

Community Connections Support Services - Policies and Procedures

Section	Health and Safety Policy and Procedures
Subject	Incident Reporting (hs040)
Applies To	Employees and Subcontractors
Last Revised	December 2019

Policy: Community Connections Support Services (CCSS) strictly adheres to guidelines for reporting incidents established within CLBC and WorkSafe BC policy. All incidents must be documented and reports must be submitted within established time-lines to the appropriate persons / agencies. Employees and subcontractors will be trained in procedures for incident reporting including prevention, identification, reporting, and corrective actions.

Procedures:

Step 1: Determining what type of incident has taken place

The first step in following necessary protocols for reporting incidents is to determine which one of the following categories the incident falls under:

Critical Incidents are those incidents that involve or impact a person receiving services from CCSS. Critical Incidents are defined by CLBC as “Serious or unusual events that involve an individual accessing services funded by CLBC that occur while service is being delivered” (CLBC, 2016). The following incidents are defined as reportable critical incidents according to CLBC Critical Incidents Policy (2016):

1. Abuse:
 - a) Emotional Abuse
 - a) Financial Abuse
 - b) Physical Abuse
 - c) Sexual Abuse
2. Aggression between Individuals
3. Aggressive / Unusual Behaviour
4. Attempted Suicide
5. Choking
6. Death
7. Disease / Parasite Outbreak

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8. Fall
9. Medication Error
10. Missing / Wandering
11. Motor Vehicle Injury
12. Other Injury
13. Neglect
14. Poisoning
15. Restricted Practices:
 - a) Exclusionary Time Out
 - b) Restraint
 - c) Restriction of Rights
16. Service Delivery Problem / Disruption of Services
17. Unexpected Illness / Food Poisoning
18. Use of Seclusion
19. Use or Possession of Illicit Drugs or Misuse of Licit Drugs
20. Weapons Use

It is mandatory for all CCSS employees and subcontractors to be familiar with CLBC definitions for critical incidents and reporting requirements. For a full description of CLBC definitions for critical incidents, please see hs040.1.

Please note: CLBC further categorizes incidents of any allegations for abuse or neglect or unexpected death as critical incidents that are urgent in nature.

Non-Critical Incidents are those incidents that involve or impact a person receiving services from CCSS but are not incidents defined as critical according to CLBC policy. A non-critical reportable incident is defined as one or more of the following:

1. Injuries not requiring hospitalization
2. Medication errors that do not result in adverse reaction to the person supported and/or not requiring doctor's intervention or hospitalization
3. 'Near Misses' – any situation that may have resulted in a critical incident but was avoided due to circumstances or intervention.
4. Threats of suicide
5. Aggressive behaviour toward others that does not result in injury
6. Choking that resolves on its own (ie. does not require any first aid treatment or medical assistance)

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7. Falls that do not result in any injury or result in minor injury not requiring medical attention
8. Illness that does not require medical assistance or hospitalization
9. Weapons: possession of a weapon

Health and Safety Incidents are those incidents that involve or affect a person employed by CCSS or the general safety of the worksite. A health and safety reportable incident is defined as one or more of the following:

1. Utility failure
2. Communication failure
3. Equipment failure
4. Fire
5. Structural Damage
6. Natural disaster
7. Contamination of drinking water or a boil water advisory
8. Bomb threat
9. Medical event of an employee
10. Unsecured medication or hazardous and / or noxious substances
11. Motor vehicle accident (must also refer to hs110 Motor Vehicle Accident Reporting Policy)
12. Third party injury
13. Injury – Incident or accident in the workplace resulting in injury to an employee (must also follow up with a WorkSafe BC Employer Incident Investigation form hs040.5 and all other WorkSafe BC protocols for reporting injury of an employee. See pp350)
14. Potential for Injury/Near Miss
15. Violence in the workplace resulting in injury of an employee (must also follow up with a WorkSafe BC Employer Incident Investigation form hs040.5)
16. Threat of violence in the workplace
17. Other

Step 2: Reporting the incident

Critical Incidents

1. Using the **right form**: All critical incidents must be reported using the CLBC Critical Incident Report (CIR) form. A copy of the form can be found:
 - a) in CCSS policy at hs040.2,
 - b) on the CCSS website at commconn.ca,

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- c) on the agency server, for employees,
- d) from your Home Share Coordinator, for subcontractors
- e) on the CLBC website at

<http://www.communitylivingbc.ca/wp-content/uploads/CriticalIncidentReport.pdf>

2. Reporting within the **right timelines**:

- a) Urgent Incidents (any allegation of abuse or neglect, unexpected death)
 - Employees and subcontractors are to follow directions and procedures closely in the appropriate workflow found in policy at hs040.21 and hs040.22
 - Urgent incidents must be reported to CLBC using the CLBC Critical Incident Report form within 24 hours of the incident taking place.
- b) All other Critical Incidents
 - Employees and subcontractors are to follow directions and procedures closely in the appropriate workflow found in policy at hs040.21 and hs040.22
 - Critical Incidents that are non-urgent must be submitted to CLBC using the CLBC CIR form within 5 working days.

