

FOR ALL UNLICENSED PROGRAMS **and** FOR LICENSED FACILITIES TO
REPORT USE OF RESTRAINT THAT IS NOT REPORTABLE TO LICENSING

GENERAL INFORMATION

Name of Program / Place of Service _____
Phone Number (10 digits)

Address _____
City / Town _____
Postal Code

Name of Service Provider

Service Category (reference CLBC contract) Licensed Not Licensed

PEOPLE INVOLVED (one Individual per form)

Individual Visitor Other (please specify)

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

TYPE OF INCIDENT – REPORTABLE TO CLBC (one per form)

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

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 Act (FOIPPA). Under certain circumstances, the collected information may be subject to disclosures as per the FOIPPA. Any questions about the collection, use and disclosure of this information should be directed to CLBC's Privacy Officer, Executive Director of Quality Assurance, located at CLBC Head Office, 7th Floor, Airport Square, 1200 – West 73rd Avenue, Vancouver, BC V6P 6G5. Contact Number: (604)664-0101 or Toll Free at 1-877-660-2522

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						
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	

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APPENDIX I: Guidelines for Completing a Critical Incident Report

The CLBC *Critical Incident Report* form is available from local CLBC offices or as a fillable PDF file on CLBC's web site: <https://www.communitylivingbc.ca/wp-content/uploads/2018/02/CriticalIncidentReport.pdf>

CLBC highly recommends using a computer to complete the report, rather than handwriting it. This will reduce the chance of misinterpretation of the incident details due to illegible handwriting.

1. Name of Program / Place of Service	Print the name of the program or place of service (reference the relevant CLBC contract to ensure accuracy of reporting).
2. Phone Number	Print the service provider's phone number.
3. Address	Print the street address and city of where the home is located, or the program is delivered.
4. Name of Service Provider	Print the name of the service provider (reference the relevant CLBC contract to ensure accuracy of reporting).
5. Service Category	Identify the type of service being delivered when the incident occurred (reference the relevant CLBC contract to ensure accuracy of reporting – e.g. community inclusion, residential, respite).
6. Person(s) Inv	<ul style="list-style-type: none"> • Print the name of the individual(s) involved, including their date of birth and gender. • Check all relevant boxes (e.g. individual served, visitor, other) to identify those involved in the incident or who may have information of the incident. <ul style="list-style-type: none"> ➢ If 'Other' is checked, print the person's name (s) • List all person(s) adversely affected by the incident (e.g. staff, other individuals served).
7. Type of Incident – Reportable to CLBC	<p>Check the critical incident type that best reflects the incident being reported (choose ONE ONLY). Refer to the list of critical incident types on the back of CLBC's <i>Critical Incident Report</i> to ensure the appropriate incident type is reported. For further information, refer to the Appendix of CLBC's <i>Critical Incidents Policy</i>. It has additional information not found on the report for several critical incident types. See Section 4.1 – Reporting Multiple Critical Incidents of this guide for more information</p> <p>Also contact your CLBC liaison analyst if you have any questions.</p>

<p>8. Details of the Incident – What Occurred</p>	<p>When describing the incident, identify:</p> <ul style="list-style-type: none"> • When and where the incident occurred (date, time, and location of incident). Be as specific as possible. • What happened - provide details about the negative impact of the incident on the individual served. • How the incident occurred. Identify any factors that may have contributed to the incident, including: <ul style="list-style-type: none"> ➢ Physical/medical factors (e.g. mental health, known or unknown condition or illness) ➢ Environmental factors (e.g. slippery floors, medications) ➢ Cognitive, emotional, relationship factors (e.g. communication capabilities, history of trauma/abuse/violence) and ➢ Program design factors (e.g. does the program meet the individual's needs?) • Identify whether the incident was witnessed (e.g. by staff or other individuals). • What immediate action (s) was taken (e.g. first aid) by service provider staff to address or resolve the incident. • In case of a death, whether it was an expected or unexpected death (e.g. note if there were any previous indications that death may be imminent). <p>Note: Unlike Community Care Facilities Licensing, CLBC requires service providers to report an individual's death even if they die while in hospital as outlined in CLBC's <i>End-Of-Life Policy</i>.</p>
<p>9. Details of the Incident – Actions Taken</p>	<p>Identify:</p> <ul style="list-style-type: none"> • The actions taken to address or resolve the incident. • Any measures taken to prevent a similar incident from occurring again. • Any recommendations that have been or will be implemented (e.g. updating the individual's Behaviour Support and Safety Plan, supporting the individual to find a new home or different program).
<p>10. Notification</p>	<ul style="list-style-type: none"> • Check all appropriate boxes of individuals/agencies notified about the incident. Include specific names, if possible. • Print the name, contact information, and identify the nature of the individual's relationship to the family member / representative who was notified. • Provide the date and time for each notification.

