



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:

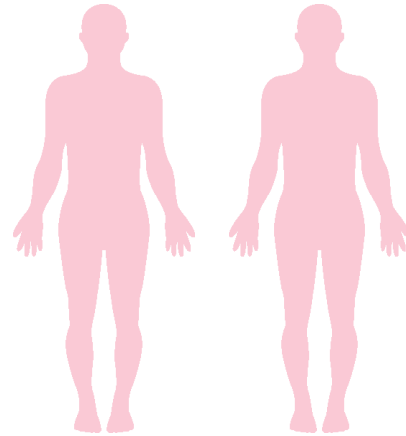
Type of Injury / Illness:

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 | |
| Emotional / Mental Health | |
| Other | |

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: | |

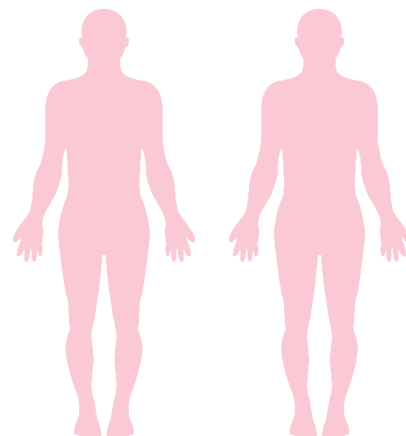
Type of Injury / Illness:

- | | |
|----------------------|--------------|
| 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 | |
| Emotional / Mental Health | |
| Other | |

Location of Injury / Illness:
(Please check area of injury / illness on diagram)



Risk Assessment

Please rank how serious the harm could be and how likely the behaviour is to happen by choosing “Low”, “Medium”, “High”, or “Extreme” in the table below.

Catastrophic Death will occur, or the level of injury will lead to permanent or irreversible ill-health.	Medium	High	Extreme	Extreme	Extreme
Major Psychological or physical injury will require treatment leading to long term incapacity or disability.	Medium	High	High	Extreme	Extreme
Moderate Psychological or physical injury will require treatment and/or lead to medium term incapacity and ill-health.	Low	Medium	High	High	Extreme
Minor Psychological or physical injury will be non-permanent and/or cause no lasting ill-health.	Low	Medium	Medium	High	High
Negligible Psychological or physical injury will be minimal.	Low	Low	Low	Medium	Medium
	Rare Will probably never happen.	Unlikely Is not expected to happen but it could.	Possible Might happen.	Likely Will probably happen.	Certain Will undoubtedly happen.

Severity of Harm

Likelihood of Behaviour

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?

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: No Yes

Has there been a similar incident? No Yes

NCI/CPI Techniques Used

Disengagement

Push/pull:

Wrist
Clothing
Turning Away
Bite
Body

Hold and stabilize:

Wrist
Clothing
Turning Away

Lever:

Wrist
Clothing
Turning Away
Neck
Hair
Body

Physical Holds

Team control (2 staff)

Standing position (2/3 staff):

Low level
Medium level
High level

Seated position (2/3 staff):

Low level
Medium level
High level

Supine-floor (3+ staff)

Human Services Coordinator's Feedback / Follow-up regarding incident:

Feedback has been provided to staff

Human Services Coordinator:

Date:

Human Services Coordinator's Signature:
