



CRITICAL INCIDENT REPORT

FOR ALL UNLICENSED PROGRAMS **and** INCIDENTS IN LICENSED FACILITIES THAT ARE NOT REPORTABLE TO LICENSING

GENERAL INFORMATION

Name of Program / Place of Service _____ () _____
 Phone Number _____

Address _____ City / Town _____ Postal Code _____

Name of Service Provider _____

Service Category (reference CLBC contract) _____ licensed not licensed

PERSON(S) INVOLVED

Individual Visitor Other (please specify) _____

Name of Individual _____ Birthdate (DD/MM/YYYY) _____ Gender F M _____
 List All Persons Adversely Affected (attach list if necessary)

TYPE OF INCIDENT – REPORTABLE TO CLBC

ABUSE		OTHER INCIDENT TYPES	
Emotional Abuse	Aggression Between Individuals	Motor Vehicle Injury	
Financial Abuse	Aggressive / Unusual Behaviour	Neglect	
Physical Abuse	Attempted Suicide	Other Injury	
Sexual Abuse	Choking	Poisoning	
RESTRICTED PRACTICES		Death	Service Delivery Problem / Disruption of Services
Exclusionary Time Out *	Disease / Parasite Outbreak	Unexpected Illness / Food Poisoning	
Restraint *	Fall	Use of Seclusion *	
Restriction of Rights *	Medication Error	Use or Possession of Illicit Drugs or Misuse of Licit Drugs *	
	Missing / Wandering	Weapon Use *	

* Incidents that are reportable to CLBC only. Community Care Facilities Licensing (CCFL) does not require reports for these 6 incident types.

DETAILS OF INCIDENT

Date of Incident (DD/MM/YYYY) _____ Time of Incident _____ Location of Incident _____

What Occurred? (attach additional page if required)

Actions Taken (attach additional page if required)

NOTIFICATION

PARTIES NOTIFIED	Y/ N	NAME OF PERSON CONTACTED	RELATIONSHIP TO INDIVIDUAL OR POSITION TITLE	DATE (DD/MM/YYYY)	TIME	CONTACT PHONE NUMBER
Family Member / Representative						
Program Supervisor / Manager						
Health Care Provider						
Public Guardian Trustee						
Licensing						
Fire Department						
Police						
Ambulance						
Coroner						
Other (specify)						
CLBC Staff						

SIGNATURES

Name of Person Reporting Incident _____ Position _____ Signature _____ Date (DD/MM/YYYY) _____ Time _____

Name of Program Supervisor or Manager _____ Position _____ Signature _____ Date (DD/MM/YYYY) _____ Time _____

Name(s) of Witness(es) _____ Relationship to Individual _____ Contact Information (phone number / email) _____

CRITICAL INCIDENT TYPES

Based on *Appendix One of the Critical Incidents Policy*

"CCFL" indicates this incident is reportable to Community Care Facilities Licensing. "CLBC" indicates this incident is reportable to CLBC.

"Individual": For the purpose of these definitions, "individual" refers to an individual accessing CLBC funded services.

ABUSE

- **Emotional Abuse (CLBC/CCFL) ***: Alleged or actual act or lack of action that diminishes an individual's sense of well-being and is perpetrated by a person in a position of trust or authority, including verbal harassment, yelling, or confinement.
- **Financial Abuse (CLBC/CCFL):** Alleged or actual misuse or abuse of an individual's funds or assets by a person in a position of trust or authority. Obtaining property or funds without the knowledge and full consent of the individual or a formal or informal representative.
- **Physical Abuse (CLBC/CCFL) ***: Alleged or actual excessive or inappropriate physical force directed at an individual by:
 - a person in a position of authority or trust, including a staff member or volunteer, or
 - a person who is not responsible for providing services and is not a supported individual.
- **Sexual Abuse (CLBC/CCFL):** Alleged or actual sexual behaviour, directed at an individual, whether consensual or not, by a staff member, volunteer or any person in a position of trust or authority. Sexual behaviour includes inappropriate, unsolicited, or forced sexual attention from a person who is not responsible for providing supports or services. Sexual behaviour between two consenting individuals is not a critical incident.

