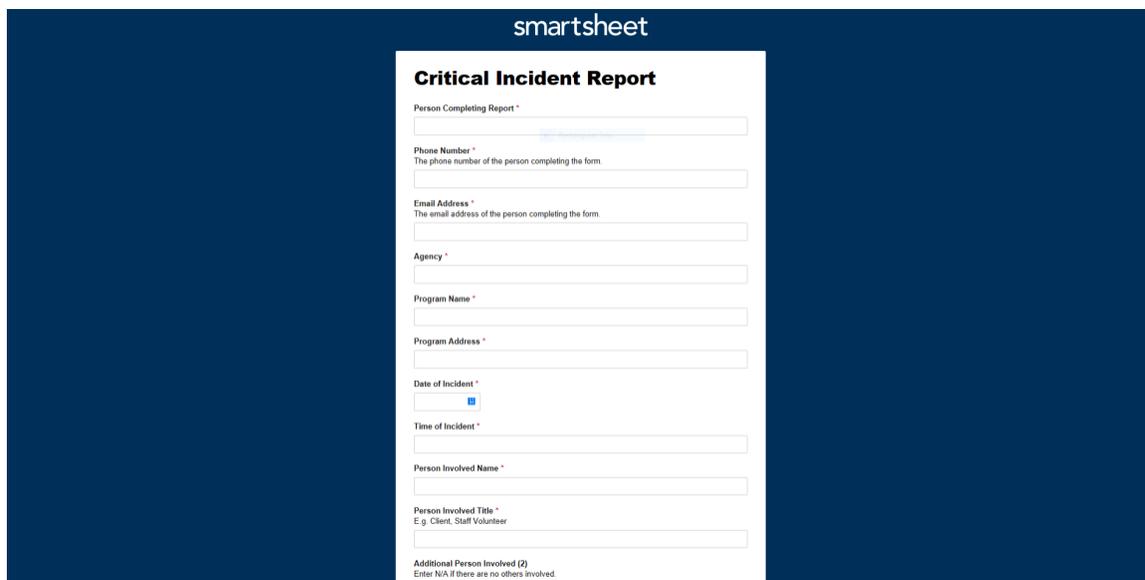


Instructions for Entering Information into Smartsheets for Critical Incident Reports (CIR) for Providers

1. The CIR smartsheet can be accessed by simply clicking the link below or by copying the link and pasting it into your web browser. **Note: You do not have to have a Smartsheets account to access this document.**

<https://app.smartsheet.com/b/form/1da9b715151647028da893c344260bd4>

2. After being directed to the Smartsheet document, you will see the following screen which will prompt you to enter the requested information.



The screenshot shows a Smartsheet form titled "Critical Incident Report". The form is set against a dark blue background. The form fields are as follows:

- Person Completing Report ***: Text input field.
- Phone Number ***: Text input field. Subtext: "The phone number of the person completing the form."
- Email Address ***: Text input field. Subtext: "The email address of the person completing the form."
- Agency ***: Text input field.
- Program Name ***: Text input field.
- Program Address ***: Text input field.
- Date of Incident ***: Date picker field.
- Time of Incident ***: Text input field.
- Person Involved Name ***: Text input field.
- Person Involved Title ***: Text input field. Subtext: "E.g. Client, Staff, Volunteer"
- Additional Person Involved (2)**: Text input field. Subtext: "Enter N/A if there are no others involved."

3. Proceed with entering the needed information in each section. **Note: All fields MUST be completed before you are able to submit the document.**

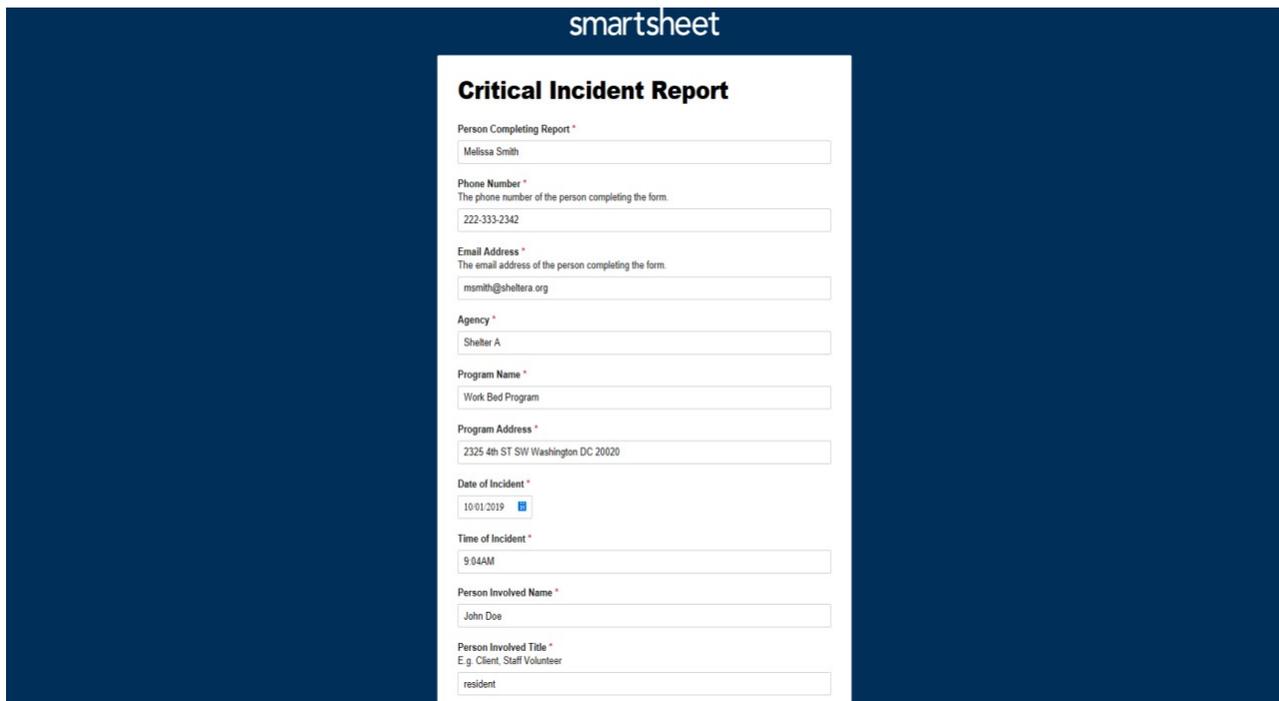
Helpful Notes:

