

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	October 2024

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:

What is a Reportable Incident?

In very general terms and for our purposes, a reportable incident is an event, situation or occurrence that affects the safety of a person supported or an employee.

Why Do We Report Incidents?

Incident reporting is *not* intended to be punitive or to assign blame to any party. Incident reporting is necessary to understand the causes of the incident, the impact of the incident on those we support and others, determine immediate action steps to recover from the incident successfully and analyze the incident to prevent future incidents from occurring. Incident reporting ensures that all those who need to know...do, so that we can all work collaboratively to provide safe services to those we support and safe work environments for our employees; as is our responsibility and obligation.

What Type of Incidents Do We Report?

CCSS and its employees and subcontractors are responsible for reporting the following types of incidents:

- **Critical Incident:** Serious or unusual events that involve an individual accessing CLBC-funded services that occur while service is being delivered (this includes staffed living and shared living at all times). CLBC defines critical incidents to include the following:
 - A critical incident, or an alleged or suspected critical incident of emotional, physical, financial or sexual abuse, or neglect, and
 - An individual who witnesses a critical incident that is traumatic and violent (e.g., all types of

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abuse, aggression between individuals, incidents of aggressive/unusual behaviour)

- Non-Critical Incidents: Unexpected or unusual events that involve an individual accessing CLBC services that do not meet the CLBC definition of a critical incident.
- Health & Safety Incidents (employees only): Unexpected or unusual events that negatively affect or have the potential to negatively affect the general safety of a worksite or an employee while that employee is on duty.

Employee and Subcontractor Obligations for Incident Reporting

1. An Incident Has Occurred. What is the First Step?

Once an incident has taken place, the very first step is to secure the situation and respond appropriately to the incident to ensure everyone's safety. For guidance on emergency response, please see CCSS policies hs025 – hs039 to understand best practices on responding to a variety of incidents.

2. The situation has been secured. Now what?

Once the situation is secured and all parties are out of any immediate danger:

- the Employee must call their Service Coordinator immediately to let them know that an incident has taken place. The Service Coordinator is responsible to provide any additional direction on further action necessary to address the incident, if applicable.
- The Home Share Provider must call their Home Share Coordinator immediately to let them know that an incident has taken place. The Home Share Coordinator may provide suggestions on further action to address the incident.

3. The Service Coordinator or Home Share Coordinator has been notified and I have to complete an incident report form. How long do I have to complete and submit the incident report form?

All incidents, regardless of type, must be reported using the appropriate form within **12 hours** of the incident. The employee or Home Share Provider that has direct knowledge and observation of the incident must complete the incident report form to ensure an accurate account of the incident.

4. How do I determine the right incident type and category based on what has taken place so I

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know which report form to use?

When the incident involves or affects the person supported.

1. It is a reportable Critical Incident if it includes any of the following:
 - A person supported that is involved in or impacted by a critical incident
 - A critical incident, or an alleged or suspected critical incident of emotional, physical, financial or sexual abuse, or neglect, and
 - A person supported who witnesses a critical incident that is traumatic and violent (e.g. all types of abuse, aggression between individuals, incidents of aggressive/unusual behaviour).
 - Any incident that falls within the following categories based on definitions and criteria:
 - **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. *Note: Emotional abuse may include intimidation, humiliation, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors.*
 - **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.
 - *Note: The alleged or actual physical abuse is perpetrated against the individual. This critical incident type is never about the individual's actions towards a staff or any other persons. If an incident is about physical aggression by an individual towards another person (including another supported individual) refer to Aggressive/Unusual Behavior or Aggression Between Individuals.*
 - **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 behaviour 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.
 - **Attempted Suicide:** Attempt by an individual to intentionally self-harm for the purpose of taking their own life. *Note: Suicidal threats are not critical incidents, but they should be recorded as non-reportable incidents by the service provider and reported to a healthcare professional. If there is a pattern of suicidal threats or suicidal ideation, it is important that the service provider follow up with a healthcare professional.*