3. Notifying the **right people**: As noted above, CLBC and CCSS are to be notified of any critical incident involving a person receiving support.

CCSS Kelowna 275 Rutland Rd North,
Kelowna, BC
V1X 3B1
Fax: 250-491-2920
Phone: 1-888-491-2907

CLBC Castlegar : **#620-17th Street**
Castlegar, B.C.
V1N 4G7
Fax: 250-365-8560
Phone: 250-365-8558

CLBC Cranbrook: **Suite 200-1212 2nd Street North**
Cranbrook, B.C
V1C 4T6
Fax: 250-426-1559
Phone: 250-426-1282

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CLBC Kelowna: 1060 Manhattan Dr #140,
Kelowna, BC
V1Y 9X9
Fax: 250-712-5426
Phone: 250-712-3610

In the event that the person supported is also receiving support from Developmental Disability Mental Health (DDMH) and/or Health Services for Community Living (HSCL), the Service Coordinator or Home Share Coordinator is to contact local offices and leave a message informing them that a critical incident has occurred, the names of person(s) involved and notification that a Critical Incident Report has been submitted to CLBC.

Castlegar:

DDMH	phone: 250-304-1251	HSCL	phone: 250-365-4339
	fax: 250-304-1245		fax: 250-365-4303

Cranbrook:

DDMH	phone: 250-426-4822	HSCL	phone: 250-420-2243
	fax: 250-417-2531		fax: 250-420-2243

Creston:

DDMH	phone: 250-304-1228	HSCL	phone: 250-428-3606
	fax: 250-304-1228		fax: 250-428-3606

Kelowna:

DDMH	phone: 250-868-7788	HSCL	phone: 250-980-1400
	fax: 250-868-7791		fax: 250-980-1501

Non-Critical Incidents

1. Using the **right form**: Non-critical incidents, as previously defined, are to be reported using the CCSS Non-Critical Incident Report (NCIR) form. This form can be found
 - a) in CCSS policy at hs040.3.,
 - b) on the CCSS website at commconn.ca
 - c) on the agency server, for employees
 - d) from the Home Share Coordinator, for subcontractors.
2. Reporting within the **right timelines**: Employees and subcontractors are to follow directions and procedures closely in the appropriate workflow found in policy at hs040.31 and hs040.32. Non-

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Critical Incidents are to be reported to the Service Coordinator or Home Share Coordinator using the NCIR report form, within 24 hours of the incident.

3. Notifying the **right people**:

Employees and subcontractors are to follow directions and procedures closely in the appropriate workflow found in policy at hs040.31 and hs040.32. Completed NCIRs are to be stored in records for the person supported.

Health and Safety Incidents

Please note that this report form is for employee use only.

1. Using the **right form**: Health and Safety incidents, as previously defined, are to be reported using the CCSS Health and Safety Incident Report (HSIR) form. This form can be found in CCSS policy at hs040.4. Employees can also find this form on the CCSS server.
2. Reporting within the **right timelines**: HSIR forms are to be completed by the employee(s) involved in or witness to the incident. Reporting timelines will differ depending on the nature of the incident. CCSS has developed a workflow chart to assist employees in following reporting guidelines for Health and Safety incidents. This workflow chart can be found in policy at hs040.5 Workflow for Completing HSIR. Directions and procedures in the workflow must be closely followed.
3. Notifying the **right people**: Notification procedures will also differ depending on the nature of the incident being reported. CCSS has developed a workflow chart to assist employees in following reporting guidelines for Health and Safety incidents. This workflow chart can be found in policy at hs040.5 Workflow for Completing HSIR. Directions and procedures in the workflow must be closely followed.

Step 3: Recovery

Once all parties have been informed within the correct timelines and using the correct form, Service Coordinators or Home Share Coordinators (in consult with their Senior Home Share Coordinator) are to determine what is required to restore harmony to the affected people.

