CRITICAL INCIDENTS

SERVICE PROVIDER REQUIREMENT GUIDE

April 2023

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1. Introduction

1.1 Purpose

Critical incident reporting is an important safeguard designed to protect the safety, health, well-being, and rights of individuals accessing CLBC-funded supports and services. Key activities include timely tracking, reporting, response, and follow-up.

Critical incidents must be reviewed and responded to in a timely manner by service providers, CLBC and Community Care Facilities Licensing (Licensing). Responding to critical incidents requires effective communication and coordination between service providers and CLBC staff. This coordination is conducted in ways that support and comply with written expectations and reporting requirements that are:

- Laid out in service provider contracts (i.e. *Schedule D: Reporting* in the *Service Terms and Conditions*), in CLBC policy and with Licensing
- Standardized and predictable, and
- Consistently applied across the province.

The *Critical Incidents: Service Provider Requirement Guide* (this guide) should be reviewed together with CLBC's *Critical Incidents Policy* (including the *Appendix: Critical Incident Types*) and with the CLBC *Critical Incident Report Form*.

1.2 Alignment with CLBC's Monitoring Framework

Reporting and monitoring of critical incidents are a key element of CLBC's comprehensive approach to quality assurance. The *Critical Incidents Policy* is related to and complemented by other CLBC policies, including but not limited to:

- *Adult Guardianship Policy*
- *Behaviour Support and Safety Planning Policy*
- *End-of-Life Policy*
- *Monitoring Policy*
- *Support and Planning Policy*

These policies can be found on CLBC's website here: https://www.communitylivingbc.ca/about-us/policies/

1.3 Key Critical Incident Reporting Documents

The following documents comprise a standardized approach for CLBC-contracted service providers to respond to critical incidents, including the:

- CLBC *Critical Incidents Policy*
- *Critical Incidents: Service Provider Requirement Guide* (this guide), and
- CLBC *Critical Incident Report Form*

The *Critical Incidents Policy* and the *Service Provider Requirement Guide* (this guide) establish a common approach for CLBC-contracted service providers by informing their response to and follow-up on critical incidents. This guide is written in a straightforward way with a focus on clearly defining terms

Policy Framework

and aligning with the *Critical Incidents Policy*. It outlines service provider requirements (**must do's**) and guidance (**should do's**) including guidance on how to follow-up on certain critical incidents. See *Appendix II: Critical Incidents Follow-Up Practice Guidance*.

Note: *The follow-up practice guidance was designed to support both service providers and CLBC staff in their current practice rather than introduce new requirements. The guidance outlines what is considered best practice (i.e., a reasonable response) for CLBC staff and service providers when responding to and analyzing critical incidents. The guidance is <u>suggestive rather than prescriptive</u>.*

1.4 Common Definitions

The following terms are defined in this document and align with those in the *Critical Incidents Policy*.

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 Incident: Serious or unusual events that involve an individual accessing CLBC-funded services that occur while service is being delivered (this includes staffed living and shared living at all times). CLBC defines critical incidents to include the following:

- An individual that is involved in or impacted by a critical incident
- A critical incident, or an alleged or suspected critical incident of emotional, physical, financial or sexual abuse, or neglect, and
- An individual who witnesses a critical incident that is traumatic and violent (e.g., all types of abuse, aggression between individuals, incidents of aggressive/unusual behaviour).

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 involves an individual accessing CLBC services that do not meet the CLBC definition of a critical incident.

PARIS: The CLBC electronic personal information management system.

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 and/or families. This term is also utilized in situations where a contract has not yet been issued, such as during an approval or procurement process.

Support Network: Friends, family, and community members who provide personal support, advocacy, and 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*.

2. Guiding Principles

Service provider response to critical incidents should be guided by the following principles which are aligned with principles that guide CLBC's response:

We are person-centred
Protecting the safety, health, well-being and rights of individuals we serve is at the centre of a service provider's response to critical incidents.

We collaborate with individuals, families, and our partners
Service providers work collaboratively with individuals, families, support networks, CLBC, Community Care Facilities Licensing, and other mandated community investigative agencies to respond to critical incidents and support the well-being of individuals.

We use consistent processes and tools
Service providers and CLBC draw from a common set of tools and implement a consistent approach to defining and addressing critical incidents.

We take the right action at the right time
A common approach for addressing critical incidents contributes to CLBC's and service providers' ability to provide a timely, appropriate response.

We encourage continuous quality improvement
Review and response of critical incidents is conducted in ways that support on-going planning and learning to improve organizational processes, service delivery and positive quality of life outcomes for individuals.

3. Defining Critical Incidents

3.1 Critical Incident Definition

Critical incidents are defined as 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 where service is being delivered at all times). The *Appendix: Critical Incident Types* of the *Critical Incidents Policy* provides detailed information about the types of critical incidents that service providers must report to CLBC. CLBC differentiates critical incident types by the level of follow-up action required by CLBC staff. The two categories are:

- Critical incident types that **always** require follow-up, and
- Critical incident types that **may** be followed up on at CLBC staff's discretion.

3.2 The Purpose of Critical Incident Reporting

The reporting of critical incidents provides service providers and CLBC staff an opportunity to work collaboratively to ensure the well-being and rights of individuals CLBC supports are protected. Reporting is **not** intended to be punitive or to assign blame to service providers. Rather, the purpose of critical incident reporting is for CLBC and service providers to work collaboratively to respond to and resolve significant incidents/events that impact individuals CLBC supports.

Service providers **must** follow-up on and review critical incidents for:

- Prevention of future incidents,
- Continuous improvement of the quality of services, and
- Effective responses to individuals' needs.

Reporting must comply with CLBC's contractual requirements (located in *Schedule D: Reporting* of the *Service Terms and Conditions)* **and** Community Care Facilities Licensing requirements.

4. Critical Incident Reporting

Service providers are required to submit critical incident reports to CLBC for any incident that:

- Meets criteria for a critical incident as defined in the *Critical Incidents Policy* and in the *Appendix: Critical Incident Types*, **and**
- Has not been exempted from reporting requirements under the *Critical Incidents: Restraint Exemption Framework (see Appendix II for details).*

4.1 Reporting Guidelines

When reporting critical incidents to CLBC, service providers **must** notify CLBC by:

- Completing and submitting a critical incident report to CLBC within required timelines as outlined in the *Critical Incidents Policy* and *Section 4.3* of this Guide.
- Calling the CLBC office responsible for their contract **immediately** for urgent critical incidents.

Reporting Critical Incidents Occurring at Licensed Facilities

Under the *Community Care and Licensing Act* and the *Residential Care Regulation*, the Medical Health Officer must be informed of all reportable critical incidents that involve individuals accessing services at licensed facilities. This notification occurs through reporting to the health authority's Community Care Facilities Licensing Program.

If a critical incident involving an individual accessing CLBC-funded support occurs in a licensed facility, service providers are required to report the incident both to CLBC and the health authority's Community Care Facilities Licensing Program using Community Care Facilities Licensing's *Reportable Incident Form*.

Reporting to the health authority's Community Care Facilities Licensing Program does **not** displace a service provider's responsibility to report to CLBC. Every critical incident that service providers report to Community Care Facilities Licensing **must** also be reported to CLBC.

Service providers with licensed facilities **must**:
- Complete the Community Care Facilities Licensing *Reportable Incident Form* and send a copy (i.e. the yellow copy – "Licensing Officer") to the regional authority's Medical Health Officer, and
- Submit the "Funded Agency" copy of the Community Care Facilities Licensing *Reportable Incident Form* to CLBC within the prescribed timelines outlined in *[Section 4.3](#)* of this guide.

Note: Critical incidents as defined in the Appendix: Critical Incident Types *of the* Critical Incidents Policy that are not reportable to Licensing (i.e. some types of Restraint) must still be reported to CLBC using the *CLBC Critical Incident Report* form.

Reporting Critical Incidents Occurring at Unlicensed Programs

If the incident occurs in an unlicensed program, service providers **must**:
- Complete the CLBC *Critical Incident Report*, and
- Submit the completed CLBC *Critical Incident Report* to CLBC within prescribed timelines outlined in *[Section 4.3](#)* of this guide.

Reporting Multiple Critical Incidents to CLBC

A critical incident report can *only* be used to report on **one** critical incident. If multiple critical incidents occur in a day, a critical incident report *must* be completed for each of the incidents.

*For example, if an individual attempts suicide while receiving CLBC-funded Home Supports or while participating in CLBC-funded service (e.g., Community Inclusion) and is sent to the hospital for medical treatment and then dies later that day at the hospital, service providers must submit **two** critical incident reports, one for each of the critical incident types: **Attempted Suicide** and **Death***

Reporting Deaths that Occur During Service Delivery

Service providers are required, as per the *Critical Incidents Policy*, to report an individual's death as a critical incident when the person dies while accessing services. Service providers **must** also comply with CLBC's *End-of-Life Policy*'s reporting requirements.

As per the *End-of-Life Policy*, service providers **must** complete the service provider section of the CLBC *Mortality Information Summary* form and submit it to the CLBC liaison analyst within 24 hours of a death. When the death occurs on a weekend or a statutory holiday, the CLBC *Mortality Information Summary* form is submitted by 8:30 a.m. on the next business day. More on the *End-of-Life Policy* requirements can be found here: https://www.communitylivingbc.ca/about-us/policies/other-relevant-policies/.

Incidents Occurring Outside of Service Delivery

While incidents occurring outside of service delivery do not meet CLBC's critical incident reporting criteria as outlined in the *Critical Incidents Policy*, service providers may be required to report the incident to CLBC based on other related CLBC policy requirements, such as:

- *Adult Guardianship Policy*
- *End-of-Life Policy*
- *Behaviour Support and Safety Planning Policy*

Allegations of Abuse, Neglect of Self-Neglect

Service providers **must immediately** report to their CLBC liaison analyst any situation involving **allegations of abuse, neglect, or self-neglect** even if the incident happened outside of service delivery (e.g., where an individual reports to a service provider that they have been abused when they were not accessing services). CLBC will determine if an Adult Guardianship response is needed, as outlined in CLBC's *Adult Guardianship Policy*.

Note: Service providers are **not** authorized to investigate Adult Guardianship concerns as per the *Adult Guardianship Act.*

Reports of Death

If an individual's death occurs outside of service (e.g., at the individual's home or in community when they are not participating in a CLBC-funded service), service providers are not required to complete a critical incident report upon being made aware of the death, as it does not meet the definition of a critical incident outlined in the *Critical Incidents Policy.*

Exemptions from Reporting Use of a Restraint

CLBC approves exemptions from the requirement to report the use of a restraint **only** when the requirements outlined in the *Critical Incidents: Restraint Exemption Framework (Appendix III)* are met and the process outlined in the exemption framework is followed. See *Section 6* and *Appendix III* of this guide for more information on exemptions.

