



# 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:

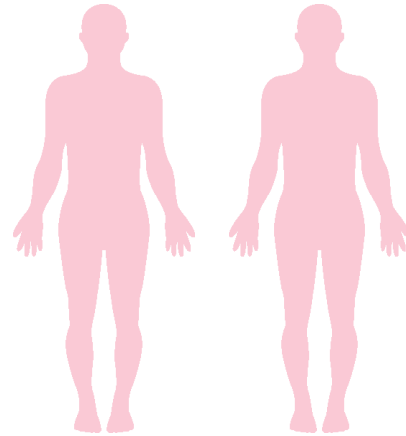
Type of Injury / Illness:

- |                  |                 |                  |                      |        |
|------------------|-----------------|------------------|----------------------|--------|
| 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:      |                  |

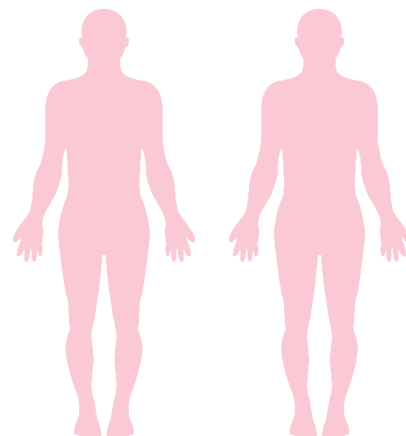
**Type of Injury / Illness:**

- |                      |              |
|----------------------|--------------|
| 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.

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

## Description of Incident Continued

3. **Consequences:** What you did to manage the behaviour?

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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

Human Services Coordinator Feedback / Follow-up regarding incident:

Feedback has been provided to staff

Human Services Coordinator:

Date:

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Human Services Coordinator Signature:

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