- “The person involved field” is the person who was directly affected and or involved. For an example, John Doe, a resident at Shelter A slipped and fell on a wet floor and needed medical attention. “The person involved” field would be John Doe.
- Using the above example, “the person involved title” would be client or resident.
- If the incident involved more than one individual, you will include the additional individuals’ names in the “additional person involved” field. The form allows you to include (2) additional individuals. Please be sure to include the titles of the additional individuals involved in the “additional person involved title” fields.
- The “witness” field” should include the names of individuals who witnessed the incident. The “witness title” field should include the individual who witnessed the incident. Using the above example, let’s say that another resident as well as a staff member saw John Doe

fall and hurt himself. The “witness” and “additional witness” fields would include the names of the resident and staff member that saw John Doe fall (i.e Sally and Amanda). Using the above example, The “witness title” and “additional witness title” would be resident and staff member

- The form will ask whether or not CFSA, the police, or DC FEMS was contacted as a result of the incident that occurred. Please be sure to answer yes or no.
- In the “Follow up Actions” field, please describe any follow up steps taken or to be taken by the agency regarding the incident. Using the above example, a possible follow up action would be to ensure that wet floor signs are visible to residents.
- In the “File Attachments” field, please be sure to upload a description of the incident that occurred. (Please note, completion of the critical incident form is no longer necessary. A typed narrative of the incident will suffice).
- You can choose to check the “send me a copy of my responses” box if you desire to have a copy of the information entered for you records.

4. Below is an example of a completed CIR prompt on Smartsheets using the example incident provided above:



The image shows a screenshot of a Smartsheet form titled "Critical Incident Report". The form is set against a dark blue background with the "smartsheet" logo at the top. The form fields are as follows:

- Person Completing Report ***: Melissa Smith
- Phone Number ***: 222-333-2342 (The phone number of the person completing the form.)
- Email Address ***: msmith@sheltera.org (The email address of the person completing the form.)
- Agency ***: Shelter A
- Program Name ***: Work Bed Program
- Program Address ***: 2325 4th ST SW Washington DC 20020
- Date of Incident ***: 10/01/2019
- Time of Incident ***: 9:04AM
- Person Involved Name ***: John Doe
- Person Involved Title ***: resident (E.g. Client, Staff Volunteer)

Additional Witness (1)

NA

Additional Witness (1) Title

NA

Additional Witness (1) Phone Number

NA

CFSA Contact *

Yes No

Police Contact *

Yes No

DC/EMM Contact *

Yes No

Follow Up Actions

Please describe any follow up actions taken or to be taken by the agency regarding the incident.

Staff members will work to ensure that our floor signs are visible to residents.

File Attachments *

Please upload the written incident statement describing the full details of the incident.

Drop and drag files here or [browse files](#).

Send me a copy of my responses

Email address

msw@palatka.org

Submit

Powered by [Formstack](#) Forms | [Privacy Policy](#) | [Support Center](#)

Person Involved 1 Role *

E.g. Client, Staff, Volunteer

resident

Additional Person Involved (2)

Other N/A, if there are no others involved

NA

Additional Person Involved (2) Title

Other N/A, if there are no others involved

NA

Additional Person Involved (2)

Other N/A, if there are no others involved

NA

Additional Person Involved (2) Title

Other N/A, if there are no others involved

NA

Witness

Billy Lee

Witness Title

resident

Witness Phone Number

202-402-1075

Additional Witness (2)

Fernanda Romo

Additional Witness (2) Title

case manager

Additional Witness (2) Phone Number

202-202-2247 ext. 101