

Calgary Progressive Lifestyles Foundation

Incident Report

Type of Incident: Incident Near Miss Illness

Who was affected: Client Staff Both

CPLF Staff(s) Legal First and Last Name:

Client(s) Legal First and Last Name:

Service Area: Hourly Supports Contractual (Residential Supports)

Incident Date: _____

Time of Incident: _____

Report Submission Date: _____

Time Reported: _____

Reported to: Supervisor After Hours Emergency Line

Name of Supervisor: _____

Location of Incident / Near Miss and Address:

Witnesses: No Yes (provide names below)

First Aider Name: _____

Witness Name(s): _____

First Aid Provided: _____

First Aid Offered: No Yes

Client Root Cause / Category:

Type of Injury / Illness:

Missing (AWOL)

Verbal Threats:

Allergy

Fracture

Medication Error

To Property

Bite

Muscle Strain / Pull

Injury

To Self

Bruise

Pin

Illness

To Others

Burn

Puncture

Other:

Other:

From Others

Crush

Respiratory Illness

Cut / Laceration

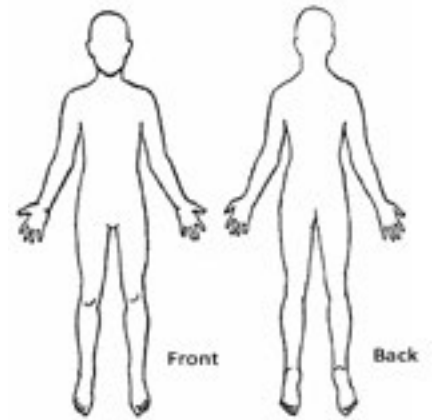
Scald

Client Method of Injury / Illness:

- Body Motion
- Caught in Between
- Contact by / with
- Equipment:
- Exposure to:
- Fall
- Emotional / Mental Health
- Other

- Needle Stick
- Overexertion
- Positioning
- Progressive
- Slip / Trip
- Transfer - Type:
 - 1 Person
 - 2 People
 - Mechanical

Location of Injury / Illness:
 (Please Circle/Shade area of injury / illness on diagram)



Staff Root Cause / Category:

- | | |
|-------------|------------------|
| Injury | Allergy |
| Emotional | Bite |
| Environment | Bruise |
| Physical | Burn |
| Other: | Crush |
| Illness | Cut / Laceration |
| Other: | |

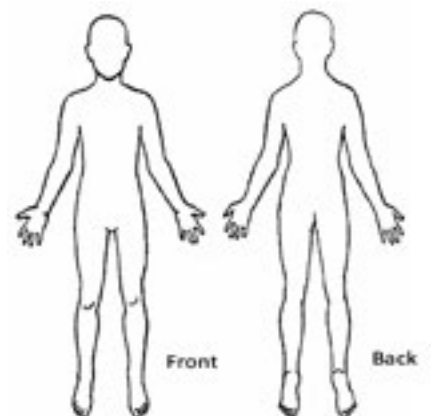
Type of Injury / Illness:

- | | |
|----------------------|--------------|
| Fracture | Spitting |
| Muscle Strain / Pull | Hair Pulling |
| Pin | Other: |
| Puncture | |
| Respiratory Illness | |
| Scald | |

Staff Method of Injury / Illness:

- | | |
|---------------------------|------------------|
| Body Motion | Needle Stick |
| Caught in Between | Overexertion |
| Contact by / with | Positioning |
| Equipment: | Progressive |
| Exposure to: | Slip / Trip |
| Fall | Transfer - Type: |
| Emotional / Mental Health | 1 Person |
| Other | 2 People |
| | Mechanical |

Location of Injury / Illness:
 (Please Circle/Shade area of injury / illness on diagram)



Risk Assessment

Frequency:

4 Often; 1 or more time /day

3 Frequently; 1 or more times/week

2 Occasionally; 1 or more times/month

1 Rarely; Less than once/month

Severity:

4 Catastrophic (serious injury /death)

3 Critical
(probability high for medical aid,
serious injury, minor illness/damage)

2 Marginal
(first aid type injury, minor illness/damage)

1 Negligible
(injury/illness/damage not likely to occur)

Probability:

4 Will very likely occur
(expected to happen)

3 Could probably occur (has better
than 50/50 chance of happening)

2 Possibility of occurring
(known to have happened)

1 Practically impossible to occur
(1:1,000,000)

Risk Ranking Total (Add Frequency, Severity, Probability): _____

Description of Incident (attach additional pages as necessary):

1. **Antecedent:** What was happening before the behaviour occurred or possible triggers?

2. **Behaviour:** What client/staff actually did i.e. Agitation, Repetitive behaviour, Physical aggression, Property damage etc?

3. **Consequences:** What you did to manage the behaviour?

Has there been a similar incident:

No

Yes

Did the incident result during a task that is part of this person's regular routine:

No

Yes

What do you think could have been done to prevent this incident from happening?:

Is there another agency involved in the incident?:

No

Yes

If yes, Agency Name: _____

Staff Signature: _____

Date: _____

Supervisor Feedback / Follow-up regarding incident:

Case Manager: _____

Date: _____

Case Manager Signature: _____