VERMONT
DEPARTMENT OF HEALTH

Substance Use Preferred Provider: Critical Incident Report Form

The Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) is to be notified of a critical incident that occurs at a Preferred Provider. This form must be sent to ADAP within 24 hours of the event via secure fax (802-652-2019). Filing critical incident reports with ADAP 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 ADAP may request to receive either document):

Persons and agencies notified:

Person notified	Agency

Person reporting: _____ Phone number: _____ Date of report: _____

For ADAP use only

Date received: _____

Reviewed by: ☐ Director of Clinical Services ☐ QI Specialist ☐ Regional Manager ☐ Director of QI

Notes: _____