Example: If a service provider finds they are needing to complete critical incident reports for use of a restraint (e.g., Buckle Boss) with one individual multiple times per day, they should work with a Behavioural Consultant to determine whether application for an exemption for this restraint is appropriate.

4.2 Reporting Formats

It is important that service providers submit an accurate and complete description of the critical incident. Staff with direct knowledge and observation of the event should be completing the reporting form.

CLBC will accept reporting submitted using the following forms:

- CLBC *Critical Incident Report* form; **or**
- A regional health authority's Community Care Facilities Licensing's *Reportable Incident* form; **or**
- Critical incident report forms produced from a service provider's information management system (e.g., ShareVision, NucleusLabs) that contain information that is **identical** to the CLBC *Critical Incident Report*.

The CLBC *Critical Incident Report* form is available from local CLBC offices or via the CLBC website: https://www.communitylivingbc.ca/wp-content/uploads/Critical-Incidents-Report-Form.pdf

4.3 Timelines for Reporting

Service providers are responsible for submitting critical incident reports to their local CLBC office in a timely way. Specific requirements are outlined in more detail below.

Assessing urgency of incident and situation

In order to determine the required timelines for reporting, service providers must assess the urgency of each critical incident and situation. CLBC's *Critical Incidents Policy* identifies the following two types of critical incidents:

Urgent critical incidents are incidents that result in serious harm to an individual and/or require immediate action by CLBC or others (e.g., any allegations of abuse or neglect, sudden or unexpected death, disruption of services that requires immediate action).

Non-urgent critical incidents that do not result in serious harm or require immediate action by CLBC or others (e.g., unexpected illness, aggressive/unusual behaviour or expected death).

Incidents that require mandatory follow-up by CLBC (as per *Appendix: Critical Incident Types* of CLBC's *Critical Incidents Policy*) may not always be urgent. **Urgency is based on the need for *immediate* action**.

Urgent Critical Incidents During Regular CLBC Work Hours

For critical incidents that service providers determine are urgent and occur during regular CLBC work hours, service providers must call CLBC (their liaison analyst) **immediately** after the incident has occurred. If, during regular business hours, the liaison analyst is unavailable, service providers are to contact the local CLBC office directly and ask to speak to another analyst. Once contact has been made, the service provider must fax or e-mail the completed report to the local CLBC office within **24 hours**.

Urgent Critical Incidents When CLBC Office is Closed

For urgent critical incidents that occur when CLBC offices are closed and for which communication arrangements have not been made beforehand with a CLBC staff or manager, the *Critical Incidents Policy* requires service providers to report the critical incident to Ministry of Children and Family Development Provincial Centralized Screening (MCFD PCS) who provide Out of Core Services (formerly After Hours) @ 1-800-663-9122. This includes:

- Allegations of abuse and neglect
- Sudden or unexpected deaths
- Disruption of services that requires immediate action.

When reporting an urgent critical incident outside of CLBC operating hours, service providers should provide MCFD PCS with the information they need to carry out their role as defined in the *MCFD-CLBC Out of Core Services Operating Agreement*, including:

- Individual's name and date of birth
- Caller's name – first and last name
- Service provider contact information and an alternate contact
- An explanation of the incident (e.g., date of incident, location of the incident, and what occurred), and
- Any actions taken.

If the critical incident requires CLBC's immediate involvement, MCFD PCS will contact the on-call CLBC Integrated Service Manager in the region where the incident occurred for response.

Non-Urgent Critical Incidents During or Outside Regular CLBC Work Hours

For non-urgent critical incidents that can be addressed without CLBC's immediate involvement, service providers must submit a critical incident report to their liaison analyst by mail, fax or email **within 5 working days**.

4.4 Reporting Methods

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.

4.5 Follow-up Actions

As part of the critical incident reporting process, service providers must follow up on critical incidents and work with CLBC, as appropriate, 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,
- Anticipate changes across the individual's lifespan, and
- Identify possible preventative actions.

When following up on critical incidents, service providers must be respectful of an individual's personal privacy, individual freedom, and right to self-determination. Refer to *Appendix II: Critical Incidents Follow-Up Guidance* for guidance on how to complete follow-up and what that follow-up may look like.

Service providers may be contacted by an analyst to follow up on a reported critical incident. CLBC staff are required to follow up on certain critical incident types (i.e., those that require mandatory follow-up) and use discretion about whether to follow up on other types such as missing/wandering, motor vehicle injury. Incident types that require CLBC to follow up, and those for which CLBC follow-up is discretionary are identified in the *Appendix* of CLBC's *Critical Incidents Policy*. CLBC follow-up may include visiting the service provider (i.e., program, activity, or home) and interviewing the individual, staff, and others involved. Service providers work with CLBC to undertake required follow-up actions and must keep CLBC apprised of the status of any follow-up actions that have been or will be implemented so that they can be captured in the individual's file.

As part of critical incident follow-up work, service providers are encouraged to debrief with their staff; to review and evaluate interventions implemented and follow-up actions to assess if the desired outcome (e.g., improving service quality and reducing the likelihood of the critical incident occurring again for the individual or others in service) has been achieved.

A collaborative relationship between CLBC and service providers is key to developing best practices around critical incident follow-up and supporting continuous quality improvement. Service providers can share the outcomes and/or learnings of the evaluation of the critical incident follow-up actions with their CLBC liaison analyst.

5. Critical Incident Tracking Requirements

Service providers are responsible for ongoing tracking, review, and analysis of critical incidents (including incidents exempt from reporting under the *Critical Incidents: Restraint Exemption Framework* as outlined in *Section 6*) and non-reportable incidents to identify concerns, recognize trends, and reduce the likelihood of reoccurrence. CLBC analysts will periodically review these records with service providers as part of CLBC's on-site monitoring activities.

5.1 Tracking Non-Reportable Incidents

A non-reportable incident is an unexpected or unusual event that involves an individual accessing CLBC-funded services that does *not* meet CLBC's definition of a critical incident. **Non-reportable incidents are important for service providers to record and track but not serious enough to report to CLBC as a critical incident.**

> *Example: An individual may not receive their medication because their supply ran out before the agency's staff was able to order more. If the missed medication does **not** result in an adverse reaction or require emergency care, it does not meet the criteria for a critical incident. However, the service provider should record the incident internally as a non-reportable incident.*

As outlined in the *Critical Incidents Policy*, service providers are required to track and maintain internal records of non-reportable incidents and conduct regular reviews (at least annually) to identify trends and patterns as part of their own internal monitoring. Service providers can also apply learnings from non-reportable incidents to prevent similar incidents from occurring again in the future.

Records of these types of incidents should **not** be sent to CLBC but should be available for review upon CLBC's request. CLBC analysts will periodically review these records of non-reportable incidents with service providers as part of CLBC's on-site monitoring activities.

When CLBC receives a critical incident report that does **not** meet CLBC's definition of a critical incident, the liaison analyst will:

- Connect with the service provider to explain why the incident does not meet CLBC's definition of a critical incident and confirm that the service provider is tracking the non-reportable incident internally,
- Consider whether the information provided is important and relevant to understanding the individual's planning needs and informing future discussions about their supports (For example, a cancer diagnosis is mistakenly reported as "unexpected illness"), and
- Send the report back to the service provider if the information is not relevant to the individual's ongoing support needs.

5.2 Review of Critical Incidents

Service providers are expected to complete their own incident trend analysis *at least* **once per year** as part of ongoing continuous quality improvement efforts. As part of this review, service providers must consider:

- Critical incident causes and trends
- Actions that will be taken to avoid future incidents, and
- The results of efforts to avoid similar incidents from the previous review period, including any relevant education or training completed by those involved.

CLBC analysts may ask to review critical incident reports as part of routine monitoring activities.

6. Exemptions to Reporting for Restraints

CLBC's *Critical Incidents Policy* requires service providers to submit a critical incident report for restricted practices including use of restraints as defined in the policy. Use of restraints must be reported as a critical incident even when it is included in an approved Safety Plan.

CLBC approves exemptions from this reporting requirement for use of a restraint **only** when the process outlined in CLBC's *Critical Incidents: Restraint Exemption Framework* is followed.

There are two types of request for exemption:
- Initial request for exemption, and
- Request for renewal of exemption.

6.1 Making a Request for Exemption

Service providers work with Behavioural Consultants to apply for an exemption by submitting a request for exemption to CLBC as part of the Safety Plan review process outlined in the *Behaviour Support and Safety Planning Policy* and *Guide*.

Note: Service providers continue to follow the reporting requirements outlined in the Critical Incident Policy *until the formal request for exemption process is completed and the exemption is approved.*

Both types of requests listed above can be submitted using either the *Critical Incidents: Request for Exemption Form* or another format that contains the following:
- Brief description of the specific restraint for which the exemption is being requested
- Category of the exemption request (category 1 or category 2)
- Type of request (initial or renewal)
- Anticipated frequency and/or duration of use of each restraint for which an exemption is being requested
-
- Confirmation that an in-house data tracking system is in place
- Confirmation that each one of the required conditions listed above under the appropriate category have been met for each exemption included in the request
- Option for either Behaviour Consultant or CLBC to request additional review/reporting
- Signature of the Behavioural Consultant and the Service Provider Agency completing the request
- A space for CLBC Integrated Service Manager to:
  o Approve or deny each exemption included in the request form, and
  o Confirm the reporting expectation.

All requests for exemption **must** be accompanied by either:
- A Safety Plan being submitted for CLBC's authorization, **or**
- A report on the 6-Month review of an existing Safety Plan **and** a copy of the authorized Safety Plan.

6.2 Reviewing and Requesting Renewal of Exemptions

Exemptions are valid only for the period identified in the approved exemption request, which is a maximum of **six months** unless more frequent review/reporting is recommended by the Behavioural Consultant or requested by CLBC.

At the end of the approved review/reporting period service providers and Behavioural Consultants review exemptions as part of the Safety Plan review process to determine if:

- Renewal requests are needed for any exemptions,
- Any exemptions are no longer required, **or**
- Any new requests for exemption are needed.

Review of exemptions should include consideration of the following:

- The frequency and/or duration of use during the period
- Progress on the Behaviour Support Plan goals that will eventually help reduce, minimize, or eliminate the use of the restraints that are not associated with a medical diagnosis.
- Rationale for requesting to continue or discontinue the exemption status, e.g.:
  - Behaviour Support Plan is working and there is decreased need to use the restraint
  - The current restraint is not effective in ensuring safety, and
  - Use of the restraint has increased so the approach needs to be altered.

See *Appendix III: Critical Incidents: Restraint Exemption Framework* for more details.

7. Questions

If you have questions about critical incident reporting or this guide, please contact your CLBC liaison analyst.

