



COMMUNITY LIVING
BRITISH COLUMBIA

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Title: Critical Incidents Policy	Executive Sponsor: Vice President, Service Delivery & Innovation Vice President, Quality Services & Indigenous Relations	

SUMMARY

This policy describes Critical Incidents and how they must be reported to CLBC.

It explains the roles of CLBC staff and service provider when a Critical Incident happens.

This includes:

- Writing a report,
- Telling CLBC about a Critical Incident,
- Sharing information with families, and
- How CLBC staff follow up on Incidents.

1. PURPOSE

This policy outlines the expectations for Community Living British Columbia (CLBC) staff and service providers when responding to critical incidents. It informs individuals, their families and/or support networks, and service providers about how CLBC receives, assesses, and follows up on critical incidents.

This policy applies only to individuals who are accessing CLBC-funded services and are involved in incidents that occur **during** service delivery. It does not apply to incidents that occur outside of service delivery.

The *Critical Incidents Policy* should be reviewed together with the *Critical Incidents: Practice Guide for CLBC Staff*, or the *Critical Incidents: Service Provider Requirement Guide* and service provider *Service Terms and Conditions*. They are applied together as one standardized requirement and guidance to protect the safety, health, wellbeing, and rights of individuals accessing CLBC-funded services.

2. DEFINITIONS

CLBC Information Management System: The electronic system CLBC uses to manage individuals' personal information.

Community Care Facilities Licensing: Community Care Facilities Licensing is responsible for the development and implementation of legislation, policy, and guidelines to protect the health and safety of people being cared for in licensed facilities in British Columbia.

Continuous Quality Improvement: An organizational process of defining what is to be done, monitoring/measuring it, and then making changes to improve the quality of it. Continuous quality improvement is about learning from past experiences, actively seeking feedback from partners, and then setting new goals for the organization based on that information.

Critical Incidents: Serious or unusual events that involve an individual accessing CLBC-funded services that occur while service is being delivered. For staffed living and shared living, service is **considered to be** delivered at all times. CLBC defines critical incidents to include the following events involving an individual receiving CLBC-funded services:

- An incident, or an alleged or suspected incident, of emotional, physical, financial, or sexual abuse, and/or neglect; and
- An individual witnessing a critical incident that is traumatic and violent (for example, all types of abuse, aggression between individuals, incidents of aggressive/unusual behaviour).

Cultural Safety: An outcome of respectful engagement based on recognition of the power imbalances inherent to service systems, and the work to address these imbalances. A culturally safe environment for Indigenous Peoples is one that is physically, socially, emotionally, and spiritually safe without challenge, ignorance, or denial of an individual's identity. Practicing cultural safety requires having knowledge of the colonial, sociopolitical, and historical events that trigger disparities Indigenous Peoples encounter, and perpetuate and maintain ongoing racism and unequal treatment.

Individual: A person 19 years of age or older who is eligible for CLBC services, as described in the *Eligibility Policy*.

Licensed Facility: Any facility licensed under the *Community Care and Assisted Living Act*, and subject to investigation by the Medical Health Officer through each regional health authority.

Non-Reportable Incident: Unexpected or unusual event that requires documentation and tracking by service providers for internal monitoring purposes and that does not meet CLBC's definition of a critical incident.

Personal Summary: A document created by a youth or adult and their family, with support from others as needed, that helps CLBC and other planning partners get to know who the person is, what is important to and for them and, where relevant, their support requirements. It can assist CLBC and others with planning, and with gathering information to complete assessment

documents required to request support and/or funding through CLBC. The document is the individual and/or family's personal property.

Prohibited Practices: Actions that are reliant on fear, pain, or threats, or that constitute an infringement on the fundamental human entitlements or rights of an individual.

Service Provider: A person or an independent organization under contract with CLBC to deliver supports and services to individuals, their families and/or support networks. This term is also used in situations where a contract has not yet been issued, such as during an approval or procurement process.

