

# Substance Use Preferred Provider: Critical Incident Report Form

The Department of Health, Division of Substance Use Programs (DSU) is to be notified of a critical incident that occurs at a Preferred Provider. This form must be sent to DSU within 24 hours of the event via secure fax (802-652-2019). Filing critical incident reports with DSU does not substitute for any other report your facility or staff may be legally required to make under state or federal law, or in accordance with professional ethics requirements.

Preferred Provider:

Preferred Provider Location:

**Client Information**

Client Name:

Client Date of Birth:

Last Date of Service:

Date of most recent urine drug screen:

Substances that drug screen identified:

**Incident Information**

Date of Incident:

Time of Incident:

Type of Incident:

Location of Incident:

Services provided at time of the incident:

Identify other staff who witnessed the event:

Did members of the public and/or clients witness the incident?      Yes      No

Description of Incident (identify precipitating events, interventions used by staff to attempt to prevent/manage the event, other relevant medical history, description of behaviors observed during the event, and any other relevant information):

Immediate action(s) taken as a result of the incident (root cause analysis and action plans are required activities and DSU may request to receive either document):

**Persons and agencies notified:**

Person notified	Agency

Person reporting:

Phone number:

Date of report:

*For DSU use only*

Date received:

Reviewed by:

Director of Clinical Services

QI Specialist

Regional Manager

Director of QI

Notes: