

CVS POLICY & PROCEDURE MANUAL

Policy Area: Service Delivery

Policy # & Name: 5.11 Critical/Internal Incident Reporting

Group: All Staff, Volunteers

Purpose:

To ensure clear and concise procedures are set forth and followed by all staff with respect to any critical and/or internal incident reporting.

Policy Statement:

CVS staff are diligent in ensuring all incidents, critical and internal, are responded to and reported on in a caring and professional manner. In addition, staff follow all regulatory requirements and follow all CVS procedures as attached to this policy.

Practice Standards:

Critical Incidents

The CVS must inform the Ministry of Children and Family Development/CLBC and if licensed, Community Care Licensing of any critical incidents (according to the definition below) that involve individuals receiving services. All critical incidents must be reported to the social worker/facilitator immediately. Document the incident on a critical incident report form provided by same and submit within 48 hours of the incident.

It is the intention of Community Ventures Society when any incident occurs that:

- a) The physical safety and the emotional well being of program participants/children and staff/caregivers are assured.
- b) The incident must be immediately reported to the Program Supervisor/Coordinator and/or Executive Director.

Internal Incidents

When incidents of concern arise that are not reportable under Critical Incident Reporting Guidelines, staff are directed to document this information on the Internal Incident/Injury/Restraint Monitoring form (SDA 5.11.A). Some examples of the types of incidents that need to be reported on this form include:

- ? Minor injuries that do not require medical attention.
- ? Serious challenging behaviours that are common (rather than unusual).
- ? Ongoing instead of unexpected illness or behaviours of concern; i.e., recurring headaches.
- ? All details when using any method of restraint, including chemical restraint or PRN (Emergency Medications).

Completing the form will help us look at and understand patterns of behaviour.

Staff Training

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Staff will be trained with respect to critical/internal incident reporting during the orientation process. The House Supervisor/Program Coordinator will ensure that the Critical Incident Policy is reviewed annually at a staff meeting and signed off by staff that they have reviewed and understood the requirements of the policy. The staff list will be submitted to payroll for documentation and tracking.

Documentation

CVS staff are to report and record client information in an objective (facts) rather than subjective (personal feelings, judgments, impressions) manner.

Staff may quote a client's statement of events or how he / she feels.

Policy Audit: March Annually

Date Issued: March 2004

Date Revised: June 2004

Position

Responsible: Executive Director

References:

- ☞ Critical Incident Reporting Procedures (attached)
 - ☞ Internal Incident/Injury/Restraint Monitoring Procedures (attached)
 - ☞ Reporting Clients Involved in Criminal Activities (attached)
 - ☞ Critical Incident Report for Unlicensed Residences and Other Programs
 - ☞ Workers Compensation Act (Regulations)
 - ☞ WCB Forms
 - ☞ Medication Error Forms
 - ☞ Staff/Caregiver Incident Report
 - ☞ Community Living Services Mortality Information Summary
 - ☞ SDA 5.11.A – Internal Incident/Injury/Restraint Monitoring Form
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Critical Incident Reporting Procedures

Definitions

A **critical incident** is any event which is detrimental to the person (participant, resident, staff member, visitor, etc.) and/or which constitutes an infringement on their rights. A *critical incident* is a serious or unusual event that includes but is not limited to the following occurrences and must be reported to Community Living BC or the Ministry for Children and Families (see the "Report of Critical Incidents - Guidelines for Service Providers" on the back of the Ministry's Critical Incident Report Form for specific definitions):

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Types of incidents include but are not limited to the following:

