



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:

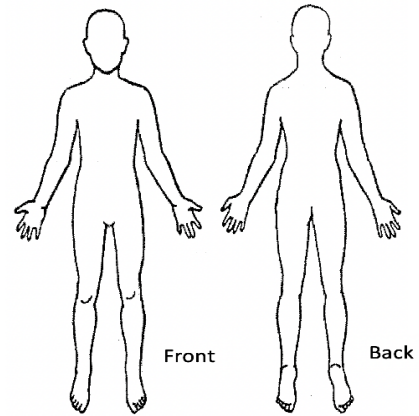
- |                  |                 |                  |                      |        |
|------------------|-----------------|------------------|----------------------|--------|
| Missing (AWOL)   | Verbal Threats: | Allergy          | Fracture             | Other: |
| Medication Error | To Property     | Bite             | Muscle Strain / Pull |        |
| Injury           | To Self         | Bruise           | Pin                  |        |
| Illness          | To Others       | Burn             | Puncture             |        |
| 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 check area of injury / illness on diagram)



**Staff Root Cause / Category:**

- Injury
  - Emotional
  - Environment
  - Physical
  - Other:
- Illness
- Other:

- Allergy
- Bite
- Bruise
- Burn
- Crush
- Cut / Laceration

**Type of Injury / Illness:**

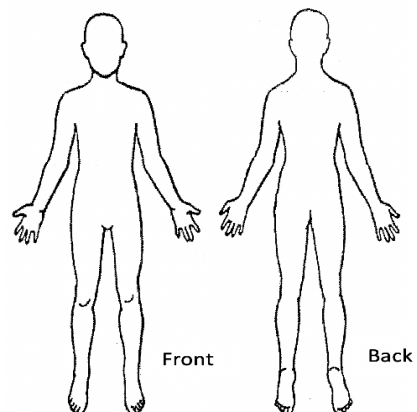
- Fracture
- Muscle Strain / Pull
- Pin
- Puncture
- Respiratory Illness
- Scald
- Spitting
- Hair Pulling
- Other:

**Staff 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 check area of injury / illness on diagram)



# Risk Assessment

## Frequency:

## Severity:

## Probability:

4 Often; 1 or more time /day

4 Catastrophic; (serious injury /death)

4 Will very likely occur;  
(expected to happen)

3 Frequently; 1 or more times/week

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

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

2 Occasionally; 1 or more times/month

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

2 Possibility of occurring;  
(known to have happened)

1 Rarely; Less than once/month

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

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

**Risk Ranking Total** (Add Frequency, Severity, Probability): \_\_\_\_\_

# Description of Incident

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:

Confirmed Type of Incident:            Incident            Near miss            Illness

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_