The CLBC *Critical Incident Report* form is available from local CLBC offices or as a fillable PDF file on CLBC's website: https://www.communitylivingbc.ca/wp-content/uploads/Critical-Incidents-Report-Form.pdf

CLBC highly recommends using a computer to complete the report, rather than handwriting it. This will reduce the chance of misinterpretation of the incident details due to illegible handwriting.

1. Name of Program / Place of Service	Print the name of the program or place of service (reference the relevant CLBC contract to ensure accuracy of reporting).
2. Phone Number	Print the service provider's phone number.
3. Address	Print the street address and city of where the home is located, or the program is delivered.
4. Name of Service Provider	Print the name of the service provider (reference the relevant CLBC contract to ensure accuracy of reporting).
5. Service Category	Identify the type of service being delivered when the incident occurred (reference the relevant CLBC contract to ensure accuracy of reporting – e.g., Community Inclusion, Staffed Living, Individual and Family Wellness).
6. Person(s) Involved	- Print the name of the individual(s) involved, including their date of birth and gender. - Check all relevant boxes (e.g., individual served, visitor, other) to identify those involved in the incident or who may have information of the incident. ➢ If 'Other' is checked, print the person's name (s) - List all person(s) adversely affected by the incident (e.g., staff, other individuals served).
7. Type of Incident – Reportable to CLBC	Check the critical incident type that best reflects the incident being reported (choose **ONE ONLY**). Refer to the list of critical incident types on the back of CLBC's *Critical Incident Report* to ensure the appropriate incident type is reported. For further information, refer to the Appendix of CLBC's *Critical Incidents Policy*. It has additional information not found on the report for several critical incident types. See *Section 4.1 – Reporting Multiple Critical Incidents* of this guide for more information

		Also contact your CLBC liaison analyst if you have any questions.

8.	**Details of the Incident – What Occurred**	When describing the incident, identify:
		
		• When and where the incident occurred (date, time, and location of incident). Be as specific as possible.
		• What happened - provide details about the negative impact of the incident on the individual.
		• How the incident occurred. Identify any factors that may have contributed to the incident, including:
		  ➢ Physical/medical factors (e.g., mental health, known or unknown condition or illness)
		  ➢ Environmental factors (e.g., slippery floors, medications)
		  ➢ Cognitive, emotional, relationship factors (e.g., communication capabilities, history of trauma/abuse/violence) and
		  ➢ Program design factors (e.g., does the program meet the individual's needs?)
		• Identify whether the incident was witnessed (e.g., by staff or other individuals).
		• What immediate action (s) was taken (e.g., first aid) by service provider staff to address or resolve the incident.
		• In case of a death, whether it was an expected or unexpected death (e.g., note if there were any previous indications that death may be imminent).
		
		Note: Unlike Community Care Facilities Licensing, CLBC requires service providers to report an individual's death even if they die while in hospital as outlined in CLBC's *End-Of-Life Policy*.

9.	**Details of the Incident – Actions Taken**	Identify: • The actions taken to address or resolve the incident. • Any measures taken to prevent a similar incident from occurring again. • Any recommendations that have been or will be implemented (e.g., updating the individual's Behaviour Support and Safety Plan, supporting the individual to find a new home or different program).

10. Notification	• Check all appropriate boxes of individuals/agencies notified about the incident. Include specific names, if possible. • Print the name, contact information, and identify the nature of the individual's relationship to the family member / representative who was notified. • Provide the date and time for each notification.

11. Signatures	• Print the name, position, signature, and date and time for the following people:
	   ➢ Person who completed the form
	   ➢ Supervisor or manager, and
	   ➢ Witness or attending staff.

Note: It is important that service providers submit an accurate and complete description of the critical incident to ensure that appropriate follow-up is done and any revision to an individual's service is based on factual information. **Staff with direct knowledge and observation of the event <u>must</u> complete the critical incident report to ensure an accurate account of the incident is shared with CLBC.**

The practice guidance was developed in consultation with both internal and external partners and identifies what is considered best practice (i.e., a reasonable response) for CLBC staff and service providers when responding to and analyzing critical incidents. This guidance is intended to be **suggestive rather than prescriptive** and used at CLBC staff and service providers' discretion. It is also intended to be collaborative and encourage communication between service providers and their analysts regarding the specific details of the follow-up response.

Although **all critical incident types require service provider follow-up** to protect the safety, health, well-being, and rights of individuals, this guidance focuses on those for which follow-up actions are **mandatory for CLBC**.

Follow-up Activities

Mandatory CLBC Follow-Up Critical Incident Types
ABUSE/NEGLECT
Identification and Assessment of Contributing Factors

a) Environmental Factors ➢ Schedule and routines ➢ Social setting and context ➢ Physical space (over-crowding, lack of personal space, inability to remove oneself)	b) Physical, Medical Factors ➢ Mental health ➢ New or under/overuse of medication ➢ Drug/alcohol abuse/influence ➢ Known condition ➢ New condition or unknown condition
c) Cognitive, Emotional, Relationship Factors ➢ Vulnerability ➢ Communication barriers/challenges ➢ Memory/disorientation (e.g., confusion) ➢ History of trauma/abuse/violence ➢ Degree of the individual's choice and control	d) Assessment of Program Design Contributing Factors: ➢ Does the program meet the individual's needs? ➢ Service/care plan being followed? ➢ Staff interaction/relationships ➢ Staff knowledge and experience
Follow-Up Actions	

Service Provider Follow-up Actions
Important: As per the *Adult Guardianship Procedure and Practice Guidelines*, service providers are **not** responsible for investigations under the *Adult Guardianship Act* and must not conduct their own investigations into allegations of abuse or neglect.

Upon becoming aware of an allegation of abuse or neglect, the service provider:

- Ensure that the appropriate notifications have been made (e.g., contacting the individual's support network, police, etc.)

- For example, notify the police if an adult has been assaulted or there is evidence that a criminal offence has occurred.

- Must not contaminate any information (e.g., Interviewing victim/alleged abuser, altering documentation) if there is an Adult Guardianship investigation underway.

- Debrief with affected staff in a safe and supportive environment to ensure those who may have experienced trauma or shock following the incident are supported appropriately.

- Inform health care professionals, if appropriate, about the incident and initiate referrals to appropriate professionals.

- Conduct an internal personnel service review, if required/as appropriate

- Consider opportunities for internal training and/or skill building, including but not limited to:
  - Role playing
  - De-escalation techniques, and
  - Non-violent crisis intervention training.

CLBC Analyst Follow-Up Actions

Upon being notified of an incident of abuse or neglect through a critical incident report, analysts (as per *Section 7.1* of the *Adult Guardianship Procedures and Practice Guidelines,*) must complete the following actions right away:

- Immediately forward the call or report (e.g., CLBC's *Critical Incident Report* or Community Care Facility Licensing's *Reportable Incident Form*) to the facilitator (if appropriate) or continue follow-up if the allegation(s) involves a contracted service provider

- Notify the Integrated Services Manager **immediately** and follow the Adult Guardianship workflow.

- Ensure follow-up by appropriate staff/agency:
  - Forward all information immediately to the appropriate staff responsible for Adult Guardianship investigations.
  - If the report comes into an incorrect office or Head Office, record basic information and forward the information to the correct office immediately. Advise the person or agency who reported the allegation that the information is being forwarded to the correct office and that CLBC staff will be in touch.
  - In consultation with an Integrated Service Manager, analysts must report the allegation to the police and/or provide emergency assistance if there is evidence that:
    - A criminal offence has been committed against an adult (Refer to *Section 5.1* of *Adult Guardianship Procedures and Practice Guidelines* for common offenses) available here: https://clbc-intranet.gov.bc.ca/Policies/Pages/Adult-Guardianship---Procedures-and-Practice-Guidelines.aspx;.
    - There is imminent risk of physical or mental harm to an adult (Refer to *Section 9* of the *Adult Guardianship Procedures and Practice Guidelines* for emergency assistance procedures); and/or

o   There is imminent risk of significant damage or loss to an adult's property.

As outlined in the *Adult Guardianship Procedures and Practice Guideline,* if an agency has reported the allegation of abuse and neglect, the liaison analyst:

- Confirms the service provider has reported the concern to Community Care Facilities Licensing.
- Works together with the regional analyst and/or licensing officer, as needed, to play a supportive role in their investigation.
- Maintains the contractual relationship with the service provider during the investigation, and for auctioning any changes to the service.
- Works with the service provider to address any risk or vulnerability of other individuals.
- Notifies a facilitator/initiates a request for facilitator involvement (if one is not already involved) to engage in planning to assess if increased supervision/supports are required and if needs have changed.
- Works with the service provider to reach out to individuals, families, support networks as soon as possible (ensuring it does not compromise the Adult Guardianship investigation).
- Works with the service provider to initiate referrals to professionals, as appropriate.
- Enters an *Adult Guardianship Note* in the individual's PARIS file identifying that an abuse or neglect allegation has been submitted as a critical incident.

AGGRESSION BETWEEN INDIVIDUALS
Identification and Assessment of Contributing Factors

a) Environmental Factors	b) Physical, Medical Factors
➤ Level of stimulation (noisy, unusual sounds) ➤ Adaptations/assistive devices ➤ Chaotic or busy space ➤ Physical space (over-crowding, lack of personal space, inability to move around/remove oneself from a situation) ➤ Temperature/scents ➤ Sensory triggers (poor lighting, flashing lighting, glare)	➤ Acute/chronic pain (physical/dental) ➤ Poor sleep/fatigue ➤ Poor nutrition/hunger ➤ New or under/overuse of medication ➤ Drug/alcohol abuse/influence ➤ Known condition ➤ Unknown condition or illness ➤ Mental health (dementia, depression, bipolar, anxiety, psychosis)
c) Cognitive, Emotional, Relationship Factors	d) Assessment of Program Design Contributing Factors:
➤ Comprehension/capacity ➤ Disorientation ➤ Communication abilities ➤ Triggers/agitation ➤ History of relationship between individuals	➤ Program outline/structure ➤ Does the program meet the individual's needs? ➤ Decision making opportunities

➢ History of trauma/abuse/violence	➢ Service/care plan being followed?
➢ Milestone, grief/loss, recent significant event, or anticipating these events	➢ Staff interaction/relationships
➢ Need for independence or reaction to authority	➢ Staff knowledge and experience
➢ Poor self-esteem	➢ Behavior Support Plan/Safety Plan (active/updated/followed?)
➢ Isolation (loneliness)	

Follow-Up Actions

Service Provider Follow-up Actions

- Ensure that the appropriate notifications have been made (e.g., contacting the individual's support network, Police, etc.)
- Inform the individual's primary health care provider and work with CLBC to initiate referrals to other appropriate professionals (e.g., Developmental Disabilities Mental Health Services (DDMHS), doctor, psychologist, psychiatrist, dentist) to assess current or new health needs.
- Ensure staff/contractors involved in supporting an individual(s) with a pattern/history of aggressive behaviour understand the organization's expectations for responding to threatening/violent behaviour.
- Confirm that a Behaviour Support Plan/Safety Plan protocol was followed, if appropriate
- Ensure staff/contractors are knowledgeable about each individual's Behavior Support Plan/Safety Plan and have the skills and training to implement the plan
- Debrief with the Behavioural Consultant involved to ensure:
    - ➢ Strategies in the plan are current and contextually appropriate
    - ➢ If changes to the plan need to be made as a result of the incident it is done so in a timely manner, and
    - ➢ Staff receive necessary training to implement the plans if there were gaps identified in staff response and the plan strategies.
- If there is no plan in place, identify supports needed to ensure similar incidents do not occur in the future and if a referral for behaviour support is needed.
- Debrief with affected staff/contractors in a safe and supportive environment to ensure those who may have experienced trauma or shock are supported appropriately.
- Consider opportunities to develop capacity, skills, and access training (internally or externally), such as:
    - ➢ Implementation of Behaviour Support Plan strategies to teach functional communication and other coping skills
    - ➢ Tracking accurate data so it can inform potential changes needed to the individual's plan in a timely manner or inform assessment, if plans are to be developed.
    - ➢ Role playing similar incidents
    - ➢ De-escalation techniques or
    - ➢ Non-violent crisis intervention training (e.g., CPI).