Support Network: Friends, family, and/or community members who provide personal support, advocacy, and/or help with monitoring services and who have reciprocal relationships with individuals.

Unlicensed Program: Any program delivered by a service provider under contract with CLBC that is not licensed under the *Community Care and Assisted Living Act*.

3. POLICY

3.1 Guiding Principles

Critical incident reporting is one component of CLBC's quality assurance framework for monitoring service delivery and quality and is guided by the following principles:

Person-centred

Protecting the safety, health, well-being, and rights of individuals we serve is at the centre of CLBC's response to critical incidents.

Collaborative

CLBC works closely with key partners, including individuals, families, support networks, service providers, Community Care Facilities Licensing, and other mandated community investigative agencies to respond to critical incidents and support the wellbeing of individuals.

Consistent processes and tools

CLBC staff and service providers draw from a common set of tools and implement a consistent approach to defining and responding to critical incidents.

Taking the right action at the right time

A common approach to addressing critical incidents contributes to CLBC's and service providers' ability to identify and respond in an appropriate, timely manner.

Continuous quality improvement

Review and response to critical incidents is conducted in such a way that supports ongoing planning and learning to reduce the likelihood of incidents occurring again, improve service quality, and contribute to positive quality of life outcomes for individuals.

3.2 Operational Context

Critical incident reporting is an important formal safeguard designed to ensure individuals receive services in a safe and supportive environment, and forms one element of CLBC's comprehensive approach to quality assurance.

CLBC and its contracted service providers will approach the critical incident process in a culturally sensitive and supportive way that aligns with the *Cultural Safety Policy*.

CLBC's *Critical Incidents Policy* is related to, and complemented by, other CLBC policies, including but not limited to the *Support and Planning Policy*, *Monitoring Policy*, *Behavior Support and Safety Planning Policy*, *End-of-Life Policy*, and *Adult Guardianship Policy*, and forms part of CLBC's contractual requirements for service providers.

CLBC works collaboratively with individuals, families, support networks, service providers, Community Care Facilities Licensing, and other mandated community investigative agencies to:

- Support the wellbeing of individuals;
- Ensure critical incidents are identified and responded to in a timely manner;
- Continuously improve service quality and ensure that individuals have access to appropriate supports; and
- Learn from critical incidents to reduce the likelihood of them occurring again.

While critical incident reporting is an important formal safeguard, CLBC also values informal safeguards. Individuals, families, and/or their support network are encouraged to develop personal and community safeguards to prevent and respond to critical incidents.

3.3 Service Provider Requirements

Service providers are required to:

- Notify CLBC of any critical incident by submitting a critical incident report for any incident that:
 - Meets the criteria for a critical incident as defined in this policy and is identified in the *Appendix: Critical Incident Types*; and
 - Is not exempt from reporting requirements under the *Critical Incidents: Restricted Practice Exemption Framework*.
- Call CLBC immediately in the event of urgent critical incidents.

Service providers must notify CLBC within required timelines for each critical incident type:

- For **urgent critical incidents** that result in serious harm to an individual and/or require immediate action by CLBC or others (for example, any allegation of abuse or neglect, sudden or unexpected death), service providers are required to:
 - Call CLBC immediately; and
 - Submit, by fax or email, the *Critical Incident Report Form* **within 24 hours** to the local CLBC office responsible for their contract.

- For **non-urgent critical incidents** that do not result in serious harm or require immediate action by CLBC or others (for example, unexpected illness, aggressive/unusual behavior, service delivery problem/disruption of services, or expected death), service providers are required to submit the *Critical Incident Report Form* **within 5 working days** to the local CLBC office responsible for their contract.
- Service providers may submit critical incident documentation to their local CLBC office in person, by fax, by mail or email according to the *Critical Incidents: Service Provider Requirement Guide*.

Any critical incident reported to Community Care Facilities Licensing must also be reported to CLBC.

