COMMUNITY LIVING
BRITISH COLUMBIA

# CRITICAL INCIDENT REPORT *For*

UNLICENSED HOMES AND COMMUNITY INCLUSION ACTIVITIES *and* LICENSED HOMES FOR INCIDENTS NOT REPORTABLE TO LICENSING

## GENERAL INFORMATION

Name of Residence / Service / Activity

( )
Phone Number

Address

City/Town

Postal Code

Name of Service Provider

## PERSON(S) INVOLVED

☐ Supported Individual ☐ Visitor ☐ Other (please specify)

Name of Person

Birthdate (YYYY/MM/DD)

☐ F ☐ M
Gender

List All Person(s) Adversely Affected: (attach list if necessary)

## TYPE OF INCIDENT – REPORTABLE TO CLBC

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐ | Physical Abuse | ☐ | Suicide Attempt | ☐ | Medication Error | ☐ | Use of Seclusion |
| ☐ | Sexual Abuse | ☐ | Sentinel Event | ☐ | Motor Vehicle Accident | ☐ | Exclusionary Time Out |
| ☐ | Emotional Abuse | ☐ | Use/Poss of Weapon | ☐ | Aggressive/Unusual Behavior | ☐ | Communicable Disease |
| ☐ | Financial Abuse | ☐ | Use/Poss of Illicit Drug | ☐ | Missing/Wandering Person | ☐ | Infection Control |
| ☐ | Neglect | ☐ | Fall | ☐ | Use of Restraint | ☐ | Bio Hazard Accident |
| ☐ | Death | ☐ | Disease/Parasites | ☐ | Other Injury | ☐ | Restriction of Rights |
| ☐ | Poisoning | ☐ | Unexpected Illness | ☐ | Service Delivery Problem | | |

## DETAILS OF INCIDENT

Date of Incident (YYYY/MM/DD)

Time of Incident

Location of Incident

What Occurred (attach additional page if required):



**Disclaimer**
The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Community Living Authority Act and/or the Freedom of Information and Protection of Privacy Act (FOIPP Act). Under certain circumstances, the collected information may be subject to disclosure as per the FOIPP Act. Any questions about the collection, use or disclosure of this information should be directed to the Director, Information, Privacy and Records Services Branch (250)387-0820, PO Box 9702, Stn Prov Govt, Victoria, BC V8W 9S1

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Action Taken:

_____

_____

_____

_____

_____

_____

_____

## NOTIFICATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Family ☐ Y ☐ N | Date (YYYY/MM/DD) | Time | | | Y | N | Date | Time |
| | | | | Licensing | ☐ | ☐ | | |
| | | ( ) | | Fire Department | ☐ | ☐ | | |
| Name | Relationship | Phone Number | | Police | ☐ | ☐ | | |
| Person In Charge Notified: | ☐ Y ☐ N ☐ n/a | | | Coroner | ☐ | ☐ | | |
| Health Care Provider Notified: | ☐ Y ☐ N ☐ n/a | | | Other (*Specify*) | ☐ | ☐ | | |

| | | | | |
|---|---|---|---|---|
| Name of Person Reporting Incident | Position | Signature | Date (YYYY/MM/DD) | Time |
| Name of Witness/Attending Staff | Position | Signature | Date (YYYY/MM/DD) | Time |
| Name of Supervisor | Position | Signature | Date (YYYY/MM/DD) | Time |

(Rev July 2009, V. 3)



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