This may include the need for medical support, financial support, etc. These action steps are to be noted in the following places:

1. For Home Share:
 - a) in contact notes for the person supported,
 - b) in the Annual Action Plan for the Home Share Provider

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- c) as part of the applicable incident report, if possible.
 - d) In local team meeting minutes.
- 2. For Residential Support:
 - a) in the person supported files,
 - b) as part of the applicable incident report, if possible,
 - c) as part of the next team meeting minutes.
- 3. For Community Support:
 - a) in the person supported files,
 - b) as part of the applicable incident report, if possible,
 - c) as part of the next team meeting minutes.

Step 4: Analyzing and Safeguarding Against Future Incidents

Once the situation has been reported and secured and affected parties have recovered from the incident, it is important for the Service Coordinator or Senior Home Share Coordinator to analyze the incident to determine the following:

- 1. What can be learned from the incident?
 - a) Why did it happen?
 - b) What went wrong?
 - c) How could it have been minimized or prevented?
 - d) Trends: Has it happened before? Is it likely to happen again?
- 2. How do we prevent it from happening again?
 - a) Environmental factors
 - b) Medical factors
 - c) Psychosocial factors
 - d) Educational implications
- 3. What tools can we use to plan to address underlying issues?
 - a) ISP? Health Care Plan? Risk Assessments?

This step includes generating and addressing recommendations to safeguard against future incidents. Recommendations need to be addressed as part of team meetings for residential and community support or as part of the annual action plan for home share.

Step 5: Closing the Information Loop

Once all recommendations have been addressed, the incident is considered 'closed' or 'complete'. At this step, the incident must be entered onto the appropriate CCSS Online Summary form (where applicable) for data collection purposes and stored in the records for the person supported.

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1. CIRs are to be entered on the on line summary by the Service Coordinator or the Home Share Coordinator and a copy of the incident report form is to be placed in server records for the person supported,
2. Copies of NCIRs are to be placed in server records for the person supported by the Service Coordinator or the Home Share Coordinator (there is no need for on line summary entry),
3. HSIRs are to be entered on the on line summary by the Health and Safety Coordinator and a copy is to be stored in server records for Health and Safety Officers.

Step 6: Agency Analysis

A written analysis of all agency critical incidents is completed annually in the Community Connections Support Services Annual Critical Incident Analysis. This formal review addresses the following:

1. Identification of all Critical and Non-Critical Incidents across all services areas.
2. Possible causes.
3. Identified trends.
4. Actions for improvement.
5. Identification of necessary education and training of personnel and subcontractors.
6. Prevention of recurrence.
7. Internal reporting requirements.
8. External reporting requirements.

The Annual Critical Incident Analysis is reviewed by leadership and actions for improvement are noted in the agency's quarterly Performance Improvement Plan.

Step 7: Improving Resources

1. Health and Safety: Community Connections Support Services has established a health and safety committee with health and safety officers posted at each service site. As part of our commitment to risk management and minimizing potential hazards, health and safety officers are expected to take note of any health and safety concerns, run drills and ensure emergency preparedness for the people they serve. Problem areas are to be addressed in a timely way and remedied as soon as possible. It is the expectation of CCSS that all personnel are familiar with Health and Safety Policies and Procedures as well as individualized emergency planning specific to the needs of the people they support.
2. Individualized Planning: Each person supported has an up-to-date individualized planning document (ISP or 6 month summary) that identifies health concerns, potential risks to safety in all domains, as well as medical diagnoses and medication needs. All supports are to be familiar with this information and any protocols established and safeguards put in

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place to ensure the safety and well-being of the person supported. Where applicable, comprehensive Behavioural Support Plans and Safety Plans are to be maintained for those requiring them as a proactive approach to minimizing risks for the person supported, personnel and the person's community.

3. Training: Regular training in areas of health and safety such as: incident reporting, First Aid, MANDT, infection control, medication management, support protocols specific to the persons supported, evacuation procedures, emergency management, and risk management will be offered to all personnel, subcontractors and persons supported on an annual basis.
4. Risk Assessment: Comprehensive and detailed risk assessments are completed for all employees and all those supported by the agency. Risk Assessments are reviewed semi-annually to ensure that adequate controls are being implemented to reduce or eliminate risk.

References:

CLBC Critical Incidents Service Provider Requirements Guide, 2016
CLBC Critical Incidents Policy, 2016
CLBC Critical Incident Report, 2016
WorkSafe BC Employer Incident Investigation Report, 2017
WorkSafe BC Violence in the Workplace Policy, 2017

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