When CLBC offices are closed and communication arrangements have not been made beforehand with a CLBC staff or manager, service providers are required to report the following types of critical incidents to the Ministry of Children and Family Development's Provincial Centralized Screening who provide Out of Core Services (formerly After Hours) as per the *MCFD CLBC Operating Agreement with Regard to the Provision of Out of Core Services*:

- Allegations of abuse and neglect
- Sudden or unexpected deaths

If a service provider becomes aware of concerns of abuse or neglect that are occurring outside of service delivery (for example, where an individual reports to a service provider that they have been abused when they were not accessing services), they must **immediately** inform CLBC by contacting their liaison analyst during CLBC office hours. If CLBC offices are closed, the service provider contacts the provincial centralized screening line. CLBC's response is outlined in Section 3.7 of this policy, the *Critical Incidents Policy*.

Service providers have different reporting requirements depending on whether they have a licensed facility or an unlicensed program:

Licensed Facilities

If a critical incident occurs in a licensed facility, service providers must report the incident to CLBC **and** Community Care Facilities Licensing using the Community Care Facilities Licensing *Reportable Incident Form*. Service providers are required to send the completed *Reportable Incident Form* to the regional health authority's Medical Health Officer and submit the "Funded Agency" copy to CLBC.

Note: Every critical incident reported to Community Care Facilities Licensing via the Medical Health Officer **must** also be reported to CLBC.

Critical incidents as defined in the Appendix that are not reportable to Licensing (that is, some types of Restraint) must still be reported to CLBC using the *CLBC Critical Incident Report Form*.

Unlicensed Programs

If the incident occurs in an unlicensed program, service providers are required to report the incident using the *CLBC Critical Incident Report Form*.

Service providers (both licensed facilities and unlicensed programs) must follow up on critical incidents and work with CLBC, as appropriate, to:

- Prevent future reoccurrences and further escalation for the individual;
- Improve the quality of services and care;
- Build capacity to prevent and effectively respond to critical incidents;
- Identify and respond to emerging planning needs; and
- Anticipate changes across the individual's lifespan and identify possible preventative actions.

Documentation and Tracking

Service providers are required to document and track all unexpected or unusual incidents that are non-reportable incidents (that is, that do not meet CLBC's definition of a critical incident) for their own internal monitoring purposes.

Service providers refer to the *Critical Incidents: Service Provider Requirement Guide* for more detailed information about requirements.

3.4 Prohibited Practices

Use of any prohibited practices (as outlined in the *Behaviour Support and Safety Planning Policy and Guide*) as behavioural techniques constitute either abuse, neglect, or seclusion, and is reportable as a critical incident.

3.5 Exemptions from reporting requirements for use of a restricted practice

CLBC approves exemptions from the requirement to report use of a restricted practice as defined in the *Appendix: Critical Incident Types* **only** when the requirements outlined in the *Critical Incidents: Restricted Practice Exemption Framework* are met, and the process outlined in the exemption framework is followed.

Only those restricted practices that have been approved under the exemption framework are subject to the exemption.

3.6 CLBC's Communication to Service Providers about Reporting Requirements

CLBC informs service providers about the *Critical Incidents Policy* to help them understand the policy's scope and their reporting responsibilities. CLBC ensures service providers – both licensed facilities and unlicensed programs – are familiar with their reporting responsibilities which are outlined in the *Critical Incidents: Service Provider Requirement Guide*.

3.7 CLBC's Response to Critical Incidents

CLBC is responsible for reviewing, documenting, and determining an appropriate response (that is, the scope of follow-up) for critical incidents.

Assessing the Incident

Upon receiving a critical incident report, CLBC determines the **urgency** of their response by assessing the incident and the service provider's actions in response to the incident. CLBC considers several factors when determining how to proceed, including:

- Likelihood and potential severity of harm;
- Need for immediate notification and/or involvement of others; and
- Quality of the service provider's response in addressing the incident.

Refer to the *Critical Incidents: Procedures and Practice Guide for CLBC Staff* for more information on how CLBC determines the urgency of its response to a critical incident.