AGGRESSION BETWEEN INDIVIDUALS (CLBC/CCFL)

Aggressive behaviour by an individual **towards another individual** that causes injury requiring first aid (e.g. bandage, ice pack), emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

AGGRESSIVE / UNUSUAL BEHAVIOUR (CLBC/CCFL)

Aggressive behaviour by an individual towards a person (including another supported individual, staff, or others) or unusual behaviour that:

- is not appropriately addressed or documented in the individual's Behaviour Support and Safety Plan, or
- results in harm (physical or emotional)

If the harm is to another individual, refer to **Aggression Between Individuals** to determine if it would be more appropriate to report it as that incident type.

Unusual behaviour is behaviour that is unusual for the individual.

ATTEMPTED SUICIDE (CLBC/CCFL) *

Attempt by an individual to intentionally self-harm for the purpose of taking his or her own life.

CHOKING (CLBC/CCFL) *

An individual's airway is obstructed, **requiring first aid, emergency care** by a medical practitioner or nurse practitioner, or transfer to a hospital.

DEATH (CLBC/CCFL) *

Death of an individual while participating in a CLBC funded service.

DISEASE/PARASITE OUTBREAK (CLBC/CCL) *

Outbreak or occurrence of a communicable disease **above the normally expected level**, including a communicable disease or parasite such as scabies. Contact your local Health Authority if you have questions.

FALL (CLBC/CCL) *

A fall that results in an injury requiring emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

MEDICATION ERROR (CLBC/CCL) *

Mistake in administering medication that:

- **adversely affects an individual, or requires emergency care** by a medical practitioner or nurse practitioner, or transfer to a hospital.

MISSING/WANDERING (CLBC/CCFL) *

Unscheduled or unexplained absence of an individual from a CLBC funded service.

MOTOR VEHICLE INJURY (CLBC/CCFL) *

Injury to an individual as a result of a motor vehicle accident while accessing a CLBC funded service.

OTHER INJURY (CLBC/CCFL)

Any other injury to an individual that **requires emergency care** by a medical or nurse practitioner, or transfer to a hospital.

NEGLECT (CLBC/CCFL) *

Alleged or actual failure of a provider (e.g. contracted service provider, home share provider) to meet the individual's needs, including the need for food, shelter, medical attention or supervision which endangers the individual's safety.

POISONING (CLBC/CCFL)

Ingestion of a poison or toxic substance by an individual (excluding licit or illicit drugs)

RESTRICTED PRACTICES

- **Exclusionary Time Out (CLBC only)** Removal of an individual from a situation and environment for a period of time to prevent harm to him/her or others. It does not include positive redirection of an individual to a safe, quiet place. It differs from seclusion in that the individual is not left alone. **Must** be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.
- **Restraint (CLBC only) *** Use of physical or mechanical restraints to temporarily subdue or limit the individual's freedom of movement, including containment. Containment means restricting an individual within a certain area (e.g. using a half-door or locked exits). **Must** be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.
- **Restriction of Rights (CLBC only)** Removal of an individual's access to activities. It does not include standard safety practices or reasonable house rules. **Must** be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.

SERVICE DELIVERY PROBLEM/ DISRUPTION OF SERVICES (CLBC/CCFL) *

Condition or event that could impair a service provider and its staff to provide service or which affects the individual's health, safety, dignity, or well-being. Examples include flood and fire.

UNEXPECTED ILLNESS/FOOD POISONING (CLBC/CCFL)

Illness of an individual **requiring emergency care** by a medical practitioner or nurse practitioner, or transfer to a hospital, including food poisoning.

USE OF SECLUSION (CLBC only) *

Involuntary separation of an individual from normal participation and inclusion. The person is restricted to a segregated area and denied the freedom to leave it and is left alone. Use of seclusion **must** be reported as a critical incident. It may never be included in a Behaviour Supports and Safety Plan.

USE OR POSSESSION OF ILLICIT DRUGS OR MISUSE OF LICIT DRUGS (CLBC Only)

Misuse of a legal substance such as mouthwash, or ingestion of aftershave. Serious misuse of legal substances such as a prescription drug or alcohol. Any use or possession of an illicit drug.

WEAPON USE (CLBC Only) *

An individual uses or threatens to use a weapon to harm or threaten somebody. Use of a weapon by a person to harm or threaten an individual. A weapon includes any object used to threaten, hurt or kill a person, or destroy property.

* See *Appendix One* for additional information

In addition to critical incidents, service providers are advised to maintain a record of all unexpected or unusual incidents that are not critical.