fire	Yes	Fire on program premises.
Bomb	Yes	Bomb or bomb threat made on program premises.
Other	Yes	Other event that necessitates emergency evacuation of program premises.

<b>OTHER Subcategory</b>	<b>Report all cases</b>	<b>When to Report</b>
Other Incident ( <i>specify</i> ):	No	Any serious incident not easily classifiable under above categories. Please specify in the area provided. We suggest contacting DMHAS staff (regional manager and/or EQMI staff) for guidance, if possible.