Determining the Type of Follow-Up

Upon receiving a critical incident report, CLBC determines the type of follow-up that is required. The *Appendix: Critical Incident Types* outlines which incidents **require mandatory follow-up by CLBC** and those that **may require follow-up** depending on the seriousness of the incident and its impact on the individual.

For critical incidents that CLBC follows up on (whether for mandatory or discretionary response incident types), the analyst must complete documentation of follow-up **within 30 business days** of receiving the critical incident report. The analyst determines whether CLBC has initiated action (which will differ depending on the individual) and whether the service provider is undertaking the identified follow-up activities.

If more than 30 business days are needed to complete follow-up documentation, refer to the *Critical Incidents: Procedures and Practice Guide for CLBC Staff* for guidance. CLBC staff must record that follow-up has been completed in the CLBC Information Management System as per the *Critical Incidents: Procedures and Practice Guide for CLBC Staff* (see *Appendix V*).

Concerns of Abuse or Neglect Occurring Outside of Service Delivery

In the event that CLBC learns of concerns of abuse or neglect that are happening outside of service delivery (for example, where an individual reports to a service provider that they have been abused or neglected when they are not accessing services), CLBC **immediately** initiates the Adult Guardianship response as outlined in CLBC's *Adult Guardianship Policy*.

Note: Individuals supported through staffed living and shared living are considered to be accessing services at all times.

Death of an Individual

Upon being notified of a death, CLBC staff must comply with the *CLBC End-of-Life Policy*. Staff may refer to the *Critical Incidents: Procedures and Practice Guide for CLBC Staff* for guidance on CLBC's notification requirements and their role in supporting service providers to meet the *End-of-Life Policy's* reporting requirements.

Collaborative Investigative Procedures

CLBC coordinates investigations and develops collaborative investigative procedures with agencies that have regulatory and investigative mandates, such as Community Care Facilities

Licensing and the local police. Community Care Facilities Licensing leads investigations of critical incidents in licensed facilities.

Notification Requirements

CLBC must ensure key partners are notified depending on the critical incident type. *Appendix II* in the *Critical Incidents: Procedures and Practice Guide for CLBC Staff* identifies:

- Who should be notified;
- The required timeline for notification; and
- The type of notification that is required based on the critical incident type.

Timely Response to Partners

CLBC must respond **within 48 hours** upon receiving calls from interested partners such as family, friends, the Advocate for Service Quality, or the Office of the Ombudsperson expressing concern about an individual's safety or risk while accessing CLBC-funded services.

3.8 Documentation Requirements for CLBC Staff

CLBC must accurately record all notifications by service providers, reported details of critical incidents and follow-up activities to meet the requirements and timelines outlined in the *Critical Incidents: Procedures and Practice Guide for CLBC Staff*.

For directions on how to address the receipt of critical incident reports that do not meet CLBC's reporting criteria, refer to the *Critical Incidents: Procedures and Practice Guide for CLBC Staff*.

3.9 Supporting Continuous Quality Improvement

Service providers are responsible for ongoing tracking, review, and analysis of critical incidents (including incidents exempt from reporting under the *Critical Incidents: Restricted Practice Exemption Framework*) and non-reportable incidents to identify concerns, recognize trends, and reduce the likelihood of reoccurrence.

CLBC is responsible for providing ongoing review and analysis of critical incident trends or patterns and for following up with service providers on their internal critical incident analysis.

