

Critical Incident Reporting and Review

Primary Reviewers

Program/ Department Head where the incident occurred

Secondary Reviewers

Chief Program Officer

Senior Directors

Chief Communications Officer

Back-up/ Alternate Members:

Program Director of program other than one involved in incident

CIR Quarterly Review Committee:

Risk Management Committee

Purpose:

The purpose of critical incident reporting is primarily to support staff, client and public safety at CSS. Through reporting, incidents can be responded to by appropriate staff, if organizational resources are needed to respond or prevent reoccurrence, this provides an avenue for that. It also ensures that knowledge of incidents is centralized and stored for reasons related to compliance, external and internal communication, and learning opportunities.

The Purpose of the Review Process is to Determine:

1. What Processes, Infrastructure (or lack there of), training or other related items contributed to the incident.
2. If the incident was handled appropriately, including but not limited to:
 - a. Summoning emergency responders appropriately
 - b. Timely reporting to licensing or oversight entities
 - c. Whether further supports or encouragements should be provided to the relevant staff or volunteers involved or impacted by the incident
3. What (if any) action is needed to prevent future incidents

Definition: *A critical incident is an occurrence that causes harm, or could have caused harm, and requires significant follow-up action or involvement of an external party (e.g. healthcare / EMS, emergency police, report filing with OCS, APS etc. Please see below for a list of incidents that are considered critical.*

Process:

1. A staff member that witnesses or is involved in a Critical Incident as Defined above and in more specifics below should complete a Critical Incident Report (CIR) that day before clocking out or going home.
2. Non-critical incident reporting follows program or department specific processes (See your supervisor for the process to report non-critical incidents).

3. Any employee at CSS may submit a CIR through the CSS website (<https://www.cssalaska.org/staff-resources/>) or via Apricot within one business day of the event. For a list of Critical Incidents please see the list at the bottom of this document.
4. Once reported, the incident report is sent to the appropriate department head for initial review.
 - a. Once that review is completed, a secondary review is completed by one member of the CIR committee.
 - b. The incident is also logged for quarterly reporting to the risk management committee.
 - c. The appropriate department head and/or a CIR team member will meet with the incident reporter to discuss incident and any follow up actions necessary and ensure that their Chain of Command is aware of the incident.
5. The incident reviewers should consider:
 - a. If this requires urgent/immediate follow-up or action and ensure that those steps have been taken.
 - b. Whether or not an action or lack of action of CSS or an agent of CSS contributed to the incident (e.g., training, policy/ procedure, negligence)
 - c. If the incident was handled appropriately, including but not limited to
 - i. Summoning emergency responders appropriately
 - ii. Reporting to licensing or oversight entities (including CSS' HR as appropriate)
 - d. What, if any, corrective action or investment in materials / training / physical infrastructure is needed to prevent future incidents.
 - e. Any follow up items identified by the department head or CIR committee will be shared for dissemination to appropriate parties.
6. If needed, the applicable program/ department Director/Senior Director (as appropriate) reports support, resource or disciplinary needs on the incident review forms.
7. The CIR team shares results of CIRs each quarter to the Risk Management Committee.
8. The Risk Management Committee reviews the CIRs from the previous quarter and
 - a. identifies deficiencies or areas of concern,
 - b. engages in discussions about ways to correct the problem,
 - c. seeks to replicate strategies that have resolved similar problems across other programs or agencies,
 - d. identifies trends or patterns in accidents, incidents or grievances,
 - e. determines if further investment is needed to prevent recurrence.
9. The Risk Management Committee discussions are documented in the meeting notes and includes the person/s responsible for implementing corrective measures and timeframes for implementation.

The following incidents are considered critical incidents across all programs/ departments:

1. Medication errors¹ (*prescription medication administered in error by staff*)
2. Use of physical intervention (restraint)-an action that is specifically prohibited at CSS.
3. Death² of a recipient during provision of service.
4. Accident/ incident requiring medical and or police (EMS, Primary Care, Hospital) intervention.³
 - a. Known or likely overdose
 - b. Fall, severe cut, or other injury sustained on premises
 - c. Violent actions including physical harm to self or others
 - d. **Note** Emergency Medical Services (EMS) calls for chronic health conditions or health conditions, for clients not enrolled in FDS or BH, not made worse by facility or staff actions should be reported as an **Incident** for tracking purposes **not as a Critical Incident** for programs that have access to digital incident reporting. As staff are transitioning from paper processes to Apricot supported processes, CIRs may be filled for all EMS calls to ensure record keeping.
5. Missing person in the care of CSS when an Adult Protective, Law Enforcement, or Child Protective services report is filed.
6. Threat of harm to self or others where someone has a plan and the means to act on the plan, that then requires notification of law enforcement, Adult Protective Services, non-voluntary psychiatric holds (or evaluation), or other external actions (OCS, APD, APS, Mobile Intervention Team, Crisis Intervention Officers, etc.)
7. Events requiring a law enforcement response.
8. Other Report to Office of Childrens' Services (OCS)/Adult Protective Services (APS) or Law Enforcement.
9. Anything that otherwise plausibly count as a substantial risk to staff, guests, clients, participants, resources, facility that causes service interruption or harm (sewage backup, loss of water, natural disaster, building break-in., vehicle theft, etc.)

Attachments:

Catholic Social Services Critical Incident Reporting Form
Critical Incident Review Form
Critical Incident Review Process Flow Chart

¹ Family Disability Services and Behavioral Health is required to report a medication error for a client enrolled in their program.

² Family Disability Services and Behavioral Health is required to report the death of a recipient enrolled in the program.

³ Family Disabilities Services and Behavioral Health is required to report calls to emergency services (911 police or EMS) within 24 hours