CLBC Follow-up Actions

Upon receiving a critical incident report of aggression between individuals, analysts:
 	
 • As necessary, notify a facilitator or initiate a request for facilitator involvement (if one is not already involved) to engage in planning to assess/determine if the needs for either involved individuals have changed, and whether increased supervision or supports may be required.
 • Confirm that the service provider has contacted both involved individuals', support networks (as appropriate) and involved them in understanding the behaviours and developing solutions.
 • Support the service provider to initiate referrals to professionals, as appropriate, to determine whether the individual (s) has unknown/new underlying conditions (physiological/medical) that may be contributing to the aggressive behavior.
 • Assess whether a Behaviour Support Plan or Safety Plan:
    ➢ Was followed,
    ➢ Requires updating or is needed (if one is not in place already), or
    ➢ Is in the process of being authorized.
 • Support the service provider to access/enhance training and professional support, as required.
 • Determine whether service provider staff:
    ➢ Understand an individual's Behaviour Support Plan or Safety Plan (if one is already in place), and
    ➢ Have the skills and knowledge to implement the plan.

ATTEMPTED SUICIDE
Identification and Assessment of Contributing Factors

a) Environmental Factors ➢ Access to weapons or means of self-harming ➢ Environmental triggers causing stress ➢ Seasonal triggers/patterns ➢ Level of stimulation (chaotic, noise level, unusual sounds) ➢ Physical space (over-crowding, lack of personal space, inability to move around/remove oneself) ➢ Temperature/scents ➢ Sensory triggers (poor lighting, flashing lighting, glare)	b) Physical, Medical Factors ➢ Acute/chronic pain (physical, dental) ➢ Poor sleep/fatigue ➢ Poor nutrition/hunger ➢ New or under/overuse of medication/discontinuation ➢ Antidepressant ➢ Anti-psychotic ➢ New condition or unknown condition ➢ Mental health (e.g. dementia, depression, anxiety, bipolar, psychosis) ➢ Basic needs not being met (housing) ➢ Drug or alcohol abuse/influence
c) Cognitive, Emotional, Relationship Factors ➢ Comprehension/capacity ➢ Disorientation (e.g., confusion?)	d) Assessment of Program Design Contributing Factors: ➢ Does the program meet the individual's needs?

➢ Communication abilities	➢ Decision making opportunities
➢ Triggers/agitation/fear	➢ Service/care plan being followed?
➢ Relationship status	➢ Is there appropriate staff supervision?
➢ History of trauma/abuse/violence	➢ Staff interaction/relationships with the individual
➢ Milestone, grief/loss, recent significant event, or anticipating these events	➢ Staff knowledge and experience with the individual
➢ Bullying/harassment	➢ Behavior Support Plan/Safety Plan (active/updated/followed?)
➢ Poor self-esteem/avoidance behavior	
➢ Isolation (loneliness)	

Follow-Up Actions

Service Provider Follow-up Actions

- Ensure that the appropriate notifications have been made (e.g., contacting the individual's support network, Police, etc.).
- Debrief with affected staff/contractors to ensure those who may have experienced trauma or shock as a result of the incident are supported appropriately.
- Support the individual to contact their primary care provider or inform the individual's primary care provider about the incident.
- If appropriate, initiate referrals to other health care and community professionals to assess current or new health and/or mental health needs (e.g. DDMHS, psychologist, psychiatrist, dentist), and discuss follow-up plan.
- Support the individual to access new community resources as needed (e.g., medical, educational, recreational).
- Ensure staff/contractors involved in supporting individuals at-risk of suicide are aware and knowledgeable about potential warning signs. Any significant change in behaviour is a warning sign for suicide, and may include things like:
    - ➢ Change in mood, from happy to sad or even from sad to happy, and anything in-between.
    - ➢ Increase in alcohol or drug use.
    - ➢ Change in outlook on life, for example, if someone talks about feeling hopeless and being a burden.
    - ➢ Talking about killing oneself and having a plan of how to do it.

(For more information refer to the Center for Suicide Prevention website: https://www.suicideinfo.ca/resource/anyone-can-help)

- Ensure staff/contractor is knowledgeable about each person's health care plan, and if there is a suicide risk, they are trained in how to respond to a suicide attempt. (For example, easily accessing first aid supplies and emergency medical services as required.)
- Consider opportunities to develop staff/contractor capacity, skills and access to training to better respond to possible suicide attempts, such as;
    - ➢ Role playing similar incidents (internal)
    - ➢ Suicide assessment checklist (internal), or Suicide Prevention Training (external)

CLBC Follow-up Actions

Upon receiving a critical incident report of a suicide attempt, analysts:

- Notify the Integrated Services Manager i**mmediately** for serious injuries resulting from the suicide attempt (by phone).
- Advise the Integrated Services Manager of the response within 24 hours of receiving the report.
- Notify a facilitator or initiate a request for a facilitator to engage in planning to assess/determine if the individual's needs have changed, and if increased supervision/supports are required.
- Confirm that the service provider contacted a member (s) of the individual's support network as appropriate include them (as equal partners) in:
  - ➢ Understanding the behaviour(s) that contributed to the incident, and
  - ➢ Developing solutions to prevent future suicide attempts.
- Confirm that the service provider has initiated referrals to appropriate health care and community professionals to determine whether the individual has any unknown or new underlying conditions or needs (e.g., physiological/mental health) that may be contributing to suicide risk.
- Assess whether a Behavior Support Plan or Safety Plan was followed, is needed, or requires updating.
- Support service providers to develop capacity and access to training and professional support, as required.

CHOKING
Identification and Assessment of Contributing Factors

a) Environmental Factors	b) Physical, Medical Factors
➢ Seating position when eating	➢ Known condition
➢ Distractions while eating	➢ New condition/unknown condition
➢ Location of eating arrangement (e.g. whether eating outside of usual eating arrangement)	➢ Medication change
➢ Eating in isolation	➢ Poor sleep
	➢ Poor nutrition/hunger
c) Cognitive, Emotional, Relationship Factors	d) Assessment of Program Design Contributing Factors:
➢ Ability to understand and follow instructions	➢ Does the program meet the individual's needs?
➢ Agitation	➢ Service/care plan being followed?
➢ Milestone, such as grief/loss, recent significant event or anticipating these events	➢ Staff interaction/relationships with the individual
➢ Need for independence/ unwillingness to accept support	➢ Staff knowledge and experience of the individual's needs

Follow-Up Actions

Service Provider Follow-up Actions

- Ensure that the appropriate notifications have been made (e.g., contacting the individual's support network, Police, etc.)

- Debrief with affected staff/contractors to ensure those who may have experienced trauma or shock as a result of the incident are supported appropriately.

- Confirm whether the individual's health care protocol was followed and/or consider if a new or updated health protocol or dysphasia assessment is required. For example, consult the HSCL clinician who wrote the individual's health care protocol.

- Inform the individual's primary health care provider of the incident.

- If appropriate, initiate referrals to appropriate health care professionals to assess current/new health needs (including, but limited to HSCL, nutritionist, OT, doctor, dentist).

- Consider opportunities to develop capacity, skills and access training (internally and externally) such as role-playing similar incidents.

- Ensure staff/contractors are aware of and knowledgeable about everyone's medical conditions, including:
  - ➢ Their risk of choking and aspiration and
  - ➢ How to access first-aid supplies and personnel in case of a future choking incident.

- Ensure staff/contractors are knowledgeable about and have access to information on individualized safe chewing and swallowing practices, as per the nutritionist/dysphasia team recommendations:
  - ➢ The type of diet or food texture (e.g. minced or pureed)
  - ➢ Thickness of liquids
  - ➢ Seating position
  - ➢ Adapted eating utensils
  - ➢ Oral care plans
  - ➢ Specific mealtime needs or supervision for safe eating

- Ensure staff/contractors are trained to recognize and respond to signs of dysphasia, such as:
  - ➢ Reddened face
  - ➢ Noisy breath
  - ➢ Weak or no cough
  - ➢ Unable to speak
  - ➢ Weight loss
  - ➢ Unable to speak
  - ➢ Grayish face or bluish skin

CLBC Follow-up Actions

Upon receiving a critical incident report of choking, analysts:

- Notify the Integrated Services Manager i**mmediately** for urgent choking-related injuries that would require CLBC's involvement (e.g., there is a pattern of choking or there is a near death resulting from the incident).

- Notify a facilitator or initiate a request for facilitator involvement to engage in planning to assess/determine if the individual's needs have changed, and whether increased supervision/supports are required.

Confirm that the service provider contacted a member (s) of the individual's support network as soon as possible. Iinclude them (as equal partners) in:

  ➢ Understanding the behaviour(s) that contributed to the incident, and
  ➢ Developing solutions to prevent future choking incidents.

- Confirm that the service provider has initiated referrals to appropriate health care and community professionals, as appropriate, to assess current/new health needs (e.g. including, but not limited to HSCL, doctor, dentist, nutritionist).
- Assess whether a health care plan, safe-eating plan was followed, or a dysphasia assessment is needed or requires updating.
- Confirm that the service provider has staff with valid first aid and CPR training involved to support individuals at risk of choking and to prevent future choking incidents.
- Support the service provider to develop/enhance capacity and access training and professional support, as required.
- Review licensing inspection report for applicable information.

