### 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

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**Staff method of injury / illness:**

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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:**