Instructions for Critical Incident Reporting

1.0 Complete the entire Critical Incident Report Form

1.1 Consumer Demographic Information
Complete as much demographic information as possible
Consumer name, social security, and date of birth are critical

1.2 Consumer Clinical Information
A primary Axis I diagnosis must be given. Include the diagnosis name and the DSM code. A current Axis V diagnosis must be given. Axis II, Axis III diagnoses can be given if pertinent. Indicate consumer’s non-Medicaid treatment funding source (BHSD, NMCD, CYFD, or ALTSD). NOTE: Only critical incidents involving consumers funded by non-Medicaid are to be reported to OHNM.

1.3 Incident Description
Check as many boxes as pertain to the incident. If the occurrence does not fit into one of the given categories, it is likely not a reportable incident. Critical Incident Types and Definitions are located in Section 3.0 of this document.

Describe Incident: Give a brief statement of facts, in order of occurrence, that describe the incident. Attach additional pages as necessary

Disposition: What happened after the incident; where is consumer now; treatment provider’s response, investigation, and plan of action

1.4 Reporting Agency Information
Agency information or practitioner information

1.5 Reporting Individual
The actual person completing the form, with title and telephone contact information

2.0 FAX Completed Critical Incident Report Form to 1-877-950-9545

Always notify OHNM within 24 Hours via FAX: 1-877-950-9545

If a fax is not available or if you have questions, you may contact Nick Martin at (505) 798-6236.
3.0 Critical Incident Definition

A critical incident is defined by the NM Behavioral Health Collaborative as an occurrence that represents actual or potential serious harm to the well being of a consumer or to others by the consumer.

The NM Behavioral Health Collaborative defines types of critical incidents as follows:

**Attempted Suicide:** A deliberate self injurious behavior that has the potential to cause serious harm or death to the person, but does not result in death. Suicide “gestures” (such as cutting, ingestion of small amounts of medication etc.) should not be included in this category.

**Abuse or Neglect:** Incidents between residents and staff that result in physical or psychological harm or which could result in physical or psychological harm.

**Adverse reaction to treatment:** Serious adverse reaction to treatment requiring an urgent or emergency intervention.

**Homicide:** The act of terminating another person’s life.

**Suicide:** The deliberate act of causing one's own death.

**Other Deaths:** unanticipated or natural death occurring in any setting.

Examples include:
- Medication/treatment error
- Natural causes
- Accident
- Secondary to use of restraints
- Unknown
- Other

**Damage to property:** damage to property including that which occurs secondary to the setting of a fire, due to intentional actions of a consumer while in a behavioral health treatment setting.

**Detentions for Criminal Activity:** An individual detained in an adult or adolescent institution, county jail, or detention center as punishment for a crime or pending formal sentencing or for a violation of their probation or parole.

**Eloppement:** The unauthorized leave or absence of consumer without permission, including not returning from pass, for longer than 24 hours past the designated return time.

**Environmental Hazard:** Unsafe conditions which create an immediate threat to life or safety, including, but not limited, to fire or contagious diseases requiring quarantine.

**Financial exploitation:** The act or process, performed intentionally, knowingly, or recklessly, of using a consumer’s property for another person profit, advantage or benefit without legal entitlement to do so.
Injuries/Emergency Services: Unanticipated admission to a hospital or other psychiatric facility; or the provision or emergency services that result in medical care which is unanticipated for this individual and which would not be routinely provided by a primary care provider.

Such emergency services include, but are not limited to the following:
- treatment for broke bones,
- lacerations requiring sutures,
- poisoning or contacting poison control for treatment,
- burns requiring specialized medical treatment,
- or other conditions requiring emergency medical services (EMS), specialized treatment at an urgency care facility or an emergency room.

Injuries/Emergency Services excludes adverse reaction to treatment and medication errors.

Medication or treatment errors: medication under or overdose or medication errors requiring treatment.

Other: Occurrences representing actual or potential serious harm to a consumer not listed in another incident type.

Protective custody: The act of law enforcement officials placing a person in a government facility or foster home in order to protect him/her from a dangerous person or situation.

Examples include:
- A child who has been neglected or battered or in danger from someone violent
- Domestic violence
- Acute intoxication
- Psychiatric beds unavailable

Self-injurious behaviors: self-inflicted harm requiring an urgent or emergency intervention.

Examples include:
- cutting
- burning (or “branding” with hot objects)
- picking at skin or re-opening wounds
- hair-pulling (trichotillomania)
- hitting (with hammer or other object)
- bone-breaking
- head-banging
- multiple piercing or multiple tattooing

Sexual behaviors: With other consumers, staff or third party whether consensual or not, while in a treatment program (i.e. sexual contact of any type, sexual abuse, sexual assault, rape, attempted rape, touching, or indecent exposure).

Violent/ Assaultive behavior (non-lethal): In a behavioral health setting with physical harm to self or others.

Examples include:
- Physical assault with weapon
- Physical assault with no weapon
- Fight
- Attempted homicide

02.18.14
OHNM QPC Dept.
4.0 State Agency Notification

4.1 Immediately report allegations of Abuse, Neglect, and Exploitation to the APS/CPS Statewide Central Intake (SCI) via FAX: (505) 841–6691 or phone (800) 797–3260.

4.2 The following state department in New Mexico requires additional notification beyond the OHNM critical incident notification:

   Children, Youth and Families Division/Licensing & Certification Authority (CYFD/LCA) – FAX 505-827-4595