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- **Choking:** An individual's airway is obstructed, requiring first aid, emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital. *Note: Choking is a prevalent cause of death among individuals. All choking incidents that do not require first aid or any type of immediate medical assistance and are not reportable as critical incidents should be recorded as non-reportable incidents by the service provider and reported to a healthcare professional.*
- **Death:** Death of an individual while participating in a CLBC-funded service (e.g., supports to live in my home, supports to participate in my community). *Note: Refer to the End-of-Life Policy for guidance on the reporting, documenting, and reviewing requirements following the death of an individual. Service providers must immediately contact CLBC when a death occurs, including when the service provider is made aware of a death that occurred when the individual was **not** in attendance at the CLBC-funded service.*
- **Misuse of Illicit Drugs or Licit Drugs:** Serious misuse of legal substances such as a prescription drug, marijuana or alcohol that requires medical attention. Any use of an illicit drug that requires medical attention.
- **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. *Note: Service providers must record any evidence of self-neglect such as when an individual fails to take care of themselves, that causes or is reasonably likely to cause, within a short period of time, serious physical or mental harm or substantial damage or loss in respect of the adult's financial affairs. If a service provider becomes aware of alleged or actual neglect occurring outside of service delivery (for example, by a family member at an individual's home), they must inform CLBC immediately.*
- **Poisoning:** Ingestion of a poison or toxic substance by an individual (excluding licit or illicit drugs).
- **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 Plan and Safety Plan. *Note: Use of seclusion is identified as a prohibited practice in the Behaviour Support and Safety Planning Guide.*
- **Weapon Use:** An individual who uses or threatens to use a weapon to harm or threaten somebody. A weapon includes any object used to threaten, hurt, or kill a person, or destroy property. *Note: Weapons may include but are not limited to loaded or unloaded firearms, knives, swords, mace, pepper spray or derivatives, and improper use of laser beams. Incidents where an individual possesses a weapon, for example, a pocketknife, but does not use or threaten to use it, should be recorded by the service provider as a non-reportable incident.*
- **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 Plan and Safety Plan (if applicable) **must** be reported **if** they are beyond what is included in, or effectively

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addressed by these plans or if they cause harm. *Note: If the aggressive or unusual behavior results in harm to another supported individual that requires first aid (e.g., bandage, ice pack, etc.), emergency care by a nurse practitioner or medical practitioner or transfer to a hospital, refer to **Aggression Between Individuals** to determine if it would be more appropriate to report it as that incident type.*

- **Disease/Parasite Outbreak:** An outbreak or the occurrence of a communicable disease above the level, which is normally expected, including a communicable disease or parasite such as scabies. If you have any questions, contact your local health authority. *Note: Transmission can be by direct or indirect contact with infected persons or with their excretions (e.g., blood, mucus) in the air, water, food, or on surfaces or equipment.*
- **Fall:** A fall that results in an injury requiring emergency care by a medical practitioner or nurse practitioner or transfer to a hospital. *Note: Other falls that may not require emergency care by a medical practitioner or a nurse practitioner and are not reportable as critical incidents, should be recorded as non-reportable incidents by the service provider and reported to a healthcare professional. Unexplained falls may be an indicator of other underlying medical conditions.*
- **Medication Error:** Mistake in administering medication that:
 - Adversely affects an individual, and
 - • Requires emergency care by a medical practitioner or nurse practitioner or transfer to a hospital. *Note: Medication errors that do not result in emergency care by a medical practitioner or nurse practitioner or transfer to a hospital should be recorded by the service provider as non-reportable incidents.*
- **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.
- **Motor Vehicle Injury:** Injury to an individual as a result of a motor vehicle accident while participating in a CLBC funded service. *Note: Car accidents that do not result in an injury should be recorded by the service provider as nonreportable incidents.*
- **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 urgent access to emergency care or transfer to a hospital.
- **Restricted Practices:** Techniques or strategies that limit an individual's rights, behaviour, or freedom of movement. **See the *Behaviour Support and Safety Planning Policy* for further details.** The following types of restricted practices must be reported to CLBC as a Critical Incident:
 - **Restraint:** Use of physical, mechanical, environmental, or other means to temporarily subdue or limit an individual's right to freedom of movement.
 - Physical restraint – use of physical force by one or more persons to prevent, restrict, or subdue the normal movement of any part of the individual's body
 - Mechanical restraint – use of a device to control an individual's movement
 - Environmental restraint – restriction of an individual's free access to all parts of their environment, including limiting access to places or items
 - **Restriction of Rights:** This involves limiting or removing an individual's access to

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activities or actions that restrict an individual's autonomy, choices, and any action that impacts an individual's right to privacy.

