

<b>Division of Children and Family Services</b>	
<b>Protection and Safety Procedure Update #3-2013</b>	
<b>Regarding:</b>	APS Critical Incident Reporting
<b>Date Effective:</b>	January 7, 2013
<b>Contact:</b>	Julie Hippen at 402-471-1731 or <a href="mailto:Julie.hippen@nebraska.gov">Julie.hippen@nebraska.gov</a>
<b>Issued by:</b>	Thomas D. Pristow

**Philosophy:**

This procedure is being implemented in an effort to ensure effective communication of critical incidents with all individuals with an immediate need to know.

**Procedure:**

Children and Family Service Specialists (CFS) will immediately report by phone and e-mail Critical Incidents involving vulnerable adults to their supervisors immediately, but no later than one hour after learning of the incident utilizing the Critical Incident Reporting form. The supervisor will immediately report via e-mail to all of the following individuals:

1. Service Area Administrator
2. CFS Administrator
3. CFS Director
4. CFS Deputy Director
5. Policy Section Chief
6. Legal Services Chief Administrator
7. Communications and Legislative Services Administrator
8. Inspector General

The term Critical Incident includes, but is not limited to:

1. Death of a vulnerable adult resulting from abuse or neglect, where abuse or neglect is a possible cause or contributing factor of a vulnerable adult death, or in any case of unexpected vulnerable adult death where there is not a clearly identified medical cause such as an illness, a trauma event such as a motor vehicle accident, or something similar;
2. Near fatality, life threatening condition or serious injury of a vulnerable adult resulting from abuse or neglect;
3. Death or near death of a vulnerable adult DHHS is working with, by other means, accidental or non-accidental (includes suicides and attempted suicides);
4. Allegations or arrests of a vulnerable adult DHHS is working with for serious illegal/criminal activity (i.e. homicide; manslaughter; aggravated or armed robbery, etc.)
5. High Profile: Any other event that is highly concerning, poses potential liability, or is of emerging public interest such as contacts involving the news media; or
6. Any other incident designated by the Director.

This listing is not exhaustive and is meant to be used as a minimum guide. There may be situations other than the ones listed above that should be communicated with administration. If there is any question about an incident and whether or not it should be reported, please consult with a supervisor or local Protection and Safety Administrator.

Communications and Legislative Services staff are the primary contact with news media regarding any Critical Incident. Any news media inquiry about a Critical Incident should be immediately referred to the Communications and Legislative Services Division of DHHS.

**References:**

Adult Protective Services Critical Incident Reporting form: <http://local.hhss.local/Forms/Home.aspx>



Division of Children and Family Services  
**Adult Protective Services Critical Incident Reporting**

State of Nebraska  
 Dave Heineman, Governor

**A. REPORT INFORMATION**

Date of Report:	Time:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Reporter:	Contact Phone:		
Person Receiving Report:			
Title:	Contact Phone:		
<b>Service Area:</b> <input type="checkbox"/> Western Service Area <input type="checkbox"/> Central Service Area <input type="checkbox"/> Northern Service Area <input type="checkbox"/> Southeast Service Area <input type="checkbox"/> Eastern Service Area			

**B. TYPE OF CRITICAL INCIDENT (check all that apply)**

<input type="checkbox"/> <b>DEATH</b> of a vulnerable adult resulting from abuse or neglect, where abuse or neglect is a possible cause or contributing factor of a vulnerable adult death, or in any case of unexpected vulnerable adult death where there is not a clearly identified medical cause such as an illness, a trauma event such as a motor vehicle accident, or something similar; Did the client appear to have died of natural causes or due to prior illnesses? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN Did client's death appear to be suspicious? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
<input type="checkbox"/> <b>NEAR FATALITY</b> (life threatening condition or serious injury resulting from abuse or neglect)
<input type="checkbox"/> <b>DEATH OR NEAR DEATH</b> of a vulnerable adult DHHS is working with, by other means, accidental or non-accidental (includes suicides and attempted suicides)
<input type="checkbox"/> <b>LAW ENFORCEMENT:</b> Allegations or arrests of a vulnerable adult DHHS is working with for serious illegal/criminal activity (i.e. homicide; manslaughter; aggravated or armed robbery, etc.)
<input type="checkbox"/> <b>HIGH PROFILE:</b> Any other event that is highly concerning, poses potential liability, or is of emerging public interest, such as contacts involving the media
<input type="checkbox"/> <b>OTHER</b> - Please describe:

**C. INCIDENT REPORT INFORMATION**

Date of Incident:	Approximate Time:
Incident Location:	
City:	Law Enforcement Agency Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency:	Other Agencies Involved with the Adult / Family:

**D. ADULTS INVOLVED**

Adult's Name:	
Date of Birth:	Master Case Number:
Prior Intakes / DHHS History:	

**E. CIRCUMSTANCES** of Critical Incident – Provide Written Detail of Incident including the Child's Well-Being (i.e. physical, mental and emotional condition):

**F. ALLEGED PERPETRATOR(S) –  CHECK IF NOT APPLICABLE**

Name:	
Relationship to Vulnerable Adult:	
Address:	
City:	Phone:
Status of Perpetrator: <input type="checkbox"/> In custody <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/> Other - Please describe:	

**G. LEGAL GUARDIAN**

Did the APS Client have a legal guardian at the time of the critical incident? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete the information below:	
Name:	
Address:	City/State:
Relationship:	
Phone:	Phone:
Did the APS Client have a Power of Attorney or a Durable Power of Attorney at the time of the critical incident? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

**H. ADULT'S RESIDENCE AT TIME OF INCIDENT**

<input type="checkbox"/> Resides in a Facility:	Facility Name:
<input type="checkbox"/> Resides in Home or Apartment:	
Address:	
City:	Phone:
Adult's Location Following Incident:	
What other agencies were involved during this critical incident? <input type="checkbox"/> Regulation & Licensure <input type="checkbox"/> Medicaid <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Other - Please describe:	

**I. NOTIFICATIONS MADE**

Date:	Time:
Supervisor Notified:	Title:
Contact Phone:	Notification:

**J. SECTION TO BE COMPLETED BY SUPERVISOR** (The supervisor will indicate all individuals notified via email):

- Service Area Administrator
- CFS Administrator
- CFS Director
- CFS Deputy Director
- Policy Section Chief
- Legal Services Chief Administrator
- Communications and Legislative Services
- Inspector General