

**Policy & Procedure Manual**

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**INCIDENT REPORTING AND FOLLOW-UP - AD-I-6**

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**POLICY:**

OPTIONS NORTHWEST strives to enhance the quality of life for individuals and ensure safe living environments. Further, all employees are held accountable to provide the highest standards of support and performance.

It is the responsibility of each employee, student and volunteer to report and document any occurrence of an unusual, extraordinary or serious nature. OPTIONS NORTHWEST will initiate a course of investigation and action in the event of an incident, with or without individual involvement.

**PURPOSE:**

1. To provide a procedure for prompt notification to the Supervisor/Manager/Director/Designate of all incidents or unusual occurrences involving individuals, employees, volunteers or property of OPTIONS NORTHWEST.
2. To allow the Supervisor/Manager/Director/Designate the opportunity to take corrective or remedial action if the incident is of a lesser significance or follow Serious Occurrence Reporting and Follow-Up Policy AD-I-7 where the incident meets the Ministry of Children, Community and Social Services' definition of a Serious Occurrence.
3. The Incident Report can be used for reporting of both individual and non-individual involved incidents (e.g. injury, accidents, PRN usage for behaviour control, property damage, missing valuables, and unauthorized intruders).

**NOTE:** i) This form is also used to Report Medication and Treatment incidents according to Medication and Treatment Incident Reporting Policy R-III-9.  
ii) For employees injuries follow Health and Safety Policies.

**INCIDENT TYPES AND EXAMPLES:**

1. Individuals Supported Related Incident: Examples of this type of incident are outlined in the check box on the Incident Report (Appendix A): injury of individual, use of physical or chemical restraints, aggressive behaviour, and disclosure of past or present abuse, as set out in Abuse Policy AD-III-1.

2. Employees Related Incidents: Examples of this type of incident are: hazardous situations-- intruders on premises.
3. Non-Supported Individuals/Non-Employee Related Incidents: Examples of this type of incident are: property damage, missing property, break-ins, etc.

**PROCEDURE:**

1. If the incident involves a person(s) supported, the employee, student or volunteer of OPTIONS NORTHWEST, shall first attend to the well-being of the individual(s), and where possible and practical, ensure that there is no continued risk to the individual(s). First-aid shall be offered as required. In the case of a sexual assault, do not remove or rearrange the individual's clothing in any manner, or bath or wash the individual. If abuse was witnessed, whether sexual or physical, the Police will be called in accordance to Abuse Policy AD-III-1.
2. Employees who discover any type of incident of an unusual, extraordinary or serious nature will verbally report the occurrence to the Supervisor/ Manager/Director/ Designate in accordance with Internal Reporting System Policy AD-I-1. If the incident involves a person(s) supported, persons acting on their behalf shall be notified as required.
3. If an incident in Box A of the Incident Report (Appendix A) is checked, a call to the Supervisor On-Call/Management On-Call should be made immediately, and the Supervisor/ Manager/Director shall determine the status of the incident.
4. Employees who discover any type of incident shall complete an Incident Report (Appendix A) up to and including reporter's name, signature, date and time of report, as soon as possible after the verbal report and prior to going off shift. On the report identify people involved by first name and last initial, and identify their relationship to the agency, e.g. Bob S., Dacre. Ensure the description section of the report is clear, concise, objective and factual answering questions of who, what, where, when, why and how related to the situation. Any attachments must be signed and dated.
5. Employees will then forward this report to the Supervisor/Manager/Director/ Designate. If the situation occurs in a group living home and is individual related, support employees shall document the incident and the initiation of the Incident Report on the Shift Report and in the individual's Personal Binder. On the Progress Notes ensure the description of the incident is clear, concise and factual and indicate how the incident report was forwarded to Management. If it is Home Share, SIL or CPS the incident will be forwarded to the Supervisor/Manager/Director/Designate.
6. If an incident in Box A of the Incident Report (Appendix A) is checked, a call to the Supervisor On-Call/Manager On-Call/Director must be made immediately and Supervisor/Manager/Director/Designate shall determine the status of the incident and:

