

25. Critical Incident Reporting

Definition of Terms (from CLBC Critical Incident policy):

Critical Incidents are serious or unusual events that occur during service delivery. Spectrum Society's policy and procedure for reporting critical incidents will be in compliance with [CLBC's critical incident policy](#).

Abuse is defined as the deliberate mistreatment of an individual that causes physical, mental, or emotional harm, or damage to or loss of assets by a person in a position of trust or authority. For all categories of abuse, if a service provider becomes aware of alleged or actual abuse occurring outside of service delivery (for example, by a family member at an individual's home or in community), they will inform CLBC immediately. The following types of abuse are critical incidents:

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 behaviour may also include inappropriate, unsolicited, or forced sexual attention.

Sexual behaviour between two consenting individuals is not a critical incident.

Exclusionary Time Out

Removal of an individual from a situation and environment for a period of time to prevent harm to him/her 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, 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 CLBC's [Critical Incident Restraint Exemption Framework](#) for information about the specific conditions under which exemptions from the requirement to report use of restraints are allowed.

NOTE: Restraints that are required for medical purposes only as prescribed by a health care professional (ie., not required for behavioural purposes) are not considered restricted practices and do not need to be reported as critical incidents. These restraints do not require a Behaviour Support or Safety Plan, but do require a health care plan or a prescription from a health care professional identifying the need for the restriction.

NOTE: PRNs are not intended to be used as a chemical restraint. They are intended to help individuals regulate their behaviour and emotions. Since PRNs are not considered a restraint, they do not need to be reported as a critical incident but do need to be tracked on the individual's medication record.

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.

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.

NOTE: If the aggressive or unusual behaviour 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 the Aggression Between Individuals to determine if it would be more appropriate to report it as that incident type.

Attempted Suicide

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

NOTE: While suicidal threats are not reportable as critical incidents, 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.

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.

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.

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 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, or
- 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 as non-reportable incidents.

Missing/Wandering

Unscheduled or unexplained absence of an individual from a CLBC funded service. An absence is considered unscheduled or unexpected 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 legal substances such as a 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 participating in a CLBC funded service.

NOTE: Car accidents that do not result in an injury should be recorded as non-reportable incidents.

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 himself 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 in respect of the adult's financial affairs.

Other Injury

Any other injury to an individual that requires emergency care by a medical or nurse practitioner, or transfer to a hospital.

Poisoning

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

Service Delivery Problem/ Disruption of Services

Condition or event that could impair a service provider and its staff to provide care or which affects the individual's health, safety, dignity, or well-being. Examples include flood and fire.

NOTE: Other events that may affect service delivery but are not critical incidents including incarceration and expected hospitalization will be documented as non-reportable incidents.

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.

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.

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: Incidents where an individual possesses a weapon, for example, a pocket knife but does not use or threaten to use it, should be recorded as a non-reportable incident.

NOTE: There is no specific category of incidents for individuals who have had "contact with the law" e.g. stopped by the police, arrested or incarcerated, yet this can be a significant event that has implications for support requirements. Staff should report such incidents with the category that coincides with the "precipitating" reason for the interaction, such as possession of drugs, weapons, aggression or, alternatively, with the "result" of the interaction, such as injury or disruption of service. If unsure about the need to report, please consult with the Supervisor.

Critical incident policy:

- (a) The prevention, reporting, review and follow-up of critical incidents function as an important, formal safeguard designed to help protect the safety, health, well-being and rights of persons served.
- (b) Individuals, families, and support networks are encouraged to develop appropriate personal and community safeguards to prevent critical incidents.
- (c) Spectrum is required to document and report to the funder details of any critical incidents involving persons served.
- (d) The funder has the responsibility for initiating an investigation or involving external authorities (eg. police) if deemed necessary.

Procedure for reporting critical incidents:

- (a) Any staff person, volunteer or sub-contractor who witnesses a critical incident or who is on duty when a critical incident occurs must report the incident to the supervisor and

document what happened on a Critical Incident Report form, within 24 hours of the incident's occurrence. The Critical Incident Report form is to be completed electronically (Sharevision).

- (i) Unexpected or unusual incidents that do not meet CLBC's criteria for reportable incidents will be documented on the Critical Incident Report form and tracked as non-reportable incidents, for internal monitoring purposes.
- (b) The supervisor will review the report for accuracy and completeness and forward it to the Coordinator.
- (c) The Coordinator will review the report and ensure that all applicable fields are filled out correctly, then send it to the funding agency within 5 days of the incident's occurrence, following the funder's submission guidelines.

Incidents of an **urgent nature** (e.g. any allegation of abuse or neglect, sudden or unexpected death, disruption of services that requires immediate action) must be reported immediately to the Executive Director, who will contact the CLBC liaison analyst (or the MCFD After Hours Office when CLBC offices are closed). Once contact has been made, the completed critical incident report will be sent to CLBC **within 24 hours of the incident's occurrence**.

- (d) The Coordinator will follow up on the incident and identify any further actions to be taken. Spectrum will work with CLBC as appropriate to:
 - Prevent future reoccurrences and further escalation for the individual
 - Improve the quality of services and care
 - Build capacity to prevent and effectively respond to critical incidents
 - Identify and respond to emerging planning needs, and
 - Anticipate changes across the individual's lifespan and identify possible preventative actions.

Spectrum's in-house certified Mandt trainer, Susan Wilson, will debrief any incidents involving injury to an individual, staff or caregiver.

- (e) Incident reports will be kept in the individual's electronic file (Sharevision).
- (f) A global summary of all critical incidents will be completed once a year and reviewed by the Directors.