

CLBC service providers are encouraged to read the [Critical Incidents Policy](#) and [Critical Incidents: Service Provider Requirement Guide](#) carefully, as these include much more information and additional detail. The questions and answers below focus specifically on practices that have been amended or flagged as areas that may require further clarification.

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### **Q1. Why was the *Critical Incidents Policy* and guidance revised in November 2024?**

**A1.** As of November 2024, service delivery problem/disruption of services was removed from the list of “urgent” critical incident types requiring immediate reporting to CLBC and/or MCFD PCS. This change was made in respect of the service provider’s role to ensure continuity of service for individuals during periods of emergency, crisis, or disruption. While service delivery problems/disruption of services require immediate actions by the service provider to ensure the individual’s safety and care, the reference to “urgency” in the policy and *Critical Incidents: Service Provider Requirement Guide* is defined by the need for immediate action by CLBC or others.

### **Q2. What were the revisions to the *Critical Incidents Policy* and guidance made in July 2024?**

**A2.** In July 2024, CLBC made more significant changes to the policy and guidance to the *Critical Incidents Policy* and *Service Provider Requirement Guide* to align with updates made to the [Behaviour Support and Safety Planning Policy](#). The most significant changes include:

- ▶ Removing Exclusionary Time Out
- ▶ Updating definitions of Restraint and Restriction of Rights
- ▶ Updating when an exemption to Critical Incident Reporting can be made. The framework and exemption form have been updated. For reference, the exemption framework is now called *Critical Incident Reporting Restricted Practice Exemption Framework*.

For more information about related changes, refer to [the Q&A for Service Providers about Behaviour Support](#).

### **Q3. How can I submit my Critical Incident Report to CLBC?**

**A3.** Critical incident reports may be submitted to CLBC by fax, mail or via password-protected email. Submissions via email must be sent to both the liaison analyst and the general mailbox for the local CLBC office, available at <https://www.communitylivingbc.ca/contact/local-offices/>

Reports submitted electronically must be in PDF format and password-protected to comply with the [Freedom of Information and Protection of Privacy Act](#). Critical incident reports may be submitted to a staff person designated by CLBC if the liaison analyst is away. If service providers have their own forms that are in PDF format and password-protected, they may use these provided they contain identical information to the CLBC Critical Incident Report Form document. For ease and consistency, use of the password supplied by CLBC staff is required.

### **Q4. Where can I find the policy, the *CLBC Critical Incident Report Form*, and supporting documents?**

**A4.** The *Critical Incidents Policy* and *Critical Incidents: Service Provider Requirement Guide* are available on the CLBC website, under [For Service Providers - Critical Incident Reporting](#). The follow-up guidance is in Appendix II in the *Service Provider Requirements Guide*, and other supporting documents have also been posted in this section of the CLBC website.

#### **Policy Framework**

## **Q5. How does CLBC define “critical incidents”?**

**A5.** CLBC defines them” as serious or unusual events that **involve an individual accessing CLBC-funded services** that occurs while service is being delivered (**this includes staffed living and shared living at all times**). Unlike other incidents that occur during service delivery, service providers must report critical incidents to CLBC. Please refer to *Appendix: Critical Incident Types* of the *Critical Incidents Policy* for a complete list.

## **Q6. What happens when Critical Incident Reports (CIRs) are submitted for incidents that don’t meet CLBC’s definition of “critical”?**

**A6.** It is not uncommon for service providers to submit CIRs for incidents that occur outside the realm of service delivery and for other incidents that are not (by CLBC’s definition) critical. If you submit a CIR for an incident that does not meet CLBC’s definition of a critical incident, your CLBC liaison analyst will:

- ▶ Follow up with you to discuss the incident and provide guidance about what is and isn’t considered a critical incident based on CLBC’s definition in *the Critical Incidents Policy*
- ▶ Advise that you capture and record this information for your own purposes and that you request CLBC involvement should the individual need further planning, and
- ▶ Possibly return the *Critical Incident Report Form* to you.

It is important to ensure that serious incidents are not overlooked due to unnecessary and over-reporting. If you are unsure about which incident type to choose or whether something meets CLBC’s definition of a critical incident, contact your liaison analyst.

## **Q7. How do analysts work with service providers to ensure that critical incident reporting results in an efficient and effective response?**

**A7.** It is important to remember that **we are all in this together** to collectively respond to and address the big issues that arise in the lives of the individuals we serve. The amended *Critical Incidents: Service Provider Requirement Guide* is the best reference for guidance and support with reporting and documentation requirements. If you have further questions or are uncertain of an expectation, your liaison analyst can support you to:

- ▶ Understand reporting requirements and comply with the policy
- ▶ Decide how and what to report by reviewing incidents
- ▶ Ensure the required notification has occurred and determine appropriate follow-up, and
- ▶ Identify trends that are emerging for individuals and collaborating on follow-up.

## **Q8. What role do service providers play in following up on critical incidents?**

**A8.** Service providers (both licensed facilities and unlicensed programs) play an essential role in following up on critical incidents and working with CLBC to:

- ▶ Prevent future recurrences 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.

Guidance for service providers on their role in follow-up and what it may look like can be found in the following resources on the [CLBC website](#):

- ▶ *Critical Incidents Follow-Up Guidance (Appendix II in the Critical Incidents: Service Provider Requirement Guide)*, and
- ▶ *Critical Incident Guidance for Service Providers: Reporting & Follow-Up Training Module*.

The follow-up practice guidance was designed to support both service providers and CLBC staff in their current practice rather than introduce new requirements.

