



# POLICY

POLICY SECTION	POLICY NAME Incident Reporting	POLICY SECTION
SUBSECTION	RESPONSIBILITY COO	APPROVED BY CEO
EFFECTIVE/REVISED DATE	LAST DATE REVIEWED: November, 2020	NEXT REVIEW DATE November, 2021

## POLICY

All client/participant incidents are to be properly documented and reported to the designated authority and to the appropriate Health and Safety Representative when a worker is involved or there is a health and safety issue involving a client/participant. This policy applies to all locations where Lumenus clients/participants are being provided with services. It is the responsibility of all employees of Lumenus to contribute to creating and sustaining a safe and healthy environment for clients and staff. By reporting all incidents Lumenus can make improvements to client health, safety and welfare standards.

An incident is an unplanned event that leads to harm, or risk of harm, to a client/participant or damage to property and warrants additional monitoring and scrutiny. Some types of incidents may be specific to a particular program such as a residential youth who is missing. Incident reporting provides a tool to monitor the appropriateness and quality of services provided. It also affords an opportunity to identify patterns and design interventions that promote positive change. Documenting these incidents and reviewing them is part of quality service delivery.

NOTE: For staff/volunteer/visit incidents please refer to appropriate HR policy.

Incident Reports are also specifically submitted if the following serious events occur which also require that a Serious Occurrence Report be submitted to the appropriate Ministry. Please refer to Serious Occurrence policies for further detail:

1. In a residential setting when youth are missing from the residence:

- A missing person's report is filed immediately if the youth is deemed to be unstable, unsafe or a risk to themselves in the community; this would also be deemed a Serious Occurrence and a Serious Occurrence Report (SOR) should be submitted;
- If the youth is not deemed to be at risk, is late for curfew and has not been in communication with the residence, the program will contact residential on-call for further direction. In deciding whether to report the incident as a serious occurrence, the service provider should consider: the age of the client; whether the client runs away on a habitual basis; the events preceding the incident; the vulnerability of the client; etc.

2). In all program settings where clients are involved and where applicable and determined by the manager/director that the incident requires reporting:

- Suicide Attempt: An actual attempt to end one's life (e.g. an overdose, self-abuse causing life threatening situation). The worker immediately reports a suicide attempt to the Supervisor/Manager/Director and records all details of the situation (e.g. assessment, intervention, name of personnel involved, hospital);
- Physical Assault on Staff: Any physical assault of a staff member by a client. The worker records the nature and extent of the injury, indicates if the injury resulted in lost work time and whether a Worker's Compensation Claim Form has been filed;
- Physical Assault: Any physical assault on one client from another. The worker records the process used to investigate the incident, the extent of injury and the outcome of the investigation;
- Physical Restraint: An occasion wherein staff have determined that the safety of a client or of others is at risk, and have intervened with an approved Nonviolent Crisis Intervention (NVC) technique;
- Duty to Report (Adults: Regulation 299/10; Youth CYFSA): If a person has reasonable grounds for suspecting abuse or neglect they must personally make a report;
- Allegation of Physical Abuse from Staff: The worker describes the type of alleged abuse and documents the name(s) of staff and parties involved in the investigation, whether the client was examined for any obvious marks and the details of any visible marks (e.g. a) small bruise to (L) forearm or b) no marks observed) and documents visible marks and injuries on the body chart / diagram;
- Allegation of Physical Abuse: The worker specifies the type of alleged abuse (i.e. by a peer, a family member, or in the community) and documents the evidence of any visible marks on the client's body using the diagram included in the incident report and the process and the outcome of the investigation where feasible;
- Allegation of Sexual Abuse: The worker specifies the type of alleged abuse (i.e. by staff, a peer, a family member, or in the community) and documents the evidence of any visible marks on the client's body using the diagram included in the incident report and the process and the outcome of the investigation where feasible;



- Allegations of Neglect: The worker specifies the type of neglect (i.e. by staff, a peer, a family member, or in the community) and documents the evidence in the incident report and the process and the outcome of the investigation where feasible.
- Charges Laid: The worker documents the details of any incident resulting in charges being laid;
- Fire Incident: The worker documents the details of any incident involving fire setting or accidental fires;
- Health Issues: The worker documents injuries, seizures, serious illnesses, refusal of medical treatment, emergency or serious dental work and the death of a client;
- Hospitalization (Medical/Psychiatric): The worker records all details resulting in an emergency admission;
- Medication Error/Omission: The worker completes a report any time that residential or day/school staff omit the administration of a prescribed, time scheduled medication and the Director/Manager/Supervisor will determine if the report is to be filed as an Medication Incident Report (See 5.6 Medication Errors);
- AWOL/Missing Person Report/Cancel Missing Person Report: The worker indicates the time, circumstances of the run and return, the names, badge numbers and division of responding police;
- Police Investigation: The worker records the names, badge numbers and the division of investigating officers;
- Restrictive Practices: The worker completes a report to document the circumstances regarding the use of a restrictive practice beyond the baseline of limit setting and logical consequence.
- Intrusive Behaviour Intervention: The worker shall record all incidents in the client's file where intrusive behavior intervention is used on a person with a developmental disability (Reg. 299/10, 20(4))

Any deviation from the above needs to be discussed with a Supervisor/Manager/Director and the decision documented in the client's/participant's record.