4. REFERENCES

Guidance for Staff

[A Discussion Paper about Safeguards & People with Developmental Disabilities](#)

[Adult Guardianship Policy](#)

Adult Guardianship Procedures and Practice Guide

[Behaviour Support and Safety Planning: A Guide for Service Providers](#)

[Behaviour Support and Safety Planning Policy](#)

CIR – Emergency Response Passwords

[CLBC Critical Incident Report form](#)

[CLBC Critical Incidents: Service Provider Requirements Guide](#)

Critical Incidents: Procedures and Practice Guide for CLBC Staff

[Critical Incidents: Restricted Practice Exemption Framework](#)

[Cultural Safety Policy](#)

Documentation and Recording Policy: CLBC Vendor Records

[End-of-Life Policy](#)

IT – Encryption and Password Protection

MCFD-CLBC Operating Agreement with Regard to the Provision of Out of Core Services

Monitoring Policy

Monitoring Quality Services: Monitoring Framework and Practice Guide for CLBC Staff

[Service Terms and Conditions for Contracts between CLBC and Service Providers](#)

[Standards for Home Sharing](#)

[Standards for Home Sharing Policy](#)

[Standards for the Coordination of Home Sharing](#)

[Standards for the Coordination of Home Sharing Policy](#)

[Support and Planning Policy](#)

BC Government

[Community Care and Assisted Living Act](#)

[Freedom of Information and Privacy Protection Act](#)

[Residential Care Regulation](#)

Critical incidents are serious or unusual events that occur *during* service delivery.

Unexpected or unusual events that do not meet CLBC's criteria for critical incidents are considered non-reportable incidents. Service providers are required to record and track all non-reportable incidents internally.

The types below correspond to the "Type of Incident" check boxes on the *CLBC Critical Incident Report* form and Community Care Facilities Licensing *Reportable Incident Form*. The critical incident types are divided into events that analysts will **always** follow up on and those that **may** be followed up on. **Service providers follow up on all types of critical incidents.**

Service providers forward to CLBC the "Funded Agency" copy of each Community Care Facilities Licensing's *Reportable Incident Forms*.

"Individual": For the purpose of these critical incident types, "individual" refers to an individual accessing CLBC-funded services.

MANDATORY FOLLOW-UP

The following critical incidents **must always be reviewed and followed up on by an analyst.** Practice guidance on how to complete follow-up can be found in the *Critical Incidents: Procedures and Practice Guide for CLBC Staff* and the *Critical Incidents: Service Provider Requirement Guide*.

Abuse

The deliberate mistreatment of an individual that causes physical, mental, or emotional harm, or damage to or loss of assets by a person in a position of trust or authority.

For all categories of abuse, if a service provider becomes aware of alleged or actual abuse occurring outside of service delivery (for example, by a family member at an individual's home or in community), they will inform CLBC immediately.

Note: Individuals supported through staffed living and shared living services are considered to be accessing services at all times.

The following types of abuse are critical incidents:

Emotional Abuse

Alleged or actual act or lack of action that diminishes an individual's sense of well-being and is perpetrated by a person in a position of trust or authority, including verbal harassment, yelling, or confinement.

Note: Emotional abuse may include intimidation, humiliation, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors.

Financial Abuse

Alleged or actual misuse or abuse of an individual's funds or assets by a person in a position of trust or authority. Obtaining property or funds without the knowledge and full consent of the individual or a formal or informal representative.

Physical Abuse

Alleged or actual excessive or inappropriate physical force directed at an individual by a person in a position of authority or trust, including:

- A staff member or volunteer, or
- A person who is not responsible for providing services and is not a supported individual.

Note: The alleged or actual physical abuse is perpetrated against the individual. This critical incident type is never about the individual's actions towards a staff or any other persons. If an incident is about physical aggression by an individual towards another person (including another supported individual) refer to **Aggressive/Unusual Behavior or Aggression Between Individuals**.

Sexual Abuse

Alleged or actual sexual behaviour, directed at an individual, whether consensual or not, by a staff member, volunteer, or any person in a position of trust or authority. Sexual behaviour may include inappropriate, unsolicited, or forced sexual attention.

Sexual behaviour between two consenting individuals is not a critical incident.

Aggression between Individuals

Aggressive behaviour by an individual towards another individual that causes injury requiring first aid (for example, bandage, ice pack), emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

Attempted Suicide

Attempt by an individual to intentionally self-harm for the purpose of taking their own life.

