



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

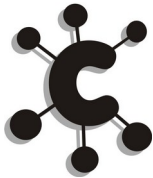
| | | | |
|--|--|--|--|
| Name of person supported: | | Date of incident: (YY-MM-DD) | |
| Name of Support Worker or HSP reporting incident: | | Time of incident: (24 Hr Clock) | |
| Location incident occurred: | | Date incident Reported: (YY-MM-DD) | |

Incident Categories

| | | |
|-----------------------------|--|-------------------------------|
| <i>Injuries</i> | | <i>Falls</i> |
| <i>Medication errors</i> | | <i>Illness</i> |
| <i>Choking</i> | | <i>Weapons Possession</i> |
| <i>Aggressive behaviour</i> | | <i>Threats of suicide</i> |
| <i>"Near Miss"</i> | | <i>Motor Vehicle Accident</i> |

Describe events preceding the incident:

Describe the incident:



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Describe events following the incident:

Person Completing Report:

Date:

Time:

Supervisor:

Date:

Time:

Follow up from Service Coordinator or Home Share Coordinator (if applicable)



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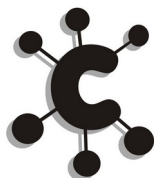
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Guidelines for Completing a Non-Critical Incident Report

| | |
|--|---|
| 1. Name of Person Supported and Date of Incident | Type the first and last name of the person involved / affected by the incident. Each person supported affected by the incident must have a separate Non-Critical Incident Report form completed on their behalf. Provide the Date that the incident took place. |
| 2. Name of Support Worker or HSP reporting Incident | Type the name of the person with direct knowledge or observation of the incident. This must be the same person completing the form. |
| 3. Time of Incident | Type the time that the incident took place including a.m. or p.m. |
| 4. Location incident occurred | Type the physical address of where the incident took place. Include street, city, postal code. |
| 5. Date incident reported | Type the date that the report is being submitted to the Service Coordinator or the Home Share Coordinator. |
| 6. Incident Categories | Check the Non-Critical Incident Category that best reflects the incident being reported. Refer to the list of Non-Critical Incident Categories below to ensure the appropriate incident type is reported. |
| 7. Describe events preceding the incident | When describing what happened before, provide details on: <ul style="list-style-type: none">the general health and disposition of the person supported that day, including any recent events that are unusual or may have compromised the general well being of the person supported (eg. poor sleep, seizure, recent stressful event, cold or flu symptoms, onset of menses, new equipment or attire, changes in support, etc)where was the person supported prior to the incident and what they were doing. What others were doing around the personany changes to the environment of the person supported. |
| 8. Describe the incident | When describing the incident: <ul style="list-style-type: none">use objective language and report only on what you observed happening for the person supported. Do not speculate on possible feelings of the person supported or others,ensure that you report the incident in sequential steps; that is, what happened first? What happened next? Then what?Focus on the behaviour or events for the person supported and the negative impact on the person supported. Refrain from reporting on the impact of others – use a separate NCIR if other persons supported were impacted or a HSIR if employees were |



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| | |
|--|---|
| | <p>impacted</p> <ul style="list-style-type: none">• if the incident was witnessed, provide details on who else was in the general proximity of the person supported when the incident took place. |
| 9. Describe the events following the incident | Provide details on what was done with and for the person supported to immediately address the incident and its impact. What immediate actions were taken to attempt to resolve the incident? What is the status of the person supported at the time that the report is submitted? |
| 10. Signatures | Type the name, position and date for the following: <ul style="list-style-type: none">• person who completed the form• Supervisor<ul style="list-style-type: none">➤ Service Coordinator for Residential and Community Support Services➤ Home Share Coordinator for Home Share Support Services |
| 11. Follow up | Service Coordinator or Home Share Coordinator provides details on any follow up actions necessary to address prevention of future incidents (if applicable). |



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Non-Critical Incident Categories

Injuries not requiring emergency care

Any injury sustained by the person supported that does not require any emergency medical attention by a nurse or health care practitioner. Injury may require consultation with the person's physician at a later date. Injury may require minor First Aid treatment.

Medication Errors not requiring emergency care

Any medication error that does not result in an adverse reaction for the person supported that requires emergency medical attention from a nurse or health care practitioner. Includes missed medication not resulting in need for emergency care.

Choking

Any incident of choking where the person supported recovers on their own and does not require any First Aid treatment or emergency medical attention.

Aggressive Behaviour

Any aggressive or threatening behaviour that does not result in injury of others or destruction of property.

Near Miss

Any situation that had a strong possibility of resulting in a Critical Incident but was avoided due to circumstances or intervention.

Falls not requiring emergency care

Any fall that does not require any emergency medical attention by a nurse or health care practitioner. Person supported may require minor First Aid treatment.

Illness

Any illness that does not require any emergency medical attention by a nurse or health care



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practitioner. Illness may require consultation with the person's physician at a later date. Illness may require over the counter treatment.

Weapons Possession

Possession of a weapon such as loaded or unloaded firearms, knives, swords, mace, pepper spray or derivatives, and improper use of laser beams where the person does not use or threaten to use the weapon to harm or threaten somebody.

Threats of Suicide

Any threat made to self-harm with the intent to end ones life. The threat may be spoken or written. Includes suicidal ideation (person supported reports having thoughts about suicide). Does not result in an attempt at suicide. *Person's physician must be informed of this incident.

Motor Vehicle Accident not resulting in any injury