#

### 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)

Witness Name(s): First Aid Provided:

First Aid Offered: ­ No Yes

## Client Root Cause / Category: Type of Injury / Illness:

 Missing (AWOL) Verbal Threats:  Allergy  Cut/laceration  Scald

 Medication Error  To property  Bite  Fracture  Puncture

 Injury  To self  Bruise  Muscle strain/pull

 Illness  To others.  Burn  Pin

  From other  Crush  Respiratory illness

 Other:

##  Client method of injury / illness:

 Body motion  Needle stick  Transfer - type:

 Caught in between  Overexertion  1 person

 Contact by/with equipment  Positioning   2 people

 Fall  Progressive  Mechanical

 Slip/trip

 Other:

**Location of injury / illness:**

## Staff Root Cause / Category: Type of Injury / Illness:

 Injury  Allergy  Cut/laceration  Scald  Crush

 Emotional  Bite  Fracture  Puncture  Respiratory illness

 Environmental  Bruise  Muscle strain/pull  Spitting

 Physical  Burn  Pin  Hair pulling

 Other injury:

 Illness

 Other illness:

 **Staff method of injury / illness:**

 Body motion  Needle stick  Transfer - type:

 Caught in between  Overexertion  1 person

 Contact by/with equipment  Positioning   2 people

 Fall  Progressive  Mechanical

 Slip/trip

 Other:

**Location of injury / illness:**

# Risk Assessment

## Frequency: Severity: Probability:

 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

  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)

  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:**