



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)

First Aider Name: _____

Witness Name(s): _____

First Aid Provided: _____

First Aid Offered: No Yes

Client Root Cause / Category:

Type of Injury / Illness:

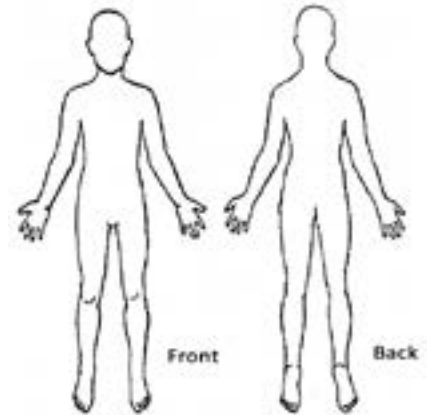
- | | | | | |
|------------------|-----------------|------------------|----------------------|--------|
| Missing (AWOL) | Verbal Threats: | Allergy | Fracture | Other: |
| Medication Error | To Property | Bite | Muscle Strain / Pull | |
| Injury | To Self | Bruise | Pin | |
| Illness | To Others | Burn | Puncture | |
| Other: | From Others | Crush | Respiratory Illness | |
| | | Cut / Laceration | Scald | |

Client Method of Injury / Illness:

- | | |
|---------------------------|------------------|
| Body Motion | 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 check 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:

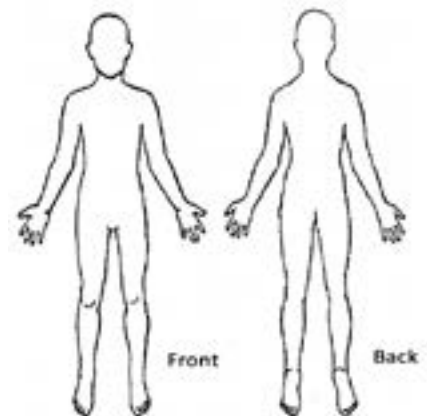
- | | |
|----------------------|--------------|
| Fracture | Spitting |
| Muscle Strain / Pull | Hair Pulling |
| Pin | Other: |
| Puncture | |
| Respiratory Illness | |
| Scald | |

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 check 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

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: _____

Case Manager Feedback / Follow-up regarding incident:

Office Use Only*

Feedback has been provided to staff

Confirmed Type of Incident: Incident Near miss Illness

Case Manager:

Date:

Case Manager Signature:
