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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:** |  | |