### 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 **First Aider Name:**

##

## 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

 Caught in between  Overexertion

 Contact by/with equipment  Positioning

 Fall  Progressive

 Slip/trip

 Other:

**Location of injury / illness:**

## Staff 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:

**Staff method of injury / illness:**

 Body motion  Needle stick

 Caught in between  Overexertion

 Contact by/with equipment  Positioning

 Fall  Progressive

 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

 No historical data

## 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?

**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:**

**Office Use Only\***

**Confirmed type of report:**  Incident Near miss Illness

**Elevated to CIR:**  Yes No

**Has there been a similar incident?:**  Yes No

**NCI/CPI Techniques Used**

 **Disengagement**

 **Push/pull: Hold and stablilize: Lever:**

 Wrist Wrist Wrist

 Clothing Clothing Clothing

 Turning away Turning away Turning away

 Bite Neck

 Body Hair

 Body

 **Physical Holds**

 **Team control (2 staff)**  **Standing position (2/3 staff):**  **Seated position (2/3 staff):**  **Supine-floor (3+ staff):**

 Low level Low level

 Medium level Medium level

 High level High level

**Case Manager Feedback / Follow-up regarding incident:**

 **Feedback has been provided to staff**

**Case Manager: Date:**

**Case Manager Signature:**