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| --- |
| All sentinel events must be verbally reported to the CAMHD Sentinel Event Line, Care Coordinator, and legal guardian **within 24-hours of the event**. This form is to be completed by staff and approved by the program QMHP **within 3 business days of the event**. |
| ***Sentinel Event -*** *an unexpected occurrence involving death or serious physical and/or psychological injury, or the risk thereof, requiring immediate investigation and/or administrative response. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.* |
| **Agency:** | Select | **Service:** | Select | **Island:** | Select |
| **Youth:** | Last Name |  | First Name | **DOB:** | Select |
| **CR#:** | 123456 | **MHCC:** | Name | **FGC:** | Select |
| **Event Date:** | Select | **Event Time:** | 10:00 PM | **R / S Duration:** | # minutes |
| **Staff Involved:** |   |  |   |
|   |  |   |  |   |
|  |
| **Event Description** |
| Event description… |
| **Precipitating & Contributing Factors** |
| Contributing factors… |
| **Post-Event Details** |
| Post-event details… |
| **Programmatic Adjustments** |
| Program or treatment adjustments…  |
| **Additional Information** |
| More info… |
| **Event Category** |
| **SE01** | [ ]  | **Abuse of Client** \**if staff involved, program must complete an internal investigation* |
| **SE02** | [ ]  | **Death of Client** |
| **SE03** | [ ]  | **Elopement** (high-risk for harm to self or others) |
| **SE04** | [ ]  | **Homicide** |
| **SE05** | [ ]  | **Injury** (requiring emergency dept. or hospital visit) |
| **SE06** | [ ]  | **Medication Error / Substance Intoxication** (requiring emergency dept. or hospital visit) |
| **SE07** | [ ]  | **Physical Assault** (requiring emergency dept. or hospital visit) |
| **SE08** | [ ]  | **Psychiatric Hospitalization** |
| **SE09** | [ ]  | **Refusal of Life Preserving Medical Treatment** |
| **SE10** | [ ]  | **Emergency Intervention(s)** (restraint / seclusion lasting longer than 5 minutes, emergency med) |
|  |  | [ ]  **Restraint** | [ ]  **Seclusion** | [ ]  **Medication** (administered IM) |
| **SE11** | [ ]  | **Self-Harm** (requiring emergency dept. or hospital visit) |
| **SE12** | [ ]  | **Sexual Assault** |
| **SE13** | [ ]  | **Suicide** |
| **SE14** | [ ]  | **Suicidal Threat / Attempt** (serious – with a plan to harm / act of harm) |
| **SE15** | [ ]  | **Other**  |   |  |
| **Completed by:** |  | **Date:** |  |
| **Approved by:** |  | **Date:** |  |