

Community Connections Support Services

275 Rutland Road North
Kelowna, BC V1X 3B1
t: 250.491.2907
f: 250.491.2920

15B View Street
Nelson, BC V1L 2T9
e: mail@commconn.ca
w: www.commconn.ca

RPO PO Box 20004
Tamarack Mall
Cranbrook, BC V1C 6K5
toll free: 1-888-491-2907

CCSS NON-CRITICAL INCIDENT REPORT

Name of person supported:		Date of incident: YY MM DD	
Name of Support Worker or HSP reporting incident:		Time of incident: 24 hr clock	
Location incident occurred:		Date Incident Reported :	

INCIDENT TYPE(S):

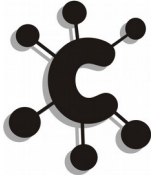
Injuries not requiring hospitalization	Falls that do not result in any injury or result in a minor injury not requiring medical attention
Medication errors that do not result in adverse reaction to the person supported and/or not requiring doctor's intervention or hospitalization	Illness that does not require medical assistance or hospitalization
Choking that resolves on its own (i.e. does not require any first aid treatment or medical assistance)	Weapons: possession of a weapon
Aggressive behaviour towards others that does not result in injury	Threats of suicide
"Near Miss" - any situation that may have resulted in a Critical Incident but was avoided due to circumstances or intervention	Other – please specify type here: _____

INCIDENT REPORT:

Describe events preceding the incident. What was happening before?

Describe the incident. What happened?

Describe events following the incident. What was done after?



Community Connections Support Services

275 Rutland Road North
Kelowna, BC V1X 3B1
t: 250.491.2907
f: 250.491.2920

15B View Street
Nelson, BC V1L 2T9
e: mail@commconn.ca
w: www.commconn.ca

RPO PO Box 20004
Tamarack Mall
Cranbrook, BC V1C 6K5
toll free: 1-888-491-2907

FOR CCSS EMPLOYEES ONLY

INCIDENT REVIEW:			
Report: Is NCIR complete, accurate, and objective?			
Timeline: Was NCIR submitted within 24 hours of incident?			
Recovery: Actions required for immediate recovery	Actions 1. 2. 3.	Expected Completion Date 1. 2. 3.	Completed Date 1. 2. 3.
Recommendations Actions to prevent a similar incident from reoccurring	Actions 1. 2. 3.	Expected Completion Date 1. 2. 3.	Completed Date 1. 2. 3.
Communication: Date NCIR reviewed at team meeting			

Reviewed:	Date and time of report review: <i>(YY MM DD @ 24 hr clock)</i>	Date	Time
Reviewer:	Name of CCSS employee reviewing report:		

Finalized:	Date and time of report completion: <i>(YY MM DD @ 24 hr clock)</i>	Date	Time
Finalized by:	Name of CCSS employee finalizing report:		