Note: Suicidal threats are not critical incidents, but they should be recorded as non-reportable incidents by the service provider and reported to a healthcare professional. If there is a pattern of suicidal threats or suicidal ideation, it is important that the service provider follow up with a healthcare professional.

Choking

An individual's airway is obstructed, requiring first aid, emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

Note: Choking is a prevalent cause of death among individuals. All choking incidents that do not require first aid or any type of immediate medical assistance and are not reportable as critical incidents should be recorded as non-reportable incidents by the service provider and reported to a healthcare professional.

Death

Death of an individual while participating in a CLBC-funded service (for example, supports to live in my home, supports to participate in my community).

Note: Refer to the *End-of-Life Policy* for guidance on the reporting, documenting, and reviewing requirements following the death of an individual. Service providers must immediately contact CLBC when a death occurs, including when the service provider is made aware of a death that occurred when the individual was **not** in attendance at the CLBC-funded service.

Misuse of Illicit Drugs or Licit Drugs

Serious misuse of legal substances, such as a prescription drug, marijuana or alcohol that requires medical attention. Any use of an illicit drug that requires medical attention.

Neglect

Alleged or actual failure of a service provider to meet the individual's needs, including the need for food, shelter, medical attention or supervision, that endangers the individual's safety.

Note: Service providers must record any evidence of self-neglect such as when an individual fails to take care of themselves, that causes or is reasonably likely to cause, within a short period of time, serious physical or mental harm or substantial damage or loss in respect of the adult's financial affairs.

If a service provider becomes aware of alleged or actual neglect occurring outside of service delivery (for example, by a family member at an individual's home), they must inform CLBC immediately.

Poisoning

Ingestion of a poison or toxic substance by an individual (excluding licit or illicit drugs).

Use of Seclusion

Involuntary separation of an individual from normal participation and inclusion. The person is restricted to a segregated area and denied the freedom to leave it and is left alone.

Use of seclusion **must** be reported as a critical incident. It may never be included in a Behaviour Support Plan and Safety Plan.

Note: Use of seclusion is identified as a prohibited practice in the *Behaviour Support and Safety Planning Guide*.

Weapon Use

An individual who uses or threatens to use a weapon to harm or threaten somebody. A weapon includes any object used to threaten, hurt, or kill a person, or destroy property.

Note: Weapons may include, but are not limited to, loaded or unloaded firearms, knives, swords, mace, pepper spray or derivatives, and improper use of laser beams. Incidents where an individual possesses a weapon, for example, a pocketknife, but does not use or threaten to use it, should be recorded by the service provider as a non-reportable incident.

DECISION TO FOLLOW UP

The following critical incidents must be reviewed and **may require further follow-up by analysts** depending on the seriousness and impact of the event:

Aggressive/Unusual Behaviour

Aggressive or unusual behaviour by an individual that results in harm and/or causes significant concern. Harm can be to property or to a person. Harm to a person can be physical or emotional harm, and can be towards themselves, another supported individual, staff, or others. Unusual behaviour means behaviour that is unusual *for the person*.

Behaviours included in the *Behaviour Support Plan and Safety Plan* (if applicable) **must** be reported **if** they are beyond what is included in, or effectively addressed by these plans **or** if they cause harm.

Note: If the aggressive or unusual behavior results in harm to another supported individual that requires first aid (for example, bandage, ice pack, etc.), emergency care by a nurse practitioner or medical practitioner or transfer to a hospital, refer to ***Aggression Between Individuals*** to determine if it would be more appropriate to report it as that incident type.

Disease/Parasite Outbreak

An outbreak or the occurrence of a communicable disease above the level, which is normally expected, including a communicable disease or parasite, such as scabies. If you have any questions, contact your local health authority.

Note: Transmission can be by direct or indirect contact with infected persons or with their excretions (for example, blood, mucus) in the air, water, food, or on surfaces or equipment.

Fall

A fall that results in an injury requiring emergency care by a medical practitioner or nurse practitioner or transfer to a hospital.