- a) *Physical Abuse* – any excessive or inappropriate physical force directed at an individual by a person in a position of trust or authority.
- b) *Sexual Abuse* – any sexual behavior directed at an individual by a staff member, volunteer or any other person in a position of trust or authority. Sexual abuse refers to any sexual conduct, consensual or not, committed to an individual, including sexual touching, sexual intercourse and sexual exploitation.
- c) *Emotional Abuse* – Any act, or lack of action, that diminishes an individual's sense of well being, perpetrated by another person in a position of trust or authority.
- d) *Neglect* – Any deprivation of an individual's requirement for food, shelter, medical attention or supervision that endangers the safety of the individual.
- e) *Financial Abuses* – Any abuse or issue of an individual's funds and assets by a person in a position of trust or authority (e.g. obtaining property and funds without the individual's knowledge and full consent, or in the case of an incompetent person, not in their best interests.)
- f) *Unexpected Illness* – Any unexpected illness of an individual that requires the transfer of the individual to the hospital.
- g) *Disease Outbreak* – Any outbreak of a communicable disease or an occurrence of a reportable disease in a residence or program. (An outbreak is the occurrence of a disease beyond the normally expected incidence level)
- h) *Death* – Any death of an individual in a residence or program. The service provider must notify the social worker/facilitator within 2 hours of the death. When the death occurs outside of the normal working hours then follow after hours reporting procedures. Within 12 hours of the death the service provider must complete and submit to the social worker the community Living Services Mortality Information Summary form which is used to document the particulars of the death rather than the Critical Incident form. The Community Living Services Mortality Information Summary is located in the central files at the Ridgeway Avenue office.
- i) *Fall* – Any fall where the individual requires emergency care by a physician or transfer to the hospital.
- j) *Motor Vehicle Accident* – Any motor vehicle accident where injuries occur to an individual while under the care and supervision of a service provider.
- k) *Other injury* – Any other injury to an individual that requires emergency transfer to hospital or emergency care by a physician.

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- l) *Poisoning* – Any ingestion of poison by an individual in a residence or program.
- m) *Disruption of services* – Any service disruption that affects the delivery of services to individual's (e.g. fire, flood, labour actions).
- n) *Aggressive/unusual behaviors* – Any aggressive or unusual behavior on the part of the individual towards another person, or any unusual behavior that has not been appropriately assessed in the individual's personal service plan.
- o) *Missing/Wandering Person* – Any unscheduled or unexplained absence of an individual from a residence or program (e.g. the person is missing or wandering).
- p) *Medication Error* – Any medication error that requires emergency care of an individual by a physician or transfer to the hospital, or where the incorrect medication is given to an individual.
- q) *Suicide attempt* – Any attempt by an individual to take his or her own life.

“Need-to-know”

Where the behaviour or medical condition presents a continued risk to the client involved in the incident, other participants, staff, volunteers, visitors, etc., information will be distributed accordingly.

Procedure

Incidents involving Participants/Children:

1. Staff/caregiver must complete the Ministry's Critical Incident Form. This report shall be written briefly and objectively.
2. Supervisors/Coordinators review the incident and decide if it is reportable to MCFD, using the guidelines on the reverse of the incident form. Reports to the Ministry may need to be rewritten for brevity.
3. The CIR is submitted to the Executive Director for review.
4. If it is a reportable incident, Supervisors/Coordinators should fax a copy to the social worker, and where appropriate, contact the worker within 48 hours.
5. Incidents involving a participant striking a staff should be immediately (within 24 hours) reported verbally to the Executive Director and Program Supervisor.
Incidents involving a respite child striking a caregiver should be immediately (within 24 hours) reported to a Program Coordinator who will notify the Executive Director as soon as possible.
6. Incidents which result in staff/caregiver injury or potential injury require a WCB form to be completed by the employee/contractor, signed by the Supervisor/Coordinator, and forwarded to the Accountant, who will forward to WCB.

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1. Staff involved in or witness to the incident fill out a Critical Incident report (triplicate form licensed or unlicensed depending on the site) and bring it to the Ridgeway Ave office and submit to the Adult Services or Respite Services Coordinator or the Executive Director within 24 hours of the incident. Licensed facilities will use the triplicate copy. Unlicensed facilities and programs will use the triplicate copy **CRITICAL INCIDENT REPORT FOR UNLICENSED RESIDENCES AND OTHER PROGRAMS**.

House Supervisors and Program Coordinators will make a copy for their records for filing in the Client Binder.

House Supervisors and Program Coordinators will phone other programs where the individual will be involved that day on a “need to know” basis.

If the critical incident involves restraint then you must also fill out an Internal Incident/Injury/Restraint Monitoring form (SDA 5.11.A) and bring it to the Ridgeway office along with the Critical Incident Form.