DEATH	
Identification and Assessment of Contributing Factors	

a) Environmental Factors
   ➢ Schedule and supervision
   ➢ Social setting and context
   ➢ Physical location/space
	b) Physical, Medical Factors
	   ➢ Known condition
	   ➢ New condition/unknown condition/illness
	   ➢ Medications
	   ➢ Nutrition/diet/exercise
	   ➢ Drugs/ alcohol use

c) Cognitive, Emotional, Relationship Factors
   ➢ Diagnosed or undiagnosed mental health conditions
	d) Assessment of Program Design Contributing Factors
	   ➢ Service/care plan followed?
	   ➢ Staff interaction/relationship with the individual
	   ➢ Staff knowledge and experience with the individual
	   ➢ End-of-Life service plan followed?

Follow-Up Actions	
Service Provider Follow-up Actions	

Upon notifying CLBC of an individual's death through a critical incident report, as per CLBC's *End-of-Life Policy*, service providers:

- **Immediately** notify or confirm that the family and when involved, legal representative, that has been involved with health care decision making, have been notified about the death.
- Notify a Committee of Estate or other legal decision maker that has been involved with managing the individual's financial and legal affairs.
- Work with the individual's family or support network to determine who should assume responsibilities that usually follow an individual's death, such as making funeral arrangements.
- Provide information about community resources (e.g., bereavement support) to families, (if not already provided by health care providers or community agencies).
- Contact family/representative before contacting other service providers to determine who will advise other service providers that provided services to the individual about their death (if not already done by the family) which may include:
  - Community Care Licensing (as required by Community Care Licensing)
  - Other service providers under contract with CLBC (e.g. community inclusion services)
  - Home and Community Care (e.g. community nursing and community rehabilitation services)
  - Other health care professionals (e.g. mental health)
  - Ministry of Social Development Poverty Reduction.
- Ensure that service provider staff/contractors followed protocol outlined in the *End-of-Life Policy*.
- Comply with any requests:
  - From the Provincial Clinical Consultant and Provincial Medical Consultant; and
  - From law enforcement officers or agencies that have regulatory and/or investigative mandated responsibilities, such as the BC Coroners Service to assist with a formal investigation and review.
- Consider opportunities to develop or enhance staff/contractor capacity, skills and access to training to better respond to similar incidents (e.g., if events leading to the individual's death could have been prevented)
- Debrief with any staff/contractors who may have experienced trauma or shock as a result of the death.
- Ensure staff/contractors and other individuals in the CLBC- funded service who had long established relationships with the deceased individual are supported appropriately (e.g., grief counselling).

CLBC Follow-up Actions

Upon being notified of an individual's death through a critical incident report, analysts (as per the *End-of-Life Policy and End-of-Life Guide: Information for Facilitators and Analysts*):

- Immediately contact:
  - Integrated Services Manager;
  - Director, Regional Services;
  - Other involved CLBC staff (e.g., facilitator); and
  - The CLBC staff designated to receive mortality notifications by completing a *Notification of Death* form and submitting it via the Outlook distribution list: *CLBC Mortality Notifications*.

- Connect with the service provider to discuss the circumstances surrounding the individual's death to determine whether:
  - Other supported individuals are at risk
  - The cause of death is communicable (e.g., communicable disease), and
  - The events leading up to the individual's death were suspicious and warrant further review.

- Ensure the service provider contacts:
  - All appropriate stakeholders listed on the CLBC *Critical Incident Report* form or the Community Care Facilities Licensing *Reportable Incident Form*, and
  - Members of the individual's support network, as appropriate.

- Work closely with a facilitator, the home's service provider and healthcare professional (e.g., family doctor, nurse) in situations where it is unclear if the home's service provider is the most appropriate person to notify the family and/or legal decision maker to determine:

  - Who should be responsible for notification, and
  - How the notification should be done.

- Complete the CLBC section of the *Mortality Information Summary form* within 12 hours of receiving it from the service provider and submit it to:
  - CLBC staff designated to receive mortality notifications by e-mail via the Outlook distribution list: *CLBC Mortality Notifications*.
  - Integrated Services Manager, and
  - Director, Regional Servicess.

- Comply with any requests (if an investigation or a formal review of a death is conducted):
  - From the Provincial Clinical Consultant and Provincial Medical Consultant; and
  - From law enforcement officers or agencies that have regulatory and/or investigative mandated responsibilities such as the BC Coroners Service.

- Complete a *Mortality Note* in PARIS which can include information about:
  - Actions that have been/will be taken following a death including notification to a family member and, when involved, to a legal representative and/or a legal decision maker that has been involved with managing the individual's financial and legal affairs.
  - Bereavement support community resources that have been provided to the family, a support network member or a service provider.

> - Funeral/memorial arrangements.
> - Administration of the individual's estate (see *End-of-Life Guide: Information for CLBC Facilitators and Analysts* for more information).

- Ensure copies of both the *Notification of Death* form and the *Mortality Information Summary* form are stored in the individual's PARIS file, specifically in the **Health and Safety Reports and Protocols** folder in the individual's file

- Ensure printed copies of the *Mortality Information Summary* form are placed in the service provider's CLBC record as per the *End-of-Life Policy*.

- Confirm that end-of-life service planning occurred, and protocols were followed.

- Provide support (e.g., be available to family to address concerns or questions) or resource information (such as bereavement support resources) to service providers (as needed.

MISUSE OF ILLICIT DRUGS OR LICIT DRUGS
Identification and Assessment of Contributing Factors

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a) Environmental Factors

> Secure medication storage
> Accessibility of licit or illicit drugs
> Living arrangement/peer influence (e.g., other drug users)
> Seasonal triggers/patterns
> Level of stimulation (noisy, unusual sounds)
> Chaotic or busy space
> Physical space
> Temperature/scents

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b) Physical, Medical Factors

> Acute/chronic pain (e.g., physical, dental)
> Poor sleep/fatigue
> Poor nutrition/hunger
> New or under/overuse of medication or discontinuation of medication
> New condition or unknown condition
> Mental health diagnoses (e.g. dementia, depression, anxiety, psychosis, bipolar)
> Basic needs not being met (housing)

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c) Cognitive, Emotional, Relationship Factors

> Comprehension/capacity (e.g. ability to understand and follow instructions)
> Disorientation (e.g., confusion)
> Communication abilities
> Emotional triggers/agitation/fear
> Suicide Risk
> Change in relationship status
> History of trauma/abuse/violence/drug abuse
> Milestone, grief/loss, recent significant event, or anticipating these events
> Bullying/harassment
> Poor self-esteem/avoidance behavior
> Isolation (e.g., loneliness)

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d) Assessment of Program Design Contributing Factors:

> Controlled medication monitoring and administration procedures
>   o Is there a regular pharmacy review?
> What is the Drug & Alcohol Policy and Procedures? Is it an appropriate match to support the CLBC-funded individuals? (Zero Tolerance vs Harm Reduction)
> Does the program meet the individual's needs?
> Program routines/ supervision
> Service/care plan being followed
> Staff interaction/relationships with the individual

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Follow-Up Actions

Service Provider Follow-up Actions

- Ensure that the appropriate notifications have been made (e.g., contacting the individual's support network, Police, etc.)

- Debrief with affected staff/contractors to ensure those who may have experienced trauma or shock as a result of the incident are supported appropriately.
- Ensure that other CLBC-supported individuals who may be in shock after witnessing the incident are supported appropriately (e.g., referred to counselling).
- Inform the individual's primary health care provider about the incident.
- If appropriate, initiate referrals to other health care and community professionals to assess current or new health/mental health needs (including, but not limited to, DDMHS, drug and alcohol supports, mental health support, psychologist, psychiatrist,).
- Assess implications of the individual's illicit drug use to inform a follow-up plan with involved professionals which may include:
  - Is the use/possession of drugs putting others at risk?
  - Does the individual need treatment?
  - Is the setting/service appropriate?
  - Is this in contravention of parole/probation conditions? If so, do authorities need to be notified?
  - Assess whether drug or alcohol use is consistent with slowly reducing their usage as part of an overall addiction support plan.
- Support the individual to access new community resources as needed (e.g., medical, educational, recreational, support groups, online)
- Ensure staff/contractors involved in supporting individuals at-risk of drug overdose, have access to training in First-Aid equipment such as Naloxone and are aware of signs of overdose:
  - Not moving, cannot be woken
  - Slow breathing or not breathing
  - Blue lips or nails
  - Choking, gurgling sounds or snoring
  - Cold, clammy skin
  - Tiny pupils
- Confirm that staff/contractors are knowledgeable about:
  - Individual's health care plan, and
  - How to access first-aid equipment (e.g., location of supplies) and emergency medical services if there is a risk of overdose.
- Consider opportunities to develop and enhance capacity, skills, and access training; internal (role playing scenarios) or external (Naloxone Training).

CLBC Follow-up Actions

Upon receiving a drug-related critical incident report, analysts:
- If necessary, notify a facilitator or initiate a request for facilitator involvement to engage in planning to assess/determine if:
  - The individual's needs have changed (e.g., is this setting/service appropriate?)
  - Increased supervision/supports are required, and

- > This incident is a contravention of the individual's probation conditions, and if the local authorities need to be notified.

- Confirm that the service provider has contacted a member(s) of the individual's support network, as appropriate and within Freedom of Information and Protection of Privacy Act (FOIPPA) guidelines, to include them (as equal partners) in:
  - > Understanding the behaviour(s) that contributed to the incident, and
  - > Develop solutions to prevent future incidents.

- Confirm that the service provider has:
  - > Contacted their primary health care provider, and
  - > Initiated referrals to appropriate health care or community professionals (e.g., rehabilitation services, parole officer), as appropriate, to ensure that the individual has no unknown or new underlying conditions (e.g., physiological/mental health issues) that may be contributing to the drug use/abuse.

- Assess whether a Behavior Support Plan or Safety Plan was followed or requires updating or if one is needed.

- Confirm that the service provider has staff with valid First Aid and CPR training.

- Support the service provider to develop and enhance capacity and access to overdose-related training (to ensure staff are knowledgeable and aware of the signs of overdose and are trained in the administration of Naloxone), as required.

POISONING
Identification and Assessment of Contributing Factors

a) Environmental Factors	b) Physical, Medical Factors
> Safe storage of hazardous goods and material	> Known condition (e.g., PECA/Prader Willi)
> Presence of potential hazards (toxic plants, rat poison, pesticides)	> New or unknown condition(s) or illness
> Adherence to Workplace Hazardous Materials Information System (WHIMS) requirements?	> Medication change/influence
	> Acute/chronic pain (physical/dental)
> Proper signage and labelling of potential hazards	> Drug/ alcohol abuse/influence
	> Mental health (e.g., dementia, psychosis)
> Physical Isolation (e.g., inadequate supervision)	> Poor vision
	> Poor sleep/fatigue
	> Poor nutrition/hunger
> Physical space/ chaotic or busy space	> Poor handwashing/hygiene

c) Cognitive, Emotional, Relationship Factors	d) Assessment of Program Design Contributing Factors:
- Communication/Literacy level/ Ability to understand and follow instructions - Suicide risk - Capacity/awareness of harm and insight to potential danger - Drug and alcohol use/influence - Need for independence/unwillingness to ask for assistance - Triggers/Agitation - Disorientation (e.g., Confusion)	- Does the program meet the individual's needs? - Service/ health care plan being followed? - Program routine - Supervision level (e.g., is there adequate supervision occurring?) - Staff interaction/relationship with the individual - Staff knowledge and experience of the individual's needs - Does the agency have a Safe Storage of Hazardous Materials Policy and Procedures? Were they followed? - Do they adhere to WHMIS requirements?