Note: Other falls that may not require emergency care by a medical practitioner or a nurse practitioner and are not reportable as critical incidents, should be recorded as non-reportable incidents by the service provider and reported to a healthcare professional. Unexplained falls may be an indicator of other underlying medical conditions.

Medication Error

Mistake in administering medication that:

- Adversely affects an individual, and
- Requires emergency care by a medical practitioner or nurse practitioner or transfer to a hospital.

Note: Medication errors that do not result in emergency care by a medical practitioner or nurse practitioner or transfer to a hospital should be recorded by the service provider as non-reportable incidents.

Missing/Wandering

Unscheduled or unexplained absence of an individual from a CLBC-funded service. An absence is considered unscheduled or unexplained if it is unusual for the individual, the service provider is unaware of their location, and the behaviour is not reflected in a Behaviour Support and Safety Plan.

Note: CLBC analysts must document in the CLBC Information Management System when the individual has been found, whether the individual is unharmed, in need of medical attention or found deceased, and if there was any police involvement. If the individual is not located, follow-up **must** occur.

Motor Vehicle Injury

Injury to an individual as a result of a motor vehicle accident while participating in a CLBC-funded service.

Note: Car accidents that do not result in an injury should be recorded by the service provider as non-reportable incidents.

Other Injury

Any other injury or assault to an individual (including those of a sexual nature, that do not meet the definition of Abuse) that requires urgent access to emergency care or transfer to a hospital.

Restricted Practices

Techniques or strategies that limit an individual's rights, behaviour, or freedom of movement.

See the *Behaviour Support and Safety Planning Policy for further details.* The following types of restricted practices must be reported to CLBC as a Critical Incident:

Restraint

Use of physical, mechanical, environmental, or other means to temporarily subdue or limit an individual's right to freedom of movement.

- Physical restraint – use of physical force by one or more persons to prevent, restrict, or subdue the normal movement of any part of the individual's body
- Mechanical restraint – use of a device to control an individual's movement
- Environmental restraint – restriction of an individual's free access to all parts of their environment, including limiting access to places or items

Restriction of Rights

This involves limiting or removing an individual's access to activities or actions that restrict an individual's autonomy, choices, and any action that impacts an individual's right to privacy.

Any use of a restricted practice must be reported as a critical incident, including those reflected in an authorized Safety Plan or used in response to an emergency. Refer to *Critical Incidents: Restricted Practice Exemption Framework* for information about when the requirement to report on the use of restricted practices may be exempted with CLBC approval.

Note: Restricted practices that are required for medical purposes only as recommended by a regulated health professional (that is, not required for behavioural purposes) do not need to be reported as critical incidents.

Service Delivery Problem/ Disruption of Services

Condition or event that could impair or interrupt the ability of a service provider and its staff to provide care to an individual and which affects the individual's health, safety, dignity, or well-being. For example, sudden illness of caregiver.

Note: Other events that may affect service delivery but are not critical incidents, including incarceration and expected hospitalization, must be recorded by the service provider. In these situations, the service provider should contact their liaison analyst to inform them that the individual is expected to be away from service. The service provider must also report the absence on an occurrence report for monitoring.

Program cancellations, such as due to fire or flood, should be reported in an Occurrence Report.

Unexpected Illness/Food Poisoning

Illness of an individual requiring urgent access to emergency care or transfer to a hospital, including food poisoning. Food poisoning is a foodborne illness involving an individual that requires emergency care by a medical practitioner or nurse practitioner or transfer to the hospital. For unlicensed programs, any incidents of food poisoning must be reported as "unexpected illness" on the *CLBC Critical Incident Report*.

Note: "Emergency care" is serious illness or injury requiring urgent medical attention. It does not include minor illness or injury that would not be considered urgent and could be addressed by a primary care provider (for example, nail infection, prescription refills, antibiotics, earaches). These incidents should be recorded by the service provider as non-reportable incidents.