- Any use of a restricted practice must be reported as a critical incident, including those reflected in an authorized Safety Plan or used in response to an emergency. Refer to *Critical Incidents: Restricted Practice Exemption Framework* for information about when the requirement to report on the use of restricted practices may be exempted with CLBC approval. **Note:** *Restricted practices that are required for medical purposes only as recommended by a regulated health professional (i.e. not required for behavioural purposes) do not need to be reported as critical incidents.*
 - **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 care to an individual and which affects the individual's health, safety, dignity, or wellbeing. For example, sudden illness of caregiver. **Note:** *Other events that may affect service delivery but are not critical incidents, including incarceration and expected hospitalization, must be recorded by the service provider. In these situations, the service provider should contact their liaison analyst to inform them that the individual is expected to be away from service. The service provider must also report the absence on an occurrence report for monitoring. Program cancellations, such as due to fire or flood, should be reported in an Occurrence Report.*
 - **Unexpected Illness/Food Poisoning:** Illness of an individual requiring urgent access to emergency care or transfer to a hospital, including food poisoning. Food poisoning is a foodborne 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*. **Note:** *"Emergency care" is serious illness or injury requiring urgent medical attention. It does not include minor illness or injury that would not be considered urgent and could be addressed by a primary care provider (e.g. nail infection, prescription refills, antibiotics, earaches). These incidents should be recorded by the service provider as non-reportable incidents.*
2. If the incident type does not meet any of the above criteria for a Critical Incident, it may be a Non-Critical Incident (NCIR). It is a NCIR if it includes any of the following:
- A person supported that is involved in or impacted by an incident where that incident does not fall into the categories of a Critical Incident as defined by CLBC.
 - Any incident that falls within the following categories based on definitions and criteria:
 - Any injury that does not require emergency care by a medical or nurse practitioner or transfer to hospital.
 - Medication errors that do not require emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.
 - Any incident of choking where the person supported recovers on their own and does not require any First Aid treatment or emergency medical attention.
- *Follow up requires reporting the incident to a healthcare professional.**

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- NOTE: Choking is a prevalent cause of death among individuals. All choking incidents that do not require first aid or any type of immediate medical assistance and are not reportable as critical incidents, should be recorded as non-critical incidents and reported to a healthcare professional.
- Aggressive behaviour by an individual that does not result in harm to any person or property and/or does not cause significant concern.
- 'Near Misses' – any situation that may have resulted in a critical incident but was avoided due to circumstances or intervention.
- Self Neglect – Any evidence of self neglect such as when an individual fails to take care of him or herself that causes, or is reasonably likely to cause within a short period of time, serious physical or mental harm or substantial damage or loss with respect to the adult's financial affairs.
- Falls not requiring emergency care by a medical practitioner or nurse practitioner, or transfer to hospital. Person supported may require minor First Aid treatment. Unexplained falls may be an indicator of other underlying medical conditions.
****Follow up requires reporting the incident to a healthcare professional.***
- Illness that does not require emergency care by a medical practitioner or nurse practitioner or transfer to a hospital.
- 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 or suicidal ideation that does not result in attempted suicide.
****Must inform the person's physician of suicide threat or ideation as well. If there is a pattern of suicidal threats or suicidal ideation, it is important to follow up with a healthcare professional.***
- Motor vehicle accident not resulting in any injury to the person supported.
- Service Delivery Problem / Disruption of Services – Events that may affect service delivery but are not critical incidents including incarceration and expected hospitalization. ***In these situations, CLBC should be contacted to inform them that the individual is expected to be away from service.***

When the incident affects an employee's safety while on duty or the overall safety of the worksite (Applies to Employees Only).