Follow-Up Actions

Service Provider Follow-up Actions

- Ensure that the appropriate notifications have been made (e.g., contacting the individual's support network, Police, etc.).
- Debrief with affected staff/contractors to ensure those who may have experienced trauma or shock as a result of the incident are supported appropriately.
- Provide support to other individuals who may have witnessed the incident and experienced trauma are supported appropriately. Assess the incident to:
  - Identify the ingested toxic or poisonous substance (excluding illicit or licit drugs) and determine how the individual accessed it, and
  - Identify ways to prevent future incidents by limiting or removing access to this substance.
- Confirm that a health care protocol was followed, if available and/or determine if a health assessment is required.
- Inform the individual's primary health care provider about the incident.
- If appropriate, support referrals to appropriate health or community professionals to assess current or new health needs.
- Consider opportunities to develop and enhance capacity, skills, and access to training (internally and externally, such as role playing of similar incidents.
- Ensure staff/contractors are knowledgeable about each individual's medical conditions, including:
  - Their risk of poisoning, and
  - How to access First-Aid supplies and emergency medical services.
- Ensure contact information for the BC Drug and Poison Information Centre (24-hour Line: 604-682-5050 or 1-800-567-8911) is accessible to staff.

- Confirm that staff/contractors have access to poison prevention information, such as:
  - Storing chemicals in their original labelled containers.
  - Keeping medicines in child resistant containers (i.e. bubble pack), nonprescription medications in their original packaging, and bubble packed medications are locked up when not in use.
  - Returning medicines and chemicals to their safe, designated place after use.
  - Always reading the label before using a chemical or a medicine.
  - Calling 9-1-1 if a poisoning is occurring and the person is unconscious having convulsions/having trouble breathing, If the person is awake, call the BC Poison Control Centre right away.

CLBC Follow-up Actions

Upon receiving a critical incident report about poisoning, analysts:

- If necessary, notify a facilitator or initiate a request for facilitator involvement to engage in planning to assess/determine if the individual's needs have changed, and whether increased supervision/supports are required.

- Confirm that the service provider has contacted a member (s) of the individual's support network as appropriate to include them (as equal partners) in:
  - Understanding the behaviour(s) that contributed to the incident (e.g. is there a pattern of this behaviour?), and
  - Developing solutions to prevent future incidents.

- Confirm that the service provider has:
  - Contacted the individual's primary health care provider, and/or
  - Initiated referrals to appropriate health or community professionals to assess current or new health needs that may have contributed to the ingestion of a poison/toxic substance.

- Assess whether a health care plan was followed, or a health assessment is needed or requires updating.

- Confirm that the service provider has staff with valid First Aid and CPR training who can support individuals at risk of poisoning.

- Support service providers to develop and enhance capacity and access to training, professional support, as required.

- Consider scheduling a visit (in addition to the annual on-site monitoring visit) with the service provider e.g., program/home) to complete a physical check to ensure poisonous or toxic substances (e.g., hazardous materials) are properly and safely stored away from individuals.

- Review licensing inspection report, if available, or ask for a copy in advance of contacting/meeting with the service provider.

USE OF SECLUSION	
Identification and Assessment of Contributing Factors	

a) Environmental factors
 	
  ➢ Schedule and routines
  ➢ Social setting and context
  ➢ High level of stimulus (e.g., noisy, unusual sounds)
  ➢ Chaotic or busy space (e.g., a lot of activity/interactions)
  ➢ Physical space (e.g., over-crowding, lack of personal space, inability to remove oneself)
  ➢ Temperature/scents
  ➢ Sensory triggers (e.g., poor lighting, flashing lighting, glare)
	b) Physical, medical factors
	
	  ➢ Acute or chronic pain (e.g., physical/dental)
	  ➢ Poor sleep/fatigue
	  ➢ Poor nutrition or diet
	  ➢ Lack of exercise
	  ➢ New or under or overuse of medication
	  ➢ Drug/ alcohol abuse/influence
	  ➢ Known condition
	  ➢ New condition or unknown condition
	  ➢ Mental health (dementia, depression, bipolar, anxiety, psychosis)

c) Cognitive, emotional, relationship factors
 	
  ➢ Comprehension/capacity
  ➢ Disorientation (confusion?)
  ➢ Communication abilities
  ➢ Person's likes and dislikes or triggers
  ➢ Degree of the individual's participation and interest in daily activities?
  ➢ History of trauma/abuse/violence
  ➢ Milestone, grief/loss, recent significant event, or anticipating these events
  ➢ Degree of choice and decision-making opportunities
	d) Assessment of Program Design Contributing Factors:
	
	  ➢ Does the program meet the individual's needs?
	  ➢ Program routine
	  ➢ Service/care plan being followed?
	  ➢ Staff interaction / relationships with the individual
	  ➢ Staff knowledge and experience of the individual's needs
	  ➢ Behavior Support Plan/Safety Plan (active/updated/followed?)

Follow-Up Actions	

Service Provider Follow-up Actions

- Ensure that the appropriate notifications have been made (e.g., contacting the individual's support network, police, etc.).
- Inform the individual's primary health care provider about the incident and work with the liaison analyst.
- If appropriate, initiate referrals to appropriate health care and community professionals to assess the individual's current and/or new health needs (e.g. Behavioural Consultant, DDMHS, doctor, psychologist, psychiatrist, dentist).

- Ensure staff/contractors involved in supporting an individual/s with challenging behaviour understand the organization's internal behaviour support planning policies, procedures and documentation requirements that outline their behaviour support and safety planning approach.
- Confirm whether the protocol identified in the individual's Behaviour Support Plan or Safety Plan was followed if one was in place at the time of the incident.
- Ensure staff/contractors are knowledgeable about the individual's care plan/BSP/SP and have the skills and training to implement the plan.
- Review CLBC's *Behavior Support and Safety Planning Policy* and the *Critical Incidents Policy* with staff/contractors to ensure that they understand that use of seclusion is a **prohibited practice that** can **never** be used as a behavioral technique even in an emergency.
- Develop and enhance capacity to provide positive behaviour supports to support the development of safety planning.
- Consider opportunities for internal and external training and/or skill building such as:
  - ➢ Role playing similar incidents,
  - ➢ De-escalation techniques, and
  - ➢ Non-violent crisis intervention training.

CLBC Follow-up Actions

Upon receiving a critical incident report about the use of seclusion, analysts:
- Determine whether the reported incident meets the definition of abuse in CLBC's *Critical Incidents Policy* and *Adult Guardianship Policy* as opposed to the policy definition of seclusion.
- If appropriate, notify a facilitator or initiate a request for facilitator involvement to engage in planning to assess/determine if the individual's needs have changed, and whether increased or different supervision/supports are required (e.g., Behavioural Consultant, DDMHS, doctor, psychiatrist, psychologist).
- Confirm that the service provider has a written (internal) policy, procedures and documentation requirements outlining their behaviour support and safety planning approach.
- Ensure that the service provider understands CLBC's policy on seclusion – that it is a prohibited practice – and discuss how less intrusive measures could be taken.
- Work with the service provider to examine what led to the incident and determine how to prevent it from occurring in the future.
- Confirm that the service provider has contacted member(s) of the individual's support network, as appropriate, to include them (as equal partners) in:
  - ➢ Understanding the behaviour(s) that led to the use of seclusion, and
  - ➢ Developing solutions that do not involve the use of seclusion that address the generating individual's behaviour.
- Assess whether a Behaviour Support Plan and a Safety Plan:
  - ➢ Was followed or requires updating
  - ➢ Has the required authorizations, and
  - ➢ Is needed, if one is not in place.

- Support the service provider to consider putting in place a Safety Plan while a Functional Behaviour Assessment is being conducted if a Behaviour Support Plan has not already been implemented.
  - **Note:** CLBC's *Behaviour Support and Safety Planning Policy* states that a safety plan can only be put in place as an adjunct to a Behaviour Support Plan or may be temporarily put in place while a functional behaviour assessment is being conducted to develop a Behaviour Support Plan.
- Support the service provider to develop and enhance capacity to provide positive behaviour supports to support the development of safety planning.

WEAPON USE
Identification and Assessment of Contributing Factors

a) Environmental Factors	b) Physical, Medical Factors
- Easy access to weapon/objects that can be utilized as weapon (chair, scissors) - Safe weapon/dangerous tool storage - Access/influence of video games/movies portraying violence - Influence of domestic arrangement (i.e., Violence) - Level of stimulation/noise - Adaptations/assistive devices - Physical space (chaotic, over-crowding, lack of personal space, inability to remove oneself) - Temperature/scents - Sensory triggers (poor lighting, flashing lighting, glare)	- Acute/chronic pain (physical/dental) - Poor sleep/fatigue - Poor nutrition/hunger - New or under/overuse of medication - Drug/ alcohol abuse/influence - Known condition - New condition or unknown condition - Mental health (dementia, ODD, depression, bipolar, anxiety, psychosis)
c) Cognitive, Emotional, Relationship Factors	d) Assessment of Program Design Contributing Factors:
- Comprehension/capacity/disorientation - Communication abilities - Triggers/agitation - History of relationship between individuals - History of trauma/abuse/violence/PTSD - Milestone, grief/loss, recent significant event, or anticipating these events - Need for independence or reaction to authority - Poor self-esteem - Isolation (loneliness)	- Does the program match the individual's needs? - Do they have a Weapons Policy and Procedures in place? - Service/care plan being followed? - Staff interaction/relationships - Staff knowledge and experience - Behavior Support Plan/Safety Plan (active/updated/followed?)

Follow-Up Actions

Service Provider Follow-up Actions

- Ensure that the appropriate notifications have been made (e.g., contacting the individual's support network, Police, etc.) .
- Debrief with effected staff to deal with the aftermath of the incident.
- Inform health care professionals and initiate referrals to appropriate professionals to assess current/new health needs (DDMHS, doctor, psychologist, psychiatrist, dentist).
- Ensure staff involved in supporting an individual/s with violent potential understand the organizations expectations for responding to threatening/violent behaviour.
- Assess implications of weapon use:
  - Is the use/possession of a weapon putting themselves/others at risk?
  - Is the setting/service appropriate?
  - Is this in contravention of parole/probation conditions? If so, do authorities need to be notified
- To ensure safety during a violent or threatening situation, the service provider should review and consider:
  - Training requirements of personnel
  - Training requirements for persons served
  - Identification of risk factors in relation to the facility
  - Assessment and identification of the individualized needs of persons served
  - Training and drill documentation at staggered time periods, and
  - Safe areas and evacuation procedures.
- Confirm that behavior support plan/safety plan protocol was followed.
- Service providers ensure staff are knowledgeable about each person's care plan/ Behavior Support Plan/Safety Plan and have the skills and training to implement the plan.
- Consider opportunities to develop capacity, skills, and access training; internal (role-playing similar incidents, de-escalation techniques) or external (non-violent crisis intervention training).

