

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 5/10/12 By: MG Last Revision: 8/23/11	Section: ADMINISTRATION	Policy No: 014	Pages: 1 of 1 (1 Attachment)
☒ Wraparound ☒ Wraparound-REACH ☒ FISS ☒ Project O-Yeah	Effective Date: 1/1/12	Subject: CRITICAL INCIDENT REPORTING			

I. POLICY

It is the policy of Wraparound Milwaukee that all Critical Incidents must be reported within 24 hours to Wraparound Milwaukee to ensure that all necessary actions are taken to ensure the health, safety and welfare of all Wraparound Milwaukee youth, families and team members.

II. PROCEDURE

- A. "Critical Incidents" are defined as any events or situations that jeopardize the health or safety of youth and family members enrolled in Wraparound Milwaukee or of staff employed by or associated with Wraparound Milwaukee. These situations include, but are not limited to, the following:
 1. Death.
 2. Physical injury.
 3. Fire Setting.
 4. Commission of a serious offense to or by the enrollee or employee.
 5. Youth attempts suicide or is actively suicidal.
 6. Any event that could result in media exposure.
 7. Physical or sexual assault on or by enrollee or employee (includes attempted or alleged).
 8. Other - An incident of a critical nature that may not be identified above (i.e., death threat made to an enrollee or employee, etc.).
- B.
 1. Critical Incidents must be reported to Wraparound Milwaukee within 24 hours and documented on the CRITICAL INCIDENT REPORT under the Client Forms Tab in Synthesis (*see Sample attached*).
 2. Provider Agencies must immediately report Critical Incidents to the parent/guardian, Care Coordinator or Care Coordinator Agency Supervisor and Wraparound Milwaukee Management.
 3. The Care Coordinator must immediately facilitate a Child & Family Team meeting to address any immediate health or safety needs.
 4. The Care Coordinator should immediately inform by phone their Supervisor and Wraparound Milwaukee Management of any dangerous or potentially volatile situations.
 5. The Care Coordinator may immediately access any available Wraparound Milwaukee Management Team member to seek support or consultation on any Critical Incident situation as needed.
 6. After hours (after 4:30 p.m. Monday through Friday), weekends and holidays, notification should be made to the Mobile Urgent Treatment Team (MUTT) at (414) 257-7621. The Care Coordinator should alert MUTT at any time that it appears MUTT involvement may be needed as a result of a Critical Incident or in the case that the Care Coordinator or Team needs help or consultation. The Care Coordinator is still required to document the Incident in Synthesis.
 7. **A Child & Family Team meeting must be held within 48 hours of the Critical Incident**, to revise or update the Crisis Plan to address areas of concern.
- C. Wraparound Milwaukee will review the Critical Incident Report and notify the Care Coordinator Supervisor in Synthesis within 24 hours of any action taken or action needed to be taken, which will be indicated on the bottom portion of the CRITICAL INCIDENT REPORT form.
- D. **This policy does not exempt the Care Coordinator in any way from following all reporting requirements of their own Agency related to critical incidents.**

Reviewed & Approved by: _____



Bruce Kamradt, Director



Wraparound Milwaukee CRITICAL INCIDENT REPORT

Child's Name	Sample1, Client	Entered by:	Pam Erdman
DOB:	1/1/90	Approved by:	
Gender:	Male	Wrap Mgr Assigned:	Pam Erdman
Report Date:	3/15/11	Wrap Mgr Approval:	mgraham55
		Approval Date:	3/23/11

Date of Incident	3/14/11
Time of Incident	2:30:00 PM
Type of Incident (code)	Other

Type of Incident description

Types listed above: Child abuse/ neglect, death, firesetting, physical assault, physical injury, serious criminal offense, suicide attempt, threat of self-harm, potential media exposure, sexual assault (including an admission of a prior assault that had not previously been reported).

"Other types" listed in this section could include a youth being administered the wrong medication, notification of a youth pregnancy (including reports of statutory rape), a car accident, or exposure of a youth to a traumatic event not otherwise listed above (such as a youth witnessing a sexual assault or shooting).

Location description

Please include name of facility, i.e. - Group Home ABC, or location in the community, i.e. - mall, park; address of location, specific room of building as necessary (i.e. living room, family room, gym at school etc). If in a vehicle, note this. If outside, try to specify location (i.e. name of park, corner of 27th and Center, parking lot of Children's' Court, etc).

Describe what happened

As detailed an account as possible of what happened, including who was involved (with specific names and titles, instead of just "staff"). Any direct quotes should be in quotations -- otherwise they should be paraphrased. Include what circumstances may have triggered the incident or contributed to it (including whether individuals were intoxicated or under the influence of narcotics).

Include any specifics about bodily harm (i.e. location and description of bruise) or description of a weapon (i.e. serrated 6" kitchen knife).

What actions were taken

What actions were taken immediately? This includes what the person (include names and titles) notifying the CC might have done and/or what the CC did if they happen to be the involved in the situation. Include any medical care administered, i.e. - hospital visit/emergency room; need for physical restraint/time out; police contact; other interventions. If MUTT was contacted indicate this. If you have a copy of the incident report from the facility or a police report indicate this as Wraparound Administration may request to see the documents.

Notifications Made and When

What individuals (include names and titles) were notified/consulted by care coordinator, including police, child protective services (220-SAFE), Mobile Urgent Treatment team, guardian and/or caregiver, Bureau worker or Probation officer, DA's office, youth's attorney, and other Child and Family team members.

Include date and time they were notified.

Supervisory Response/Actions Taken

Critical Incident Report

Child's Name

Sample1, Client

DOB:

1/1/1990 12:00:00AM

In this section, the Supervisor describes the dialogue he/she had with the Care Coordinator. Include any recommendations, directives, actions, plans.

Date Wraparound Notified

3/15/11

Wraparound Review/Action Required of Care Coordinator

Wraparound Administration completes this area. Assigned Wraparound staff may pose questions, suggest revisions, make recommendations, identify other immediate actions to be taken.

Agy Follow-Up Needed?

Yes

If yes, date due:

3/18/11

Agency follow-up information

In this section the Care Coordinator responds to items being asked in the "Wraparound Review/Action required of Care Coordinator" area. The Care Coordinator SHOULD NOT respond to Wraparound Administration questions by revising sections of the report that were previously written. All follow-up should be addressed in this area. After the Care Coordinator responds, the CIR then goes to the Supervisor for approval who forwards it on to Wraparound Administration for final closure.

Date Completed:

3/18/11

(Date Completed will be filled in by Wraparound to "close out" the Critical Incident)