- a) implement the Serious Occurrence Reporting and Follow-Up procedure AD-I-7, if the incident meets the Ministry of Children, Community & Social Services' definition of a Serious Occurrence;
  - b) review the incident report to ensure all areas are completed and, as required, speak with employees who wrote the report to obtain all details and for clarification;
  - c) indicate existing or possible contributing factors that may have caused the incident;
  - d) make recommendations/suggestions for prevention and to decrease the likelihood of recurrence of the incident;
  - e) under the follow up section investigate and then describe the current status of the incident/injury i.e. 4" scratch on individual's right forearm appears to be healing;
  - f) take the remedial action required as recommended and communicate the incident and action taken to employees;
  - g) depending on the type of incident, ensure debriefing has occurred with the individual, employees and all others involved; this will be noted on the report and, if applicable, in the appropriate individual's personal binder;
  - h) depending on the type of incident, the individual's perspective should be included in the incident report. If the incident results in a Serious Occurrence, include their perspective in the Serious Occurrence Report;
  - i) all attachments must be signed and dated;
  - j) a copy of the incident report will be forwarded to any other internal department/positions, as appropriate i.e. clinician when involved with the person(s) supported, EFA instructor when CPR is performed, Health Care Consultant for Medication incident reports.
7. If an incident from Box A is checked on the Incident Report (Appendix A), the Supervisor/Manager/Director/Designate shall forward a report to the applicable Manager/Director/Executive Director by the next regular business day for all emergency issues as identified in Internal Reporting System Policy AD-I-1 and within 5 business days for all non-emergency issues. When time constraints do not allow for the report to be received by the applicable Manger/Director/Executive Director within the timelines identified, they will be verbally notified of the incident and the report will follow.

8. Following an administrative review, a copy of the Incident Report will be returned to the Supervisor who will discuss the incident with employees at the next team meeting.
9. The Supervisor shall maintain a file of Incident Reports for future reference.

**NOTE:** other related policies - Death of a Person Supported  
- Fire, Emergency  
- Serious Occurrence Reporting and Follow-Up

**RECOMMENDED BY:** Administration

**APPENDICES:** 1

**OPERATIONAL ACCOUNTABILITY:** Administration, Finance, Human Resources, Community Service Administration, Community Services (all)

**ORIGINAL POLICY DATE:** May 1993

**AUTHORIZED BY:** Executive Director

**SIGNATURE:** \_\_\_\_\_



**- OPTIONS NORTHWEST -  
INCIDENT REPORT**

LOCATION: \_\_\_\_\_

<b>BOX A</b>	<b>TYPE OF INCIDENT</b> (CHECK ALL THAT APPLY)		
	<b>Immediately call Supervisor/On-Call for any of the following:</b>		
<input type="checkbox"/> DEATH	<input type="checkbox"/> SERIOUS INJURY	<input type="checkbox"/> SERIOUS ILLNESS	
<input type="checkbox"/> SUICIDAL BEHAVIOUR	<input type="checkbox"/> ALLEGED/SUSPECTED ASSAULT	<input type="checkbox"/> MISSING PERSON	
<input type="checkbox"/> INAPPROPRIATE USE OF TECHNOLOGY	<input type="checkbox"/> SERIOUS CHARGES	<input type="checkbox"/> RESTRICTIVE INTERVENTION	
<input type="checkbox"/> ALLEGED/SUSPECTED ABUSE	<input type="checkbox"/> MEDICATION ERROR	<input type="checkbox"/> SERIOUS COMPLAINT	
<input type="checkbox"/> EMERGENCY/DISASTER	<input type="checkbox"/> BREACH OF CONFIDENTIALITY	<input type="checkbox"/> CONTRABAND/SAFETY RISK	

<b>BOX B</b>	<b>TYPE OF INCIDENT</b> (CHECK ALL THAT APPLY)		
	<input type="checkbox"/> PRN ADMINISTRATION	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> BEHAVIOUR
<input type="checkbox"/>	OTHER – I.E. HAZARDOUS SITUATION		
<input type="checkbox"/>	SPECIFY _____		

**DATE & TIME OF INCIDENT:** \_\_\_\_\_

**NOTIFICATION PROVIDED TO:**

Supervisor/On Call: \_\_\_\_\_ DATE & TIME \_\_\_\_\_

Janzens by Phone:  \_\_\_\_\_ DATE & TIME \_\_\_\_\_

Janzens by Fax:  \_\_\_\_\_ DATE & TIME \_\_\_\_\_

\_\_\_\_\_ DATE & TIME \_\_\_\_\_

\_\_\_\_\_ DATE & TIME \_\_\_\_\_

**PERSON/PEOPLE SUPPORTED INVOLVED:** \_\_\_\_\_

**OTHERS INVOLVED: (include witnesses)** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**CONTRIBUTING FACTORS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_



SUPERVISOR'S FOLLOW-UP:

ADDITIONAL REPORT ATTACHED & SIGNED:

Yes

No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SERIOUS OCCURRENCE REPORT DONE:

Yes

No

FORWARDED TO:

HUMAN RESOURCES

CRT

FINANCE

PHARMACY (FAXED)

TOTAL ATTACHMENTS: \_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

**DIRECTOR/MANAGER REVIEW**

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\_\_\_\_\_  
DIRECTOR/MANAGER

\_\_\_\_\_  
DATE

COPY OF MEDICATION INCIDENT TO COMPLIANCE REVIEW FOLDER:

Yes

No

**EXECUTIVE DIRECTOR'S REVIEW**

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\_\_\_\_\_  
EXECUTIVE DIRECTOR

\_\_\_\_\_  
DATE

**UPDATES:**

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