



CRITICAL INCIDENT REPORT

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) _____
 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"/>	Neglect	<input type="checkbox"/>	Death
<input type="checkbox"/>	RESTRICTED PRACTICES	<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"/>	Other Injury
		<input type="checkbox"/>	Poisoning
		<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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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 Plan, and Safety Plan (if applicable) **must** be reported if they are beyond what is included in, or effectively addressed by these plans, 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 *

Must be reported as a critical incident even when included in an authorized Safety Plan.

- **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** Involves limiting or removing an individual's access to activities or actions that restrict an individual's autonomy, choices, and any action that impacts an individual's right to privacy.

Refer to *Critical Incidents: Restricted Practice Exemption Framework* for information about the specific conditions under which exemptions from the requirement to report use of restricted practice is allowed.

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 Supports 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 Critical Incidents Policy Appendix: *Critical Incident Types* 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.