

DHR/MHDDAD
CRITICAL INCIDENT FOLLOWUP REPORT
FOR CONSUMER INJURY REQUIRING TREATMENT BEYOND FIRST AID

Instructions: Fill in information immediately below the instructions (*Consumer Name through E-Mail of Contact Person*). Type in the information requested after each numbered item. Use complete sentences. Do not answer in partial sentences after each individual question. Obtain review by the designated Senior Executive Manager in your agency. Send the report in the mail or electronically to MHDDAD-Incidents@dhr.state.ga.us within 30 days of incident date.

Consumer Name:

Date of Critical Incident:

Date of This Report:

Name of State Hospital or Community Provider:

Name of Contact Person for Information about this Report:

Telephone number of contact person:

E-Mail of Contact Person:

- 1. What level of observation (describe degree of supervision expected) was the consumer on at the time of the incident?**

- 2. What antecedent events occurred?**

- 3. How many staff were present and where were they in relation to the consumer? Address whether or not staff were where they were supposed to be.**

- 4. Where and when did the incident occur? What happened?**

- 5. How did staff respond? Was the response of staff consistent with agency policy & procedures and with the consumers' ISP's/Treatment Plans/Behavior Support Plans?**

- 6. Describe the consumer's injury and how it was treated.**

7. Describe what happened after the incident with the consumer.

8. Could/should the incident have been prevented? How? What should be done to prevent recurrence?

9. What opportunities for improvement did you identify? What corrective action is needed or has already been taken?

Report completed by:

Name/Title _____ **Date**

By checking this box, I attest that the above typed signature verifies I completed this report

Reviewed by: _____ **Date**

By checking this box, I attest that the above typed signature verifies I reviewed this report