11. Signatures	<ul style="list-style-type: none">• Print the name, position, signature, and date and time for the following people:<ul style="list-style-type: none">➤ Person who completed the form➤ Supervisor or manager, and➤ Witness or attending staff.
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Not : It is important that service providers submit an accurate and complete description of the critical incident to ensure that appropriate follow-up is done and any revision to an individual's service is based on factual information. **Staff with direct knowledge and observation of the event must complete the critical incident report to ensure an accurate account of the incident is shared with CLBC.**

CRITICAL INCIDENT TYPES

Based on the *Appendix of the Critical Incidents Policy*

"Individual": refers to an individual accessing CLBC funded services.

ABUSE *

- **Emotional Abuse:** 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:** 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:** 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:** 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 behavior may include inappropriate, unsolicited, or forced sexual attention. **Sexual behaviour between two consenting individuals is not a critical incident.**

AGGRESSION BETWEEN INDIVIDUALS

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 *

Aggressive or unusual behaviour by an individual that results in harm and/or causes significant concern. Harm can be to property or to a person. Harm to a person can be physical or emotional harm, and can be towards themselves, another supported individual, staff, or others. Unusual behaviour means behaviour that is unusual *for the person*.

Behaviours included in the Behaviour Support and Safety Plan **must** be reported **if** they are beyond what is included in, or effectively addressed by the Safety Plan **or** if they cause harm.

ATTEMPTED SUICIDE *

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

CHOKING *

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

DEATH *

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

DISEASE/PARASITE OUTBREAK *

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

FALL *

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

MEDICATION ERROR *

Mistake in administering medication that:

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

MISSING/WANDERING *

Unscheduled or unexplained absence of an individual from a CLBC funded service. An absence is considered unscheduled or unexplained if it is unusual for the individual, the service provider is unaware of their location, and the behaviour is not reflected in a Behaviour Support and Safety Plan.

MISUSE OF ILLICIT DRUGS OR LICIT DRUGS

Serious misuse of a legal substance such as prescription drug, marijuana or alcohol that requires medical attention. Any use of an illicit drug that requires medical attention.

MOTOR VEHICLE INJURY *

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

OTHER INJURY

Any other injury or assault to an individual (including those of a sexual nature, that do not meet the definition of Abuse) that **requires emergency care** by a medical or nurse practitioner, or transfer to a hospital.

NEGLECT *

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

POISONING

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

RESTRICTED PRACTICES *

- **Exclusionary Time Out** Removal of an individual from a situation and environment for a period of time to prevent harm to them 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** * Use of physical or mechanical or chemical 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.

Refer to *Critical Incidents: Restraint Exemption Framework* for information about the specific conditions under which exemptions from the requirement to report use of restraints are allowed
- **Restriction of Rights** 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 *

Condition or event that could impair or interrupt the ability of a service provider and its staff to provide service to an individual and which affects the individual's health, safety, dignity, or well-being. For example, sudden illness of caregiver.

UNEXPECTED ILLNESS/FOOD POISONING

Illness of an individual **requiring emergency care** by a medical practitioner or nurse practitioner, or transfer to a hospital, including food poisoning. Food poisoning is a food borne illness involving an individual that requires emergency care by a medical practitioner or nurse practitioner, or transfer to the hospital. For unlicensed programs, any incidents of food poisoning must be reported as "unexpected illness" on the *CLBC Critical Incident Report*.

USE OF SECLUSION *

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 Support and Safety Plan.

WEAPON USE *

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 the *Appendix* for additional information

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