### **Q9. What is the facilitator's role in the critical incident reporting process?**

**A9.** Facilitators work closely with individuals and members of their support network (as appropriate) to develop informal safeguards as part of individual support planning to prevent and respond to critical incidents. They work closely with analysts to determine the urgency and nature of CLBC's response and play a lead role in investigating reports or allegations of abuse, neglect, or self-neglect of adults with developmental disabilities.

### **Q10. How are reports of abuse and neglect that occur outside of service delivery addressed?**

**A10.** Service providers must **immediately** report any situations involving allegations of abuse, neglect, or self-neglect of adults with developmental disabilities to their liaison analyst during CLBC office hours, and to the Ministry of Children and Family Development's (MCFD) Provincial Centralized screening office when CLBC offices are closed.

Service providers who receive reports (from any source) about abuse or neglect happening outside of service delivery (e.g., when an individual reports to a service provider that they have been abused when they were not accessing services) must call the local CLBC office or MCFD's Provincial Centralized screening office **immediately** to initiate an Adult Guardianship response. Service providers must also notify the police if an individual has been assaulted or if there is any other indication that a criminal offence has occurred.

### **Q11. What are the timelines for reporting?**

**A11. Urgent critical incidents** that result in serious harm and require immediate action by CLBC or others (for example, any allegation of abuse or neglect, sudden or unexpected death) must be reported **immediately** by phone to your liaison analyst during CLBC office hours, or to MCFD's Provincial Centralized screening office that provides Provincial Out of Core Services (previously After Hours) when CLBC offices are closed. The CIR form must then be submitted **within 24 hours** to the office responsible for your contract.

**Non-urgent critical incidents** that do not result in serious harm and require immediate action by CLBC or others (e.g., unexpected illness, aggressive / unusual behaviour, disruption of services) must be reported to CLBC either by fax or mail within **5 working days**. Non-urgent critical incidents do not require a call to MCFD's Provincial Centralized screening office when CLBC offices are closed.

**Q12. What critical incident report forms will CLBC accept?**

**A12.** CLBC will accept the following forms:

- ▶ CLBC's *Critical Incident Report* form
- ▶ The "Funded Agency" copy of the Community Care Facilities Licensing *Reportable Incident Form*
- ▶ Forms produced from a service provider's internal information management system (e.g., Sharevision, NucleusLabs), provided the report contains information that is **identical** to CLBC's *Critical Incident Report* form

**Q13. Can more than one critical incident be reported to CLBC on the same form?**

**A13.** No. A Critical Incident Report form can *only* be used to report **one** critical incident. If multiple critical incidents occur in a day for the same individual, a critical incident report **must** be completed for each of the incidents.

Likewise, if two individuals are involved in a critical incident (for example, aggression between individuals), service providers must complete two critical incident reports, one for each of the individuals involved.

**Q14. What is the difference between the critical incident type "aggression between individuals" and the "aggressive/unusual behaviour" type?**

**A14.** To assist with decision-making about this category of incident, remember the intent of reporting is to highlight something significant or unusual that has happened to an individual that requires a special response of some kind. CLBC has added language to clarify when "aggressive or unusual behaviour" warrants a CIR, and which type of CIR is most appropriate.

When behaviour **results in harm** to the individual themselves, or to others, this requires a CIR. If the incident involves aggression between two individuals accessing CLBC-funded services (that is, the incident occurs during service delivery), then the CIR category of "aggression between individuals" should be selected when the incident was serious enough that one (or more) of the involved individuals requires first aid or other medical attention.

When behaviour results in physical or emotional harm to the individual themselves, to their staff, or to others, and does not involve another individual, then "aggressive or unusual behaviour" is the correct CIR category to select.

"Aggressive or unusual behaviour" is also the correct CIR category when the individual's behaviour is unusual for them or causes significant concern. This includes behaviours that are beyond what is included in, or **effectively addressed** by the individual's Behaviour Support Plan, and Safety Plan (if applicable). Incidents of this type might indicate a need to develop, review or update Behaviour Support Planning.

**Q15. Is a suicide threat a critical incident?**

**A15.** Suicidal threats are not critical incidents, but service providers should record them as non-reportable incidents and report them to a healthcare professional.

If there is a pattern of suicidal threats or suicidal ideation, it is important that the service provider notify their liaison analyst and follow up with a healthcare professional.

**Q16. Who can I talk to if I have questions about the policy or the reporting requirements?**

**A16.** If you are ever in doubt about anything related to critical incident reporting, you can refer to the *Critical Incidents Policy*, the *Critical Incidents: Service Provider Requirement Guide*, or contact your liaison analyst to discuss it.

**Q17. The term “Chemical Restraint” was removed from the *Critical Incidents: Service Provider Requirement Guide* and Policy. Does the use of PRNs require a Critical Incident Report?**

**A17.** No. Medication is prescribed by a medical practitioner and is not considered a restricted practice under the *Behaviour Support and Safety Planning Policy*, and therefore does not need to be reported as a Critical Incident. Use of medication as outlined by the medical practitioner must be adhered to and followed by a Service Provider.

**Q18. Exclusionary Time Out was removed from the policy and list of restricted practices. Is Critical Incident Reporting still required?**

**A18.** No. Exclusionary Time Out was removed from the *Behaviour Support and Safety Planning Policy* as a type of restricted practice, and therefore does not need to be reported as a Critical Incident. If the practice reflects the use of restraint or restriction of rights according to the updated definitions, then it must be reported as a Critical Incident.