2. It is required that the following be telephoned immediately:
 - ? Social Worker be telephoned immediately. If the Social Worker is not available at the office it is important to leave a message. The telephone call or message must be followed up by submission of the written critical incident report. After hours, calls are to be directed to the **Help Line 604 660 8180**.
 - ? Program Coordinator/House Supervisor and Program Manager for the program where the incident occurred.
 - ? Residential House Supervisor and/or family/caregiver for the individual involved in the incident.
3. One of the Adult Services, Respite Services Coordinators or the Executive Director reviews and signs the Critical Incident Report form and gives a copy of the Critical Incident Report form to the Administrative Assistant.
4. The Administrative Assistant will submit a copy of the Critical Incident form to the MCFD/CLBC and Health Services for Community Living Nurse when appropriate. She/he will then circulate copies to the Program Coordinator/ House Supervisors/Program Manager where the client lives and/or is enrolled on a “need to know basis”.
5. The Program Coordinator from the site where the incident occurred is responsible for follow up on all Critical Incidents and Restraint Monitoring and for ensuring that the documentation has been done correctly and for organizing a Team Meeting if required.
6. All programs file the copy of the Critical Incident Report form and the Internal Incident/Injury/Restraint Monitoring Report form in the clients binder.
7. All reportable critical incidents involving employee injury are reviewed regularly by the H&S Committee.

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Internal Incident/Injury/Restraint Monitoring Reporting Procedures

Incident reports are submitted to the Ridgeway Ave office for distribution to the Program Manager responsible.

A copy is kept by the Program reporting the incident and filed in the client binder.

The Program Managers signs and submits the form to the Administrative Assistant for entry into the database and filing in the central files at the Ridgeway office.

The Administrative Assistant will distribute copies of the Internal Incident/Injury/Restraint Monitoring form to the House Supervisor and Program Manager for the CVS Residence where the client lives (to be filed in the client binder).

Based on a "need to know" other programs will be telephoned by the reporting program.

Incidents involving Staff/Caregiver:

1. All incidents of staff/caregiver injury shall be reported to the employee's direct supervisor within 24 hours and the WCB report form completed. Supervisors/Coordinators shall forward the signed WCB form to the CVS Accountant.
2. All workplace incidents not reportable to WCB or on a CIR shall also be promptly reported. A Staff Incident Report must be completed and submitted to Program Supervisor who will then submit it to the Executive Director.
3. In the event of absence of the direct supervisor, reports shall be made to the executive director or any other available supervisor.

Follow-up:

Reviews of all Critical Incident Reports, Medication Error Reports, Staff/Caregiver Incident Reports and WCB Reports must be completed every four months as part of the Occupational Health and Safety Committee. Each review must include the following items:

- a. A determination of the cause of each incident.
- b. Identification in trends in critical incidents.
- c. The development of actions for improvement to prevent similar actions from occurring in the future.

The Committee will review the recommendations at its next meeting to evaluate the results of the actions taken for improvement, ensuring that the recommended changes that have been made were effective.

The Adult and Respite Service Coordinators are responsible for follow up of the incident as required and to ensure the documentation is done correctly. The Executive Director is responsible for determining all appropriate follow up and procedures are done.

The program may shred and recycle the internal incident forms after one year after checking in the central files at the Ridgeway office to ensure that a copy is on file.

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Reporting Clients Involved In Criminal Activities

This policy is for the purpose of clarifying staff responsibilities when they may be confronted with clients who may be involved in criminal activities.

First, when supporting clients who may be involved in possible criminal activities, the role of staff is not to be investigative. Staff will disengage from the activity and the client if necessary and let the client know that they are required to report all criminal activities and any other concerns and clarification of staff boundaries. Service within such a situation will be immediately terminated, once the client is informed of why this is happening. This will protect staff from becoming involved with any criminal activity instigated by a client.

Remember that any “investigative efforts” by staff could result in a breach of the client’s rights and freedoms. It is better to terminate the service and back away from the possible criminal activity.

Second, reporting procedures for incidents such as these are: Do not use the triplicate external incident report form when it is only “possible criminal activity” and is not confirmed criminal activity. Record the incident in *journal notes and on an internal incident report form*. If the incident were to be confirmed as criminal in nature, then a critical incident report would be filled out and forwarded to the Ministry.

The CVS confidentiality form gives clear information to clients about exceptions to their confidentiality. The form cites, as part of staff’s legal reporting responsibilities, *any information about a client’s intended commission of a crime*. Please note that since it is the reporting of an “intended commission of a crime”, then it appears on an internal incident report. If it comes to the staff’s attention that the client did in fact commit the crime, the information would then also be recorded on a Ministry critical incident form.