

PATHWAYS ABILITIES SOCIETY

POLICY: INCIDENT REPORTING

Applies to: All Personnel

POLICY

Pathways Abilities Society adheres to the incident reporting requirement of Community Care and Assisted Living Act, our contracting and/or our accrediting body. Depending on the severity and pre-established protocols, incidents may not warrant forwarding the report to the external regulatory bodies. The supervisor and executive director or designate will review to determine the need.

See CLBC Critical Incident Policy pages 9-14 for a description of critical incident types <https://www.communitylivingbc.ca/wp-content/uploads/Critical-Incidents-Policy.pdf>.

Reporting requirements are identified as follows:

- 1: Incidents that must be reported to our funding body
- 2: Reportable to Community Care Facilities Licensing
- 3: Not reportable to Community Care Facilities Licensing
- 4: Not reportable to our Funding Body

An “incident or critical incident” is defined as follows:

- Fall ^{3, 4}
- Fall that results in injury requiring emergency medical care by a medical or nurse practitioner or transfer to hospital ^{1, 2}
- Aggressive or Unusual Behavior ^{3, 4}
- Aggressive or Unusual Behavior not appropriately addressed or documented in the individual’s Behaviour Support and Safety plan or results in harm (physical, including self-harm or emotional). ^{1, 2}
- Abuse (emotional, physical, verbal, sexual, financial) ^{1, 2} (Reported immediately)
- Aggression between Individuals ^{3, 4}
- Aggression between Individuals causing injury requiring first aid (e.g. bandage, ice pack), emergency medical care or transfer to hospital. ^{1, 2}
- Choking not requiring first aid ^{3, 4}
- Choking requiring first aid (including abdominal thrusts), emergency care by a medical, nurse practitioner, or transfer to hospital. ^{1, 2}
- Neglect including self-neglect (i.e. food, shelter, care, etc.) ^{1, 2} (Reported immediately)
- Unexpected Illness/ Food Poisoning ^{3, 4}
- Unexpected Illness/Food Poisoning requiring emergency medical care by a medical, or nurse practitioner or transfer to hospital. ^{1, 2}
- Disease/Parasite Outbreak ^{3, 4}
- Disease/Parasite Outbreak when the occurrence of a communicable disease is above the level that is normally expected, including a communicable disease or parasite such as scabies. ^{1, 2}
- Use of Infectious Control ^{3, 4}
- Death ^{1, 2}
- Unexpected Death ^{1, 2} (Reported immediately)

- Sentinel Event ^{3, 4} (Must be reported to accrediting body within 30 days)
- Motor Vehicle Accident ^{3, 4}
- Motor Vehicle Accident resulting in injury to an individual ^{1, 2}
- Other Injury ^{3, 4}
- Other Injury requiring emergency care by a medical practitioner or transfer to a hospital ^{1, 2}
- Poisoning ^{1, 2}
- Police called and requested to attend one of our homes ^{1, 2}
- Service Delivery Problem/ Disruption of service (i.e. fire, flood) ^{1, 3}
- Missing or Wandering ^{1, 2}
- Medication Error ^{3, 4}
- Medication Error if it adversely affects an individual or requires emergency care by a medical or nurse practitioner or transfer to hospital ^{1, 2}
- Suicide Attempt ^{1, 2} (Reported immediately)
- Suicidal Ideation and should be reported to a healthcare professional ^{3, 4}
- Bio Hazardous Accidents ^{3, 4}
- Weapons Use ^{1, 3}
- Possession of illicit drugs ^{3, 4}
- Misuse of Illicit Drugs or Licit Drugs that requires medical attention ^{1, 2}
- Exclusionary Time Out ^{1, 3}
- Restraint ^{1, 3}
- Use of any Prohibited Practice as outlined in the CLBC Behavior Support and Safety Planning Policy ¹
- Service Delivery Problem/Disruption of Services ^{1, 2}
- Restriction of Rights ^{1, 3}
- Any critical incident that is reported to Community Care Facilities Licensing ¹

Expanded definitions can be obtained from a supervisor, management personnel, the Community Living BC website and the Community Care Facilities website.

Pathways Abilities Society uses 2 types of incident reports:

1. An Interior Health “Community Care Licensing Residential Care Incident Report” form. It is completed only for incidents occurring in a licensed residential care facility as per the Community Care Facilities Act.
2. A ShareVision “Incident Report”. It is used in all service areas including licensed residential care facilities.

The correct incident report, as outlined in the procedures, must be completed and the immediate supervisor notified of the incident prior to staff leaving their shift.

Most incidents are analyzed by the leadership team monthly to prevent further reoccurrence and in the promotion of a high standard of care and safety. Seizure incident reports and incidents that have been reviewed by the Executive Director and Licensed Practical Nurse (LPN) and deemed not preventable and/or do not require a full review by the leadership team will be concluded by the Executive Director or designate.

The activity quality assurance manager (AQAM) follows-up all actions required to prevent further incidents from occurring.

The AQAM completes a summary report of the annual incidents and follow up results and gives it to the executive director annually in the month of April. The executive director provides a copy of the report to the board of directors annually in the month of June.

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