

CLBC service providers are encouraged to read the revised [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.

Q1. Why has the *Critical Incidents Policy* been revised and what are the most significant changes?

A1. Critical incident reporting and response is one piece of a broader framework that ensures the overall quality of life of the individuals we serve. The *Critical Incidents Policy* was updated to address areas that lacked clarity for our staff and service providers and to incorporate changes that support best practice in reporting, recording, and responding to critical incidents. The most significant changes include:

- ▶ Updates to the CLBC *Critical Incident Report* form to increase consistency with *Community Care Facilities Licensing* reporting expectations
- ▶ Updates to the *Critical Incidents Policy*, including several revisions to definitions to improve clarity:
 - Critical Incident (added clarity on “in service”)
 - Aggressive/Unusual behaviour
 - Missing/Wandering
 - Misuse of Illicit Drugs or Licit Drugs
 - Restraint (introduction of [Critical Incidents: Restraint Exemption Framework](#))
- ▶ Clarification of service provider reporting, documentation requirements, and timelines
- ▶ Enhanced clarity on the intersection of critical incidents with other related policies (e.g., *Behaviour Support and Safety Planning Policy*, [Adult Guardianship Policy](#), [End-of-Life Policy](#)), and
- ▶ New critical incident follow-up guidance and training.

Q2. Where can I find the policy, the CLBC *Critical Incident Report* form, and supporting documents?

A2. The revised *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 Requirement Guide*, and other supporting documents have also been posted in this section of the CLBC website.

Q3. How does CLBC define “critical incidents”?

A3. CLBC defines “critical incidents” 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.

Q4. What happens when Critical Incident Reports (CIRs) are submitted for incidents that don't meet CLBC's definition of "critical"?

A4. 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 around 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 ever unsure about which incident type to choose or whether something meets CLBC's definition of a critical incident, contact your liaison analyst.

Q5. How do analysts work with service providers to ensure that critical incident reporting results in an efficient and effective response?

A5. 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.

Q6. What role do service providers play in following up on critical incidents?

A6. 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 Practice 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.

Q7. What is the facilitator's role in the critical incident reporting process?

A7. 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.

Q8. How are reports of abuse and neglect that occur outside of service delivery addressed?

A8. Service providers must immediately report any situations involving allegations of abuse, neglect, or self-neglect of adults with developmental disabilities to their liaison analyst. 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 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.

Q9. What are the timelines for reporting?

A9. **Urgent critical incidents** that result in serious harm and require immediate action by CLBC or others (e.g., any allegation of abuse or neglect, sudden or unexpected death, disruption of services that requires immediate action) must be reported immediately by phone to your liaison analyst. The CIR form must then be submitted within 24 hours to the office responsible for your contract. For incidents of an urgent nature that occur when CLBC offices are closed, you must contact the MCFD Provincial Centralized screening office that provides Out of Core Services (previously After Hours) to report the incident immediately.

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) must be reported to CLBC either by fax or mail within 5 working days.

Q10. What critical incident report forms will CLBC accept? **A10.** CLBC will now 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) as long as the report contains information that is identical to CLBC's *Critical Incident Report* form

Q11. Can more than one critical incident be reported to CLBC on the same form?

A11. No. A Critical Incident Report form can *only* be used to report on 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. Alternatively, if two individuals are involved in a critical incident (e.g., aggression between individuals), service providers must complete two critical incident reports, one for each of the individuals involved.

Q12. What is the difference between the critical incident type “aggression between individuals” and the “aggressive/unusual behaviour” type?

A12. Analysts and service providers should keep in mind that “aggressive/unusual behaviour” is the most commonly reported (and over-reported) incident type. Even with the improved clarity of the new definition, it can still be an uncertain incident type.

To assist with decision-making around this category of incidents, remember the intent of reporting is to highlight something significant that has happened to an individual that requires a special response of some kind (e.g., medical attention, an intervention that is not already documented in an individual’s *Behaviour Support and Safety Plan*, etc.). As we move forward, we want to make sure that no serious incidents are overlooked because of unnecessary or over-reporting. Therefore, CLBC has added language to clarify that aggressive or unusual behaviour by an individual is an incident that results in harm and/or causes significant concern.

When aggression has occurred and caused harm or significant concern, the next decision point is to consider who is involved. If the incident involves aggression between two individuals who are accessing CLBC-funded services (i.e., the incident occurs during service delivery), “aggression between individuals” should typically be selected. Remember that this is only a critical incident if the aggression is serious enough that one (or more) of the involved individuals requires First Aid or other medical attention. This incident type should not be used to record aggression directed towards a person who is not accessing CLBC-funded services when the incident occurs (e.g., friends, family, staff, etc.). In those situations, it might be appropriate to define the incident as “aggressive and unusual behaviour”. In this case, aggression might be self-directed or towards a person who is not accessing the provider’s services (e.g., friends, family, staff, etc.), or property. It might also include very escalated levels of agitation, frustration, or general aggression that causes significant concern and is unusual for the individual.

Q13. If PRNs are not considered a “chemical restraint”, how should they be reported and monitored?

A13. The definition of “restraint” in *Appendix One* of the *Critical Incidents Policy* notes that PRNs are not a chemical restraint. This clarification is consistent with the principles of CLBC’s positive behaviour support approach. We are moving away from thinking of PRN (“chemical”) use as a restrictive practice. Unlike other sectors that use medications to forcibly subdue individuals (often in combination with physical restraints that are intended to keep the individual and/or others safe from harm), PRNs are typically prescribed within community living to assist individuals to self-regulate their behaviours and emotions. If a PRN is administered according to a prescription for the intended purpose, is not considered a chemical restraint and does not need

to be reported as a critical incident. If a PRN is administered outside the parameters of a prescription (wrong dose, wrong individual, wrong time, etc.), for a purpose other than that which has been approved, or causes adverse effects, that should be reported as a “medication error” critical incident.

Q14. Is a suicide threat a Critical Incident?

A14. 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.

Q15. Who can I talk to if I have questions about the policy or the reporting requirements?

A15. 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 talk it out.