It is a reportable Health & Safety Incident (HSIR) if it includes any of the following:

- An employee is negatively affected or is unsafe while on duty.
- The general safety of the worksite is compromised.
- Any incident that falls within the following categories based on definitions and criteria:
 - Critical Health & Safety Incidents:

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- A worker is seriously injured or killed on the job. Serious injuries are those that are life-threatening or could cause permanent injury. Serious injuries include traumatic injuries such as major fractures, amputations, and serious burns. Serious injuries also include incidents such as exposure to chemicals and heat and cold stress, as these could result in life-threatening conditions or cause permanent impairment.
- There is a major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system, or excavation.
- There is a major release of a hazardous substance.
- There is a dangerous incident involving a fire or explosion that had potential for causing serious injury to a worker.
- There is a blasting incident that results in personal injury or injuries.
- Urgent Health & Safety Incidents:
 - employee sustains an injury and is taken from or leaves the jobsite for medical treatment
 - employee sustains a minor injury, or no injury, but the incident had the potential for causing serious injury
 - employee misses time from work after the day of injury
 - employee loses consciousness
 - employee is diagnosed with a work-related disease
 - employee develops symptoms of a mental health disorder related to work or the work environment
 - employee suffers broken eyeglasses, dentures, hearing aid or artificial limb due to a work-related incident
 - Violence in the workplace resulting in injury of an employee
- Non-Urgent Health & Safety Incidents:
 - Utility failure
 - Communication failure
 - Equipment failure
 - Minor Structural Damage
 - Natural disaster
 - Contamination of drinking water or a boil water advisory
 - Bomb threat
 - Unsecured Medication
 - Motor vehicle accident – no injury (must also refer to hs110 Motor Vehicle Accident Reporting Policy)
 - Third party injury
 - Threat of violence in the workplace

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- Violence in the workplace – no injury.

5. Can an incident require completing more than one incident report?

Yes. Some incidents will require reporting on multiple forms because the incident has components of multiple types of reportable incidents. Below are a few examples of when this may be the case:

1. A CIR can only be used to report one critical incident for one person at one time. If multiple critical incidents occur in a day or around the same time, or there are two people supported who are affected by the same incident, separate CIR forms must be completed for each person and each incident.
 - eg. If there are two people receiving support who are involved in a Motor Vehicle Accident at the same time and both are injured, CIR forms need to be submitted for both person A and person B.
 - eg. If a person supported attempts suicide, is taken to hospital and dies later that day, two CIRs must be submitted – Attempted Suicide and Death.
2. In some cases, an incident may have components of both a NCIR and a CIR. In this case, both report forms must be completed to report the incident.
 - eg. A person supported begins to choke but is coughing and manages to resolve the issue without any intervention (NCIR report for Choking). While the person was coughing and attempting to dislodge the food particle, the person fell and sustained an injury requiring emergency care at the hospital (CIR for Fall). In this case, both forms would need to be submitted.
3. Some incidents will require the completion of a CIR form for the person supported **and** a HSIR form for an employee.
 - eg. A support worker is assisting the person they support up a set of outdoor stairs. The stairs are icy and both the person supported and the employee fall. Both people sustain injuries. The person supported requires emergency care at the hospital for a cut on their arm sustained during the fall. The person receives 6 stitches. The employee continues on with their shift but their wrist is red, swollen and sore. The next day, the employee visits their physician and is diagnosed with a sprained wrist. In this case, a CIR is submitted for the person supported for a Fall and a HSIR is submitted for the employee for Injury.
 - eg. A person supported appears agitated and strikes out at the support worker. The person supported does not have a Behaviour Support or Safety Plan in place. The person supported strikes the support worker on their shoulder. While the support worker is not injured, they are very shaken and upset. In this case, a CIR is submitted for the person supported for Aggressive/Unusual Behaviour and a HSIR is submitted for the employee for Violence-No Injury.
4. Some incidents may require the completion of a NCIR form for the person supported **and**

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a HSIR form for an employee.