On an individual basis, the worker and designated Supervisor/Manager/Director determine if an Incident Report is required in the following serious events:

- Behaviour Support Situation: Any incidents of serious behaviour issues, display of bizarre behaviour, group contagion, etc. The worker outlines the intervention used and the outcome of the situation;
- Damage to Property: Damages to property through intentional, accidental or natural reasons. The worker records the extent of the damage (e.g. to the building, staff person's belongings or cars);
- School Issue: Serious school issues such as suspension or expulsion are recorded. The worker outlines the circumstances resulting in the disciplinary action and the plan for the client;

- Sexual Incident: Sexual incidents include inappropriate, suspected or observed, and non-consensual sexual play, aggression or relationships involving a client, which may or may not require an investigation;
- Suicidal Threats: Self-abusive incident with intention of taking one's life but not a life threatening situation (e.g. gesturing - minor cutting or scratching; ideation, etc). The worker records a risk assessment, the intervention utilized and the plan to provide a safe environment for the client and to prevent further harm;
- Threats of Allegations Against Staff: Incidents of client threatening to make false allegations against staff. The worker records the circumstances and facts related to the allegation;
- Threats of Physical Assault on Staff: Incidents of serious threats to assault or harm staff in any manner. The worker records the risk assessment and interventions used to prevent assault or diffuse the situation;
- Threats of Physical Assault on Peers: Incidents of serious threats to assault or harm peers. The worker records the interventions used to prevent assault or diffuse the situation;
- Consultation/Information sharing/Duty to report with Child Welfare: Any incident requiring a call to Child Welfare that do not meet the 2019 SOR-RL requirements for submission of an SOR;
- Service Complaints: When there is a specific concern about the Centre's services, clients or others acting on behalf of clients. Includes when members of the general public are dissatisfied (e.g. lack of services available, quality of services provided);
- Other: Any incident not covered by the above categories (e.g. faulty alarm system, maintenance problem, prowler, vandalism or any situation considered hazardous to the client or staff). The worker outlines the situation and action taken

It is critical that the following information being included by the worker present at the time of the incident in an Incident report:

Also, the worker completes and distributes to necessary authority designates an Incident Report prior to completion of shift;

- Name of the Client
- Date and time of Incident
- DOB
- Location of Incident;
- Related Service
- Staff involved
- Client involved and/or witnessing
- Types of Incident;
- Details of Incident (If a PRN was administered, clear documentation of the client's general demeanor and presenting behaviours before and after administration, Reg 299/10)
- Interventions used;



- Reestablishment of therapeutic rapport (debriefing with client and staff, documenting the date and time the debriefing occurred);
- Follow up (documentation of debriefing offered to clients who witnessed the restraint, what was discussed, who were involved, as well as the date and time the debriefing occurred);
- Auxiliary staff monitoring the health and safety of client being restrained;
- Staff on shift debriefing of incident should be completed, documenting the date and time, and any follow up actions;
- Person's informed, and
- Signature

It is important the reporting staff ensures that the Incident Report is completed and stored in the appropriate recording placement within the designated period for their program/department.

The reporting staff also advises the Supervisor/Manager/Director of a serious incident if the report is to be delayed for any reason.

NOTE 1: If two or more workers have been involved in an incident, the worker most significantly involved in the incident writes the report and the other staff read and co-sign the report to indicate agreement. If a staff member does not agree with an account, they do not sign the report and instead submit another report.

NOTE 2: According to the CYFSA, Reg. 155/18, Sec. 6, all debriefing must be completed within 48 hours of a physical restraint. The Centre emphasizes the importance of attempting to complete the debrief process before the end of the shift whenever possible. Exception to this must be noted, as well as the completed debrief process once complete.

The worker:

- references the incident in the case note/daily log;
- summarizes the incidents that have occurred since the last recording in each Service Review.

The Supervisor/Manager/Director:

- reviews the Incident Reports on a periodic basis and implements changes in practice based on relevant learning from the Incident Report review mechanism.

Parents/guardians are informed of incidents and may be involved in meetings as appropriate to discuss the incident. Where required by law, authorities such as child welfare or police will be notified of significant risk factors, in accordance with agency policies for reporting. In addition, in cases where child welfare and/or other service providers/consultants are involved they will be informed of the incident and involved in meetings/planning as appropriate.



**PROCEDURES:**

Legacy agency procedures will be followed until such time that one procedures is developed.