CLBC Follow-up Actions

Upon receiving a critical incident report about weapon use, analysts:

- Notify facilitator/ initiates request for facilitator involvement to engage in planning to assess if increased supervision/supports are required if needs have changed.
- Confirm that the service provider has contacted a member(s) of the individual's support network, as appropriate and within FOIPPA guidelines, to include them (as equal partners) in:

  - Understanding the behaviour(s) that contributed to the incident, and
  - Developing solutions to prevent future incidents.

- Work with the service provider to initiate referrals to professionals as appropriate to ensure that the individual has no unknown/new underlying conditions (physiological/medical) that may be contributing to violent behavior.
- Assess whether a Behavior Support Plan or Safety Plan was followed, or is needed/requires updating.
- Collaborate with the service provider to assess whether service provided is meeting the needs of the individual/are they posing risk to others.
- Work together with service provider to address developing capacity and accessing training, professional support as required.

Discretionary CLBC Follow-Up Critical Incident Types
FALL
Identification and Assessment of Contributing Factors

a) Environmental Factors
  - Appropriate signage
  - Distractions
  - Trippers, including but not limited to;
    - scatter rugs,
    - stairs,
    - slippery floor,
    - (lack of) handrails
    - ice/snow,
    - uneven ground
  - Poor/unsafe structural areas
  - Poor lighting
  - Adaptations/assistive devices
  - Lift and transfer equipment and procedures
  - Isolation
  - Level of stimulation (noisy, unusual sounds)
  - Chaotic or busy space
  - Physical space (over-crowding, lack of personal space)

b) Physical, Medical Factors
  - Acute or chronic pain (physical/dental)
  - Age
  - Mobility/strength/balance problems
  - Poor Sleep/fatigue/time of fall
  - Sensory changes (depth perception/nighttime vision & accommodation)
  - Long- term bed rest
  - New or under/overuse of medication
    - Narcotics/sedation (e.g. sleeping pills/anxiety/seizure medications, laxatives, diuretics/blood pressure, heart medication)
  - Known condition
  - New condition or unknown condition
    - E.g. Diabetes, stroke/TIA, seizures, Parkinson's Disease, heart disease, respiratory (sleep apnea), neuropathy, dementia, incontinence, "head banging"
  - Drug or alcohol use or influence
  - Gait changes/posture changes
  - Poor nutrition/dehydration
  - Drug/ alcohol abuse or influence

	➢ Mental health (e.g., dementia, psychosis)
c) Cognitive, Emotional, Relationship Factors ➢ Comprehension/capacity (e.g., ability to understand and follow instructions) ➢ Communication/literacy abilities ➢ Memory loss/disorientation (e.g., confusion?) ➢ Mental health (Dementia, Anxiety, Psychosis) ➢ Mood/triggers/agitation ➢ Need for independence (e.g., unwillingness to use aids) ➢ Ability to utilize aids	d) Assessment of Program Design Contributing Factors: ➢ Does the program meet the individual's needs? ➢ Program routine/ schedule ➢ Service/health care plan being followed? ➢ Staff interaction/relationships with the individual ➢ Staff knowledge and experience of the individual ➢ Health care plan (active/updated/followed?)

Follow-Up Actions

Service Provider Follow-up Actions
- Ensure that the appropriate notifications have been made (e.g., contacting the individual's support network, police, etc.).
- Debrief with affected staff/contractors to ensure those who may have experienced trauma or shock following the incident are supported appropriately.
- Confirm that the individual's health care protocol was followed and/or whether a health protocol/assessment is needed.
- Follow concussion protocol and monitor for and seek care for subdural hematoma symptoms, if head injury has occurred.
    - ➢ Note: If the fall is unwitnessed and head injury is unknown, follow concussion protocol and monitor and seek guidance from a health care professional.
- Initiate referrals to appropriate health care professionals to assess the individual's current/new health needs (E.g., HSCL, OT, PT, doctor, and other health care professionals)
- Consider opportunities to develop capacity, skills and access training (internally or externally), such as role-playing similar incidents.
- Ensure staff/contractors are knowledgeable about the individual's medical conditions, including (but not limited to):
    - ➢ Their risk of falls and aging needs (if applicable), and
    - ➢ How to access and use first-aid supplies and emergency medical services.

- Initiate an exercise, strengthening, conditioning plan to reduce future risk of falls (E.g., SAIL- anti-fall program).

- Identify and discuss with the individual any fears they might have resulting from the incident that may diminish their quality of life.
- Ensure staff/contractors are knowledgeable about how to reduce the risk of falls, including:
  - ➢ Maintaining an active and healthy lifestyle
  - ➢ In-home exercise programs to promote balance, strength and endurance
  - ➢ Avoiding rushing or carrying too much
  - ➢ Appropriate use of mobility aids and safety devices, such as a cane with spiked ends or shoes with ice grips
  - ➢ Wearing footwear that provides good support, with soles that have non-slip treads and are not too thick
  - ➢ Having a family doctor or pharmacist complete a regular review of an individual's medications, and
  - ➢ Being socially active by joining a community group and getting together with family/friends

CLBC Follow-up Actions

Upon receiving a critical incident report of an individual's fall and the decision is made to follow-up, analysts:

- Notify the Integrated Services Manager (at their discretion) and advise that further action will be required in response to this incident.
- Notify a facilitator or initiate a request for facilitator involvement (if one is not already involved) to engage in planning to determine:
  - ➢ If the individual's needs have changed and:
  - ➢ Whether increased supervision and/or supports are required.
- Confirm that the service provider has contacted a member(s) of the individual's support network as soon as possible:
  - ➢ To notify them about the incident, and
  - ➢ Include them (as equal partners) in understanding the behaviour(s) that contributed to the incident and generating/identifying solutions to prevent future falls.
- Support the service provider to initiate referrals to appropriate health care and community professionals to assess current/new health and/or aging needs (e.g., including, but not limited to HSCL, doctor, dentist, nutritionist, OT, PT).
- Assess whether a health care plan was followed, or a health assessment/ aging planning is needed/ or requires updating.
- Confirm that the service provider has staff with valid First Aid and CPR training involved in supporting individuals at risk of falls.

- Support the service provider to develop/enhance capacity and access training and professional support, as required.

- Review licensing inspection report applicable information, if available, or ask for a copy in advance of contacting/meeting with the service provider

Evaluation and Learnings

Once follow-up actions have been implemented (by both CLBC and the service provider), the service provider should evaluate the effectiveness of follow-up actions to determine whether goals/outcomes were completed and identify any concerning patterns and/trends that need to be addressed (isolated vs re-occurring).

Service providers are encouraged to debrief with their staff; to review and evaluate interventions implemented and follow-up actions to assess if the desired outcome (e.g., improving service quality and reducing the likelihood of the critical incident occurring again for the individual or others in service) has been achieved.

A collaborative relationship between CLBC and service providers is key in developing best practice around critical incident follow-up and supporting continuous quality improvement. Service providers may share the outcomes/learnings of the evaluation of the critical incident follow-up actions with their CLBC liaison analyst.

This document outlines for Community Living British Columbia (CLBC) staff and service providers the specific conditions under which exemptions from the *Critical Incidents Policy* requirement to report use of restraints are allowed.

This framework allows exemptions only when sufficient safeguards are in place to ensure that people's rights are protected and that restraints are used only for the intended purpose, reducing the volume of critical incident reports that are required. It provides details on:

- Requirements for a restraint to be considered for exemption

- Applying to CLBC for exemption

- CLBC's approval process

- The review/reporting requirements and process for exemptions that have been approved under the framework

The *Critical Incidents – Restraint Exemption Framework* should be reviewed together with:

- the *Critical Incidents Policy*,

- the *Critical Incidents: Service Provider Requirements Guide* **or** the *Critical Incidents Procedures and Practice Guide for CLBC Staff*,

- the *Behaviour Support and Safety Planning Policy*, and

- *Behaviour Support and Safety Planning: A Guide for Service Providers.*

EXEMPTION FRAMEWORK

CLBC's *Critical Incidents Policy* requires service providers to submit a critical incident report for restricted practices including use of restraints as defined in the *Appendix: Critical Incident Types.* Use of restraints must be reported as a critical incident even when it is included in an approved Behaviour Support and Safety Plan.

CLBC approves exemptions from this reporting requirement for use of a restraint **only** when the process outlined in this framework is followed. Service providers continue to follow the reporting requirements outlined in the *Critical Incidents Policy* until the formal request for exemption process is completed and the exemption is approved.

Only those restraints that have been approved under the exemption framework are subject to the exemption. Use of all other restraints, included in the Safety Plan must be reported as a critical incident as per the current *Critical Incidents Policy*.

Exemption from reporting use of restraints as a critical incident can be requested **only** under the conditions outlined below.

Requirements for a Restraint to be Considered for Exemption

Category 1: High episodic use of the restraints associated with escalation cycle

When the use of restraints is a planned response to de-escalate unsafe situations and reduce risk of harm. **All conditions listed below must be met** in order to request an exemption under this category:

Required Condition	Yes/No
The critical and unsafe behaviour is of such intensity, frequency, or duration that the physical safety of the individual, or others is likely to be placed in serious jeopardy.	
The use of restraints occurs frequently, i.e., 6 or more times during the week.	
The use of the restraints does not cause harm to the individual or others around him/her. Consideration and mitigation of any impact to others around the individual has been demonstrated.	
There is an authorized Safety Plan in place that meets the requirements outlined in the *Behaviour Support and Safety Planning Policy* and *Behaviour Support and Safety Planning: A Guide for Service Providers*. This includes but is not limited to: - A description of the specific restraint approved for use - Rationale for and scope of the use of the restraint (when, where, by whom) - A plan to reduce, minimize, eliminate the use of the restraint - A description of the methods to gather and report data internally that includes information on the frequency, duration, intensity and antecedents/consequences - An accompanying Behaviour Support Plan.	
Appropriate data is collected by the service provider on frequency duration and intensity of the use of restraint (internal incident recording/data tracking) in compliance with the *Critical Incidents Policy*.	

