# 

### Incident Report

### Type of Incident: Injury 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:**