- eg. A support worker is transporting the person they support in their vehicle. They are in a motor vehicle accident. Neither person sustains any injuries. In this case, a NCIR is submitted for the person supported for Motor Vehicle Accident not resulting in injury and a HSIR form is submitted for the employee for Motor Vehicle Accident.

6. Ok. I've determined the type of Incident and the category. Which report form do I use and how do I fill it out?

- The CLBC Critical Incident Report form and instructions for completing the form can be found in policy at hs041
- The CCSS Non-Critical Incident Report form and instructions for completing the form can be found in policy at hs042
- The CCSS Health & Safety Incident Report form and instructions for completing the form can be found in policy at hs043

7. I've completed the form to the best of my abilities. Who do I send it to?

- Employees must email all completed incident forms to their Service Coordinator *within 12 hours* of the incident.
- Home Share Providers must email all completed incident forms to their Home Share Coordinator *within 12 hours* of the incident.

Service Coordinator or Home Share Coordinator Obligations for Incident Reporting

Once the Service Coordinator (for Staffed Living and Community Support Services) or the Home Share Coordinator (for Home Share Support Non-Urgent CIRs or Non-Critical Incidents) or the Service Coordinator (for Home Share Support Urgent CIRs) is in receipt of the completed incident form, they are responsible for the following:

1. Review the Completed Form

The Service Coordinator or Home Share Coordinator is to review the completed incident report form and ensure that it is written correctly. This means:

- all fields are completed
- the correct incident category is chosen
- information is sequential (ie. clearly describes sequence of events)
- incident is reported based on its impact on the PS for CIR or NCIR.
- information is objective and strictly observational (ie no anecdotal information, no 'guesses', no speculation on how others 'felt' about the incident)

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- there is clear description of steps taken to address or diffuse the incident

Additionally, any information that is missing must be provided before reporting to the relevant authority, such as:

- Actions necessary to prevent a similar incident from reoccurring.
- Updates to any plans or processes that are impacted and/or informed by the incident. May include:
 - For the person supported: ISP, Risk Assessments, Medical Consultation, Health Profile, Health Care Plan, Behaviour Support Plan, request for funding, training for employees or Home Share Provider, requests for referrals to other agencies, etc
 - For employees or the worksite: updating Employee Risk Assessment, policy review, training, requests for equipment or renovation, changes in protocols, etc.

2. Submitting the Completed Form to Correct Authority within Correct Timelines

Timelines for submitting incidents vary depending on the type of incident, urgency of incident and role of the person responsible for completing this step.

** For clear direction on reporting incidents to relevant authorities, please refer to workflows hs040.1 - hs043.1 for step by step instructions on reporting incidents, notifying relevant parties, storage and follow up.*

3. Storing the incident report

Storage of incident reports vary depending on the type of incident and role of the person responsible for completing this step.

** For clear direction on reporting incidents to relevant authorities, please refer to workflows hs040.1 - hs043.1 for step by step instructions on reporting incidents, notifying relevant parties, storage and follow up.*

4. Following up and closing the loop

Follow up for incidents may vary depending on the type of incident and role of the person responsible for completing this step.

** For clear direction on reporting incidents to relevant authorities, please refer to workflows hs040.1 - hs043.1 for step by step instructions on reporting incidents, notifying relevant parties, storage and follow up.*

Agency Obligations for Incident Management

1. Incident Analysis

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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:

- Identification of all Critical and Non-Critical Incidents across all services areas.
- Possible causes.
- Identified trends.
- Actions for improvement.
- Identification of necessary education and training of personnel and subcontractors.
- Prevention of recurrence.
- Internal reporting requirements.
- 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.

2. Improving Resources

- **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.
- **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 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.
- **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.
- **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

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risk.

References:

CLBC Critical Incidents Service Provider Requirements Guide, 2024

CLBC Critical Incidents Policy, 2024

CLBC Critical Incident Report, 2024

WorkSafe BC, 2021

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