Examples:
- Use of temporary containment
- Use of half door to limit access
- 2-person restraint

Category 2: Frequent use of restraints irrespective of the escalation cycle

When the use of restraints is used frequently to ensure the safety of the individual and is in place irrespective of their escalation cycle. **All conditions listed below must be met** in order to request an exemption under this category:

Required Condition	Yes/No
The critical and unsafe behaviour is of such intensity, frequency, or duration that the physical safety of the individual, or others is likely to be placed in serious jeopardy.	
The use of restraints occurs frequently, i.e., 6 or more times during the week.	
The use of the restraints does not cause harm to the individual or others around him/her. Consideration and mitigation of any impact to others around the individual has been demonstrated.	
There is an authorized Safety Plan in place that meets the requirements outlined in the *Behaviour Support and Safety Planning Policy* and *Behaviour Support and Safety Planning: A Guide for Service Providers*. This includes but is not limited to: - A description of the specific restraint approved for use - Rationale for and scope of the use of the restraint (when, where, by whom) - Minimum training requirements of staff who can utilize the restraint - A plan to reduce, minimize, eliminate the use of the restraint - A description of the methods of gathering and reporting data internally that includes information on the frequency, duration, intensity and antecedents/consequences An accompanying Behaviour Support Plan.	
If the restraint is required for behavioural **and** medical purposes, there is a health care plan or a prescription from a health care professional that supports the need for the restraint.	
The plan includes steps to reduce, minimize or eliminate the use of the restraint when it is not associated with a medical diagnosis and to the extent possible when the restraint is associated with a medical diagnosis (the pace may vary significantly for each case based on individual profile and history of the behaviour).	

Appropriate data is collected by the service provider on frequency duration and intensity of the use of restraint (internal incident recording/data tracking) in compliance with the *Critical Incidents Policy*.	

Examples of use of restraints for **non-medical** (i.e., behavioural) reasons:

- Daily use of safety vest, buckle boss in vehicles

- The use of door/half-door to limit access to the kitchen 3-4 times a day when staff are unable to supervise an individual who engages in food seeking behaviours and presents with choking hazards, eats uncooked items when unsupervised or has poor toilet hygiene.

- Use of transfer belt for outings to redirect an individual who tends to bolt.

Examples of use of restraints for medical **and** behavioural use:

- Locked fridge or pantry (Prader Willi, PICA, choking hazard, diabetes)

- Restricted water access due to polydipsia (turning off the water)

- Transfer belt (for drop seizures and for uneasy gait, risk of falling as a result of walking away from support staff)

Restraints Used for Medical Purposes Only

The *Critical Incidents: Restraint Exemption Framework* **does not apply to restraints used for medical purposes only**. Restraints that are required for **medical purposes only** as prescribed by a health care professional (i.e. not required for behavioural purposes) are not considered restricted practices as defined in the *Behaviour Support and Safety Planning Policy* and do not need to be reported as critical incidents.

Examples:

- Use of bedrails for an individual who is at risk of falling.
- Use of wheelchair when in the community for an individual who has difficulty with mobility.
- Use of safety vest in vehicles for an individual who has seizures.

NOTE: Use of medically required restraints must be used only as prescribed in a health care plan/or by a medical professional. If applied beyond their prescribed medical purpose, use of these restraints becomes prohibited practice as defined in the Critical Incidents Policy*. For example, leaving a person in a wheelchair or in bed with bedrails for extended periods of time beyond what was intended in the health care plan.*

Exemption Process

Service providers work with Behavioural Consultants to apply for an exemption by submitting a request for exemption to CLBC as part of the safety planning process outlined in the *Behaviour Support and Safety Planning Policy* and *Guide*. The request must be accompanied by a Safety Plan and other supporting documentation as described below and submitted to CLBC for review and final authorization by the Integrated Services Manager .

Requests for Exemption – Documentation

There are two types of request for exemption:
- Initial request for exemption, and
- Request for renewal of exemption.

Both types of requests can be submitted using either the *Critical Incidents: Request for Exemption Form* or another format containing the following:
- Brief description of the specific restraint for which the exemption is being requested
- Category of the exemption request (category 1 or category 2)
- Type of request (initial or renewal)
- Anticipated frequency and/or duration of use of each restraint for which an exemption is being requested
- Confirmation that an in-house data tracking system is in place
- Confirmation that each one of the required conditions listed above under the appropriate category have been met for each exemption included in the request
- Option for either Behaviour Consultant or CLBC to request additional review/reporting
- Signature of the Behavioural Consultant and the Service Provider Agency completing the request
- A space for CLBCIntegegrated Service Manager to
  - ➢ Approve or deny each exemption included in the request form, and
  - ➢ Confirm the reporting expectation.

A request for exemption must be accompanied by either:
- A Safety Plan being submitted for CLBC's authorization, **or**
- A report on the 6-Month review of an existing Safety Plan **and** a copy of the authorized Safety Plan.

If the exemption is under category 2 and is needed for medical and behavioural purposes, a health care plan or a prescription from a health care professional that supports the need for the restraint must also be submitted along with the request for exemption.

NOTE: When the request for exemption pertains to more than one restraint, only one request needs to be completed. The request must include required information for each of the restraints.

Review of Exemptions

Exemptions are valid only for the period identified in the approved exemption request. At the end of the approved review/reporting period service providers and Behavioural Consultants review exemptions as part of the Safety Plan review process (as required in the *Behaviour Support and Safety Planning Policy* and *Guide*) to determine if::

- Renewal requests are needed for any exemptions,
- Any exemptions are no longer required, **or**
- Any new requests for exemption are needed.

Review of exemptions should include consideration of the following:
- The frequency and/or duration of use during the period

- Progress on the Behaviour Support Plan goals that will eventually help reduce, minimize, or eliminate the use of the restraints that are not associated with a medical diagnosis.
- Rationale for requesting to continue or discontinue the exemption status, e.g.:
  - Behaviour Support Plan is working and there is decreased need to use to the restraint
  - The current restraint is not effective in ensuring safety, or
  - Use of the restraint has increased so the approach needs to be altered.

The purpose of Safety Plan reviews is to evaluate the effectiveness of the plan (including any exempt restraints) and its implementation, and to allow for adjustments as required. Once a review of the exemptions and Safety Plan has been completed the service provider must submit documentation of this review to CLBC including requests for renewal of any exemptions that need to be continued. The information in this report will inform CLBC's decision about approval or renewal of exemption requests.

Note: *If a request for initial or renewal of exemption is __not__ received and/or approved by CLBC within the specified timeframe, the exemption is no longer valid, and the service provider must report use of the restraint as per the* Critical Incidents Policy.

Additional Reporting
The standard reviewing/reporting timeframe for exemptions is 6 months (to align with the 6-month Safety Plan reviews) unless more frequent review/reporting is recommended by the Behavioural Consultant or requested by CLBC.

Additional reporting may be requested by CLBC or recommended by the Behavioural Consultant at any time. This may require reporting on reviews with increased frequency, or it may involve providing additional information on the use of exempted restraints as the situation dictates. Additional reporting on the exemptions and other restraints included in the safety plan can be completed using the same format as the 6-month Safety Plan review document. The intention of additional reporting is to ensure CLBC has sufficient information to facilitate timely support and follow-up to ensure quality care for the individual (e.g., making a referral to PAC, CAYA, or the Mental Health team or considering alternative service options, additional medical assessment etc.).

Tracking Restraints Approved for Exemption Under the *Critical Incidents: Restraint Exemption Framework*
Service providers are required to track, review, and analyze the use of all restraints (excluding those required for medical purposes only as defined above) with guidance from a Behavioural Consultant. This requirement ensures these practices are being monitored closely and are being used only for the intended purpose which is to protect the individual and others around from harm in situations involving critical or unsafe behaviour as defined in *Behaviour Support and Safety Planning: A Guide for Service Providers.*

GENERAL INFORMATION

Name of Individual:	**Date of Request:**
Date of Birth:	**Service Provider:**
Behavioural Consultant:	**CLBC Region:**

This form is to be completed by a service provider working with a Behavioural Consultant and submitted to CLBC as either an initial request for exemption, or a request for renewal of an exemption from reporting a **specific restraint** as a critical incident as allowed in CLBC's *Critical Incidents Policy*. This request **must** be submitted with a Safety Plan (and a Safety Plan review report if applicable) that includes a detailed description of the restraint and rationale for its use.

See *Critical Incidents: Restraint Exemption Framework* for more information

EXEMPTION CATEGORIES

Category 1:
High episodic use of the restraints associated with escalation cycle

Category 2:
Frequent use of restraints irrespective of the escalation cycle

Please refer to the *Critical Incidents: Exemption Framework* to ensure this request for exemption from the requirement to report a restraint meets all the conditions outlined for each category of exemption

EXEMPTION(S)

Complete the information below **only if the plan includes restraints that warrant an exemption**

Exemption 1		
Brief description of restraint:		
Category of exemption request:	☐ Category 1	☐ Category 2
Exemption request type:	☐ Initial Request	☐ Renewal Request
Anticipated frequency and/or duration of restraint use:		
☐ In-house system to track use of this restraint is in place		
☐ **This exemption meets all conditions outlined for the selected category of restraint use**		
Notes:		
TO BE COMPLETED BY CLBC		
Status of exemption request for this restraint:	☐ Approved	☐ Denied

Exemption 2

Brief description of restraint:	

Category of exemption request:	☐ Category 1	☐ Category 2
Exemption request type:	☐ Initial Request	☐ Renewal Request

Anticipated frequency and/or duration of restraint use:	

☐ In-house system to track use of this restraint is in place

☐ **This exemption meets all conditions outlined for the selected category of restraint use**

Notes:

TO BE COMPLETED BY CLBC

Status of exemption request for this restraint:	☐ Approved	☐ Denied

Exemption 3

Brief description of restraint:	

Category of exception request:	☐ Category 1	☐ Category 2
Exemption request type:	☐ Initial Request	☐ Renewal Request

Anticipated frequency and/or duration of restraint use:	

☐ In-house system to track use of this restraint is in place

☐ **This exemption meets all conditions outlined for the selected category of restraint use**

Notes:

TO BE COMPLETED BY CLBC

Status of exemption request for this restraint:	☐ Approved	☐ Denied

REVIEW

Use of the restraint will be reviewed as part of the 6-month review of the Behaviour Support and Safety Plan unless additional reporting is requested. See *Critical Incidents: Restraint Exemption Framework* for more information.

SIGNATURES

Service Provider Name/Title:	Signature:	Date Signed:

Behavioural Consultant Name:	Signature:	Date Signed:

ADDITIONAL REPORTING		
To be completed by CLBC or by Behavioural Consultant and approved by CLBC		
Additional reporting required (in addition to 6 months): ☐Yes ☐No		
If yes, please specify requirement:		
Comments:		

SIGNATURE		
Integrated Services Manager:	Signature:	Date Signed:

Service providers continue to follow the reporting requirements outlined in the Critical Incidents Policy until the formal request for exemption process is completed and the exemption is approved