



CRITICAL INCIDENT REPORT

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

GENERAL INFORMATION

Home Share Services -

Name of Program / Name of Home Share Provider _____ Phone Number (10 digits) _____

Address _____ City / Town _____ Postal Code _____

Integra Support Services

Name of Service Provider _____

Agency Coordinated Home Share Services

Service Category (reference CLBC contract) _____ Licensed Not Licensed

PERSON(S) INVOLVED

Individual Visitor Other (please specify) _____

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

TYPE OF INCIDENT – REPORTABLE TO CLBC

ABUSE		OTHER INCIDENT TYPES			
<input type="checkbox"/>	Emotional Abuse	<input type="checkbox"/>	Aggression Between Individuals	<input type="checkbox"/>	Motor Vehicle Injury
<input type="checkbox"/>	Financial Abuse	<input type="checkbox"/>	Aggressive / Unusual Behaviour	<input type="checkbox"/>	Neglect
<input type="checkbox"/>	Physical Abuse	<input type="checkbox"/>	Attempted Suicide	<input type="checkbox"/>	Other Injury
<input type="checkbox"/>	Sexual Abuse	<input type="checkbox"/>	Choking	<input type="checkbox"/>	Poisoning
RESTRICTED PRACTICES		<input type="checkbox"/>	Death	<input type="checkbox"/>	Service Delivery Problem / Disruption of Services
<input type="checkbox"/>	Exclusionary Time Out *	<input type="checkbox"/>	Disease / Parasite Outbreak	<input type="checkbox"/>	Unexpected Illness / Food Poisoning
<input type="checkbox"/>	Restraint *	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Use of Seclusion *
<input type="checkbox"/>	Restriction of Rights *	<input type="checkbox"/>	Medication Error	<input type="checkbox"/>	Use/Possession of Illicit Drugs / Misuse of Licit Drugs *
		<input type="checkbox"/>	Missing / Wandering	<input type="checkbox"/>	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 (24 hh:mm) _____ Location of Incident _____

What Occurred? (attach additional page if required)

Disclaimer
 The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Community Living Authority Act and/or the Freedom of Information and Protection of Privacy (FOIPP Act). Under certain circumstances, the collected information may be subject to disclosures as per the FOIPP Act. Any questions about the collection, use and disclosure of this information should be directed to the Director of Information, Privacy and Records Services Branch (250) 387-0820, PO Box 9702, Stn Prov Govt, Victoria, BC V8W 9S1



CRITICAL INCIDENT REPORT

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

DETAILS OF INCIDENT

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 (24 hh:mm)	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 (24 hh:mm)
Name of Program Supervisor / Manager	Position	Signature	Date (DD/MM/YYYY)	Time (24 hh:mm)
Name(s) of Witness(es)	Relationship to Individual	Phone No. (10 digits)	Email	

Disclaimer

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Community Living Authority Act and/or the Freedom of Information and Protection of Privacy (FOIPP Act). Under certain circumstances, the collected information may be subject to disclosures as per the FOIPP Act. Any questions about the collection, use and disclosure of this information should be directed to the Director of Information, Privacy and Records Services Branch (250) 387-0820, PO Box 9702, Stn Prov Govt, Victoria, BC V8W 9S1

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.

<p>ABUSE</p> <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> • 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. <p>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.</p> <p>AGGRESSIVE / UNUSUAL BEHAVIOUR (CLBC/CCFL) Aggressive behaviour by an individual towards a person (including another supported individual, staff, or others) or unusual behaviour that:</p> <ul style="list-style-type: none"> ▪ is not appropriately addressed or documented in the individual's Behaviour Support and Safety Plan, or ▪ results in harm (physical or emotional) <p>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.</p> <p>Unusual behaviour is behaviour that is unusual for the individual.</p> <p>ATTEMPTED SUICIDE (CLBC/CCFL) * Attempt by an individual to intentionally self-harm for the purpose of taking his or her own life.</p> <p>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.</p> <p>DEATH (CLBC/CCFL) * Death of an individual while participating in a CLBC funded service.</p> <p>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.</p> <p>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.</p> <p>MEDICATION ERROR (CLBC/CCL) * Mistake in administering medication that:</p> <ul style="list-style-type: none"> ▪ adversely affects an individual, or requires emergency care by a medical practitioner, nurse practitioner, or transfer to a hospital. <p>* See Appendix One for additional information</p>	<p>MISSING/WANDERING (CLBC/CCFL) * Unscheduled or unexplained absence of an individual from a CLBC funded service.</p> <p>MOTOR VEHICLE INJURY (CLBC/CCFL) * Injury to an individual as a result of a motor vehicle accident while accessing a CLBC funded service.</p> <p>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.</p> <p>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.</p> <p>POISONING (CLBC/CCFL) Ingestion of a poison or toxic substance by an individual (excluding licit or illicit drugs)</p> <p>RESTRICTED PRACTICES</p> <ul style="list-style-type: none"> ▪ 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. <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
---	---

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