

CONFIDENTIAL

CRITICAL INCIDENT – FOLLOW-UP FORM

The completed Critical Incident Reporting Form is to be sent to the Department of Health and Wellness within 30 days of the incident occurring. The form is to be sent to:

FAX: 1(902) 722-1239

CI File #:	
Date:	
Continuing Care Service Provider:	
Person Submitting follow-up report:	
Contact number:	
Fax number:	
Zone:	
Date incident occurred:	

Response to Incident:

Actions taken in response to the incident:

Further actions to be implemented (including details and target dates):

If original Critical Incident report was related to a Stage 3 or Stage 4 pressure injury, please provide update: