



# **CRITICAL INCIDENTS**

## **SERVICE PROVIDER REQUIREMENTS GUIDE**

November 2024



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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 Community Living BC (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:

- Established in service provider contracts (that is, *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 at: <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 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 with a focus on clearly defining terms and aligning with the *Critical Incidents Policy*. It

outlines service provider requirements (**must do**) and guidance (**should do**) 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. The guidance outlines what is considered best practice (that is, a reasonable response) for CLBC staff and service providers when responding to and analyzing critical incidents but is not necessarily prescriptive.

## 1.4 Common Definitions

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

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

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

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

**Critical 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:

- 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 (for example, 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.

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

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

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

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

**Support Network:** Friends, family, and 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, wellbeing, 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 wellbeing 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 ongoing 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 wellbeing 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: Restricted Practice 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 (that is, 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 (for example, 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.

*Example:* If an individual attempts suicide while receiving CLBC-funded Home Supports or while participating in CLBC-funded service (for example, 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 (for example, 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 (for example, 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 Restricted Practice

CLBC **may** approve exemptions from the requirement to report the use of a restricted practice **only** when the requirements outlined in the *Critical Incidents: Restricted Practice 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 mechanical restraint (for example, Buckle Boss) with one individual multiple times per

day, they should work with a Behavioural Consultant to determine whether applying 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 complete the reporting form.

CLBC will accept reporting submitted by means of 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 (for example, 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 and on 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 detailed 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 (for example, any allegations of abuse or neglect, sudden or unexpected death).

**Non-urgent critical incidents** that do not result in serious harm or require immediate action by CLBC or others (for example, unexpected illness, aggressive/unusual behaviour, service delivery problem/disruption of services, or expected death).

**Note:** While some incidents do not require immediate reporting to CLBC, immediate actions may be required by the service provider to ensure the individual's safety and continuity of service.

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 by CLBC or others.**

## 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 must contact the local CLBC office directly and ask to speak to another analyst. Once contact has been made, the service provider must fax or email 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) by calling 1-800-663-9122. The following incident types are reportable to MCFD PCS as urgent:

- Allegations of abuse and neglect
- Sudden or unexpected deaths

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 Operating Agreement: Provision of Out of Core Services*, including:

- Individual's name and date of birth
- Caller's first and last name
- Service provider contact information and an alternate contact
- An explanation of the incident (for example, 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 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 in person, 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 (that is, those that require mandatory follow-up) and use discretion about whether to follow up on other types such as missing/wandering or 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 (that is, 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 documented 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 (for example, improving service quality and reducing the likelihood of the critical incident reoccurring for the individual or others in service) has been achieved.

A collaborative relationship between CLBC and service providers is key to developing best practices for 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: Restricted Practice 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:

- Contact 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 Restricted Practice

CLBC's *Critical Incidents Policy* requires service providers to submit a critical incident report for restricted practices, even when their use is authorized in a Safety Plan, as defined in the policy.

CLBC **may** approve exemptions from this reporting requirement for use of a restricted practice **only** when the process outlined in CLBC's [Critical Incidents: Restricted Practice Exemption Framework](#) is followed.

There are two types of requests:

- 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 to their CLBC Analyst using the *Critical Incidents: Request for Exemption Form*, accompanied by other supporting documentation as required. The involved Service Delivery Manager will review the request and **approve or deny** the exemption.

Exemption from critical incident reporting may only be requested as per the parameters of this framework, and under the conditions outlined on the *Critical Incidents: Request for Exemption Form*.

Typically, requests are made as part of the Safety Plan: 6-Month Review process outlined in the *Behaviour Support and Safety Planning Policy* and *Behaviour Support and Safety Planning: A Guide for Service Providers*, and efforts should be made to submit exemption requests along with submission of the *Safety Plan: 6-Month Review Form*.

**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.

## 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/additional reporting is recommended by the Behavioural Consultant or CLBC.

At the end of the approved period, service providers and Behavioural Consultants review exemptions as part of the *Six Month Safety Plan Review* process to determine if:

- Requesting renewal of the exemption is appropriate,
- Any exemptions are no longer required, **or**
- Any new requests for exemption may be needed.

Review of exemptions includes consideration of the following:

- Individual's vulnerability and needs
- Quality of Behaviour Support Plan implementation
- Risks related to the use of the restricted practice
- Factors contributing to incidents
- Progress made on expected outcomes of Behaviour Support Planning, and Safety Planning
- Service Quality
- Substantiated Adult Guardianship concern associated with the Service Provider or program
- Other safeguards (for example, involvement of key partners, visibility in community)

See [Appendix III: Critical Incidents: Restricted Practice Exemption Framework](#) for more details.

## 7. Questions

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



## APPENDIX I: Guidelines for Completing a Critical Incident Report

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. This will reduce the chance of misinterpretation of the incident details due to illegible handwriting.

<b>1. Name of Program / Place of Service</b>	Print the name of the program or place of service (reference the relevant CLBC contract to ensure accurate reporting).
<b>2. Phone Number</b>	Print the service provider's phone number.
<b>3. Address</b>	Print the street address and city of where the home is located, or the program is delivered.
<b>4. Name of Service Provider</b>	Print the name of the service provider (reference the relevant CLBC contract to ensure accuracy of reporting).
<b>5. Service Category</b>	Identify the type of service being delivered when the incident occurred (reference the relevant CLBC contract to ensure accuracy of reporting – for example, Community Inclusion, Staffed Living, Individual and Family Wellness).
<b>6. Person(s) Involved</b>	<ul style="list-style-type: none"> <li>• Print the name of the individual(s) involved and their date of birth.</li> <li>• Check all relevant boxes (for example, individual served, visitor, other) to identify those involved in the incident or who may have information about the incident.               <ul style="list-style-type: none"> <li>➢ If 'Other' is checked, print the person's name (s)</li> </ul> </li> <li>• List all person(s) adversely affected by the incident (for example, staff, other individuals served).</li> </ul>
<b>7. Type of Incident – Reportable to CLBC</b>	<p>Check the critical incident type that best reflects the incident being reported (choose <b>ONE ONLY</b>). Refer to the list of critical incident types on the back of CLBC's <i>Critical Incident Report</i> to ensure the appropriate incident type is reported. For further information, refer to the <i>Appendix</i> of CLBC's <i>Critical Incidents Policy</i>. It has additional information not found on the report for several critical incident types. See <a href="#">Section 4.1 – Reporting Multiple Critical Incidents</a> of this guide for more information.</p> <p>Contact your CLBC liaison analyst if you have any questions.</p>



<p><b>8. Details of the Incident – What Occurred</b></p>	<p>When describing the incident, identify:</p> <ul style="list-style-type: none"> <li>• When and where the incident occurred (date, time, and location of incident). Be as specific as possible.</li> <li>• What happened - provide details about the negative impact of the incident on the individual.</li> <li>• How the incident occurred. Identify any factors that may have contributed to the incident, including: <ul style="list-style-type: none"> <li>➢ Physical/medical factors (for example, mental health, known or unknown condition or illness)</li> <li>➢ Environmental factors (for example, slippery floors, medications)</li> <li>➢ Cognitive, emotional, relationship factors (for example, communication capabilities, history of trauma/abuse/violence)</li> <li>➢ Program design factors (for example, does the program meet the individual's needs?)</li> </ul> </li> <li>• Identify whether the incident was witnessed (for example, by staff or other individuals).</li> <li>• What immediate action (s) was taken (for example, first aid) by service provider staff to address or resolve the incident.</li> <li>• In case of a death, whether it was an expected or unexpected death (for example, note if there were any previous indications that death may be imminent).</li> </ul> <p><b>Note:</b> 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 <i>End-Of-Life Policy</i>.</p>
<p><b>9. Details of the Incident – Actions Taken</b></p>	<p>Identify:</p> <ul style="list-style-type: none"> <li>• The actions taken to address or resolve the incident.</li> <li>• Any measures taken to prevent a similar incident from occurring again.</li> <li>• Any recommendations that have been or will be implemented (for example, updating the individual's Behaviour Support and Safety Plan, supporting the individual to find a new home or different program).</li> </ul>
<p><b>10. Notification</b></p>	<ul style="list-style-type: none"> <li>• Check all appropriate boxes of individuals/agencies notified about the incident. Include specific names, if possible.</li> <li>• Print the name, contact information, and identify the nature of the individual's relationship to the family member / representative who was notified.</li> <li>• Provide the date and time for each notification.</li> </ul>

<b>11. Signatures</b>	<ul style="list-style-type: none"><li>• Print the name, position, signature, and date and time for the following people:<ul style="list-style-type: none"><li>➤ Person who completed the form</li><li>➤ Supervisor or manager, and</li><li>➤ Witness or attending staff.</li></ul></li></ul>
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**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 must complete the critical incident report to ensure an accurate account of the incident is provided to CLBC.**

The practice guidance was developed in consultation with internal and external partners and identifies what is considered best practice (that is, a reasonable response) for CLBC staff and service providers when responding to and analyzing critical incidents. This guidance is intended to be used at CLBC staff and service providers' discretion. It is also intended to be collaborative, rather than prescriptive, and to 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, wellbeing, and rights of individuals, this guidance focuses on those for which follow-up actions are **mandatory for CLBC**.

Mandatory CLBC Follow-Up Critical Incident Types	
<b>ABUSE/NEGLECT</b>	
<b>Identification and Assessment of Contributing Factors</b>	
a) Environmental Factors: <ul style="list-style-type: none"> <li>➤ Schedule and routines</li> <li>➤ Social setting and context</li> <li>➤ Physical space (overcrowding, lack of personal space, inability to remove oneself)</li> </ul>	b) Physical, Medical Factors: <ul style="list-style-type: none"> <li>➤ Mental health</li> <li>➤ New or under/overuse of medication</li> <li>➤ Drug/alcohol abuse/influence</li> <li>➤ Known condition</li> <li>➤ New condition or unknown condition</li> </ul>
c) Cognitive, Emotional, Relationship Factors: <ul style="list-style-type: none"> <li>➤ Vulnerability</li> <li>➤ Communication barriers/challenges</li> <li>➤ Memory/disorientation (for example, confusion)</li> <li>➤ History of trauma/abuse/violence</li> <li>➤ Degree of the individual's choice and control</li> </ul>	d) Assessment of Program Design Contributing Factors: <ul style="list-style-type: none"> <li>➤ Does the program meet the individual's needs?</li> <li>➤ Service/care plan being followed?</li> <li>➤ Staff interaction/relationships</li> <li>➤ Staff knowledge and experience</li> </ul>
<b>Follow-Up Actions</b>	
<p><b><u>SERVICE PROVIDER FOLLOW-UP ACTIONS</u></b></p> <p><b>Important:</b> As per the <i>Adult Guardianship Procedure and Practice Guidelines</i>, service providers are <b>not</b> responsible for investigations under the <i>Adult Guardianship Act</i> and must not conduct their own investigations into allegations of abuse or neglect.</p> <p>Upon becoming aware of an allegation of abuse or neglect, the service provider must:</p> <ul style="list-style-type: none"> <li>• Ensure the individual's wellbeing following the incident</li> <li>• Ensure that the appropriate notifications have been made (for example, contacting the individual's support network, Police, etc.)</li> </ul>	

- For example, notify the police if an adult has been assaulted or there is evidence that a criminal offence has occurred
- Avoid contaminating any information (for example, 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 6.1* of the *Adult Guardianship Procedures and Practice Guidelines*,) must complete the following actions right away:

- Immediately forward the call or report (for example, 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 involves a contracted service provider.
- Notify the Service Delivery 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 is received by the incorrect office or by 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 a 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 10.1 of *Adult Guardianship Procedures and Practice Guidelines* for common offenses).
    - 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
    - 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 support their investigation.
- Maintains the contractual relationship with the service provider during the investigation and for actioning any changes to service.
- Works with the service provider to address any risk or vulnerability of other individuals.
- Notifies a facilitator or initiates a request for facilitator involvement (if one is not already involved) to engage in planning to assess if increased supervision/supports are required or 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 the CLBC Information Management System file identifying that an abuse or neglect allegation has been submitted as a critical incident.

<b>AGGRESSION BETWEEN INDIVIDUALS</b>	
<b>Identification and Assessment of Contributing Factors</b>	
<p>a) Environmental Factors:</p> <ul style="list-style-type: none"> <li>➤ Level of stimulation (noisy, unusual sounds)</li> <li>➤ Adaptations/assistive devices</li> <li>➤ Chaotic or busy space</li> <li>➤ Physical space (overcrowding, lack of personal space, inability to move around/remove oneself from a situation)</li> <li>➤ Temperature/scents</li> <li>➤ Sensory triggers (poor lighting, flashing lighting, glare)</li> </ul>	<p>b) Physical, Medical Factors:</p> <ul style="list-style-type: none"> <li>➤ Acute/chronic pain (physical/dental)</li> <li>➤ Poor sleep/fatigue</li> <li>➤ Poor nutrition/hunger</li> <li>➤ New or under/overuse of medication</li> <li>➤ Drug/alcohol abuse/influence</li> <li>➤ Known condition</li> <li>➤ Unknown condition or illness</li> <li>➤ Mental health (dementia, depression, bipolar, anxiety, psychosis)</li> </ul>
<p>c) Cognitive, Emotional, Relationship Factors:</p> <ul style="list-style-type: none"> <li>➤ Comprehension/capacity</li> <li>➤ Disorientation</li> <li>➤ Communication abilities</li> <li>➤ Triggers/agitation</li> <li>➤ History of relationship between individuals</li> <li>➤ History of trauma/abuse/violence</li> <li>➤ Milestone, grief/loss, recent significant event, or anticipating these events</li> </ul>	<p>d) Assessment of Program Design Contributing Factors:</p> <ul style="list-style-type: none"> <li>➤ Program outline/structure</li> <li>➤ Does the program meet the individual's needs?</li> <li>➤ Decision making opportunities</li> <li>➤ Service/care plan being followed?</li> <li>➤ Staff interaction/relationships</li> <li>➤ Staff knowledge and experience</li> </ul>

<ul style="list-style-type: none"> <li>➤ Need for independence or reaction to authority</li> <li>➤ Poor self-esteem</li> <li>➤ Isolation (loneliness)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Behavior Support Plan/Safety Plan (active/updated/followed?)</li> </ul>
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**Follow-Up Actions**

**SERVICE PROVIDER FOLLOW-UP ACTIONS**

- Ensure the individual’s wellbeing following the incident
- Ensure that the appropriate notifications have been made (for example, 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 (for example, 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
- Ensure staff/contractors are knowledgeable about each individual’s Behavior Support Plan and Safety Plan (if one exists), and have the necessary skills and training to implement the plans consistently
- If a Behavioural Consultant is involved, debrief the incident to ensure:
  - Strategies in the Behaviour Support Plan are current and contextually appropriate
  - Identify any changes that may need to occur to the Behaviour Support Plan
  - Staff receive necessary training to implement the plans if there were gaps identified in staff response and the plan strategies
- If there is no Behaviour Support Plan in place, identify contributing factors for the behaviour, and how supports can shift to reduce the likelihood of the behaviour reoccurring; identify if a referral for Behavioural Services is needed
- Debrief with the individual(s), and 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:
  - Behaviour skills training
  - Tracking accurate data so it can inform potential changes needed to the individual’s plan in a timely manner or inform an assessment if plans are to be developed
  - MANDT, Non-Violent Crisis Intervention Training, etc.

**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 of the involved individuals have changed, and whether increased supervision or supports may be required

- Confirm that the service provider has contacted the 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 behaviour
- Assess whether a Behaviour Support Plan and a Safety Plan (if applicable):
  - Do not exist, and are needed,
  - Exist and are sufficient to meet the individual’s needs,
  - Exist and are consistently followed by all staff/contractors, or
  - Require updating, as the interventions are not sufficient to prevent or stop a behavioural escalation

## ATTEMPTED SUICIDE

### Identification and Assessment of Contributing Factors

<p>a) Environmental Factors:</p> <ul style="list-style-type: none"> <li>➤ Access to weapons or means of self-harming</li> <li>➤ Environmental triggers causing stress</li> <li>➤ Seasonal triggers/patterns</li> <li>➤ Level of stimulation (chaotic, noise level, unusual sounds)</li> <li>➤ Physical space (overcrowding, lack of personal space, inability to move around/remove oneself)</li> <li>➤ Temperature/scents</li> <li>➤ Sensory triggers (poor lighting, flashing lighting, glare)</li> </ul>	<p>b) Physical, Medical Factors:</p> <ul style="list-style-type: none"> <li>➤ Acute/chronic pain (physical, dental)</li> <li>➤ Poor sleep/fatigue</li> <li>➤ Poor nutrition/hunger</li> <li>➤ New or under/overuse of medication/discontinuation</li> <li>➤ Antidepressant</li> <li>➤ Anti-psychotic</li> <li>➤ New condition or unknown condition</li> <li>➤ Mental health (for example, dementia, depression, anxiety, bipolar, psychosis)</li> <li>➤ Basic needs not being met (housing)</li> <li>➤ Drug or alcohol abuse/influence</li> </ul>
<p>c) Cognitive, Emotional, Relationship Factors:</p> <ul style="list-style-type: none"> <li>➤ Comprehension/capacity</li> <li>➤ Disorientation (for example, confusion?)</li> <li>➤ Communication abilities</li> <li>➤ Triggers/agitation/fear</li> <li>➤ Relationship status</li> <li>➤ History of trauma/abuse/violence</li> <li>➤ Milestone, grief/loss, recent significant event, or anticipating these events</li> </ul>	<p>d) Assessment of Program Design Contributing Factors:</p> <ul style="list-style-type: none"> <li>➤ Does the program meet the individual’s needs?</li> <li>➤ Decision making opportunities</li> <li>➤ Service/care plan being followed?</li> <li>➤ Is there appropriate staff supervision?</li> <li>➤ Staff interaction/relationships with the individual</li> <li>➤ Staff knowledge and experience with the individual</li> </ul>

<ul style="list-style-type: none"> <li>➤ Bullying/harassment</li> <li>➤ Poor self-esteem/avoidance behavior</li> <li>➤ Isolation (loneliness)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Behavior Support Plan/Safety Plan (active/updated/followed?)</li> </ul>
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**Follow-Up Actions**

**SERVICE PROVIDER FOLLOW-UP ACTIONS**

- Ensure the individual’s wellbeing following the incident
  - Ensure that the appropriate notifications have been made (for example, 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 (for example, DDMHS, psychologist, psychiatrist, dentist), and discuss follow-up plan
  - Support the individual to access new community resources as needed (for example, 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 for 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, that they are trained 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 Service Delivery Manager **immediately** (by phone) for serious injuries resulting from the suicide attempt
  - Advise the Service Delivery 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 (for example, 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

<b>CHOKING</b>	
<b>Identification and Assessment of Contributing Factors</b>	
a) Environmental Factors: <ul style="list-style-type: none"> <li>➤ Seating position when eating</li> <li>➤ Distractions while eating</li> <li>➤ Location of eating arrangement (for example, whether eating outside of usual eating arrangement)</li> <li>➤ Eating in isolation</li> </ul>	b) Physical, Medical Factors: <ul style="list-style-type: none"> <li>➤ Known condition</li> <li>➤ New condition/unknown condition</li> <li>➤ Medication change</li> <li>➤ Poor sleep</li> <li>➤ Poor nutrition/hunger</li> </ul>
c) Cognitive, Emotional, Relationship Factors: <ul style="list-style-type: none"> <li>➤ Ability to understand and follow instructions</li> <li>➤ Agitation</li> <li>➤ Milestone, such as grief/loss, recent significant event or anticipating these events</li> <li>➤ Need for independence/unwillingness to accept support</li> </ul>	d) Assessment of Program Design Contributing Factors: <ul style="list-style-type: none"> <li>➤ Does the program meet the individual's needs?</li> <li>➤ Service/care plan being followed?</li> <li>➤ Staff interaction/relationships with the individual</li> <li>➤ Staff knowledge and experience of the individual's needs</li> </ul>
<b>Follow-Up Actions</b>	
<b><u>SERVICE PROVIDER FOLLOW-UP ACTIONS</u></b> <ul style="list-style-type: none"> <li>• Ensure the individual's well-being following the incident</li> <li>• Ensure that the appropriate notifications have been made (for example, contacting the individual's support network, Police, etc.)</li> </ul>	

- 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 not 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 each individual'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 (for example, 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 Service Delivery Manager **immediately** for urgent choking-related injuries that would require CLBC's involvement (for example, 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; include 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 (for example, 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

<b>DEATH</b>	
<b>Identification and Assessment of Contributing Factors</b>	
a) Environmental Factors: <ul style="list-style-type: none"> <li>➤ Schedule and supervision</li> <li>➤ Social setting and context</li> <li>➤ Physical location/space</li> </ul>	b) Physical, Medical Factors: <ul style="list-style-type: none"> <li>➤ Known condition</li> <li>➤ New condition/unknown condition/illness</li> <li>➤ Medications</li> <li>➤ Nutrition/diet/exercise</li> <li>➤ Drugs/ alcohol use</li> </ul>
c) Cognitive, Emotional, Relationship Factors: <ul style="list-style-type: none"> <li>➤ Diagnosed or undiagnosed mental health conditions</li> </ul>	d) Assessment of Program Design Contributing Factors: <ul style="list-style-type: none"> <li>➤ Service/care plan followed?</li> <li>➤ Staff interaction/relationship with the individual</li> <li>➤ Staff knowledge and experience with the individual</li> <li>➤ End-of-Life service plan followed?</li> </ul>
<b>Follow-Up Actions</b>	
<p><b><u>SERVICE PROVIDER FOLLOW-UP ACTIONS</u></b></p> <p>Upon notifying CLBC of an individual’s death through a critical incident report, as per CLBC’s <i>End-of-Life Policy</i>, service providers:</p> <ul style="list-style-type: none"> <li>• <b>Immediately</b> 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</li> <li>• Notify a Committee of Estate or other legal decision maker that has been involved with managing the individual’s financial and legal affairs</li> <li>• 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</li> <li>• Provide information about community resources (for example, bereavement support) to families, (if not already provided by health care providers or community agencies)</li> </ul>	

- 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 (for example, community inclusion services)
  - Home and Community Care (for example, community nursing and community rehabilitation services)
  - Other health care professionals (for example, 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 (for example, 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 (for example, 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:
  - Service Delivery Manager,
  - Service Area Manager,
  - Other involved CLBC staff (for example, facilitator), and
  - 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 (for example, 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 residential service provider and healthcare professional (for example, family doctor, nurse) in situations where it is unclear if the residential 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*.
  - Service Delivery Manager, and
  - Service Area Manager
- Comply with any requests (if an investigation or a formal review of a death is conducted):
  - 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 the CLBC Information Management System 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 the CLBC Information Management System file, specifically in Individual Documents under **Health and Safety Reports and Protocols**
- 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 (for example, be available to family to address concerns or questions) or resource information (for example, bereavement support resources) to service providers (for example, directly contracted home sharing providers and families), as needed

**MISUSE OF ILLICIT DRUGS OR LICIT DRUGS**

**Identification and Assessment of Contributing Factors**

<p>a) Environmental Factors:</p> <ul style="list-style-type: none"> <li>➤ Secure medication storage</li> <li>➤ Accessibility of licit or illicit drugs</li> <li>➤ Living arrangement/peer influence (for example, other drug users)</li> <li>➤ Seasonal triggers/patterns</li> <li>➤ Level of stimulation (noisy, unusual sounds)</li> <li>➤ Chaotic or busy space</li> <li>➤ Physical space</li> <li>➤ Temperature/scents</li> </ul>	<p>b) Physical, Medical Factors:</p> <ul style="list-style-type: none"> <li>➤ Acute/chronic pain (for example, physical, dental)</li> <li>➤ Poor sleep/fatigue</li> <li>➤ Poor nutrition/hunger</li> <li>➤ New or under/overuse of medication or discontinuation of medication</li> <li>➤ New condition or unknown condition</li> <li>➤ Mental health diagnoses (for example, dementia, depression, anxiety, psychosis, bipolar)</li> <li>➤ Basic needs not being met (housing)</li> </ul>
<p>c) Cognitive, Emotional, Relationship Factors:</p> <ul style="list-style-type: none"> <li>➤ Comprehension/capacity (for example, ability to understand and follow instructions)</li> <li>➤ Disorientation (for example, confusion)</li> <li>➤ Communication abilities</li> <li>➤ Emotional triggers/agitation/fear</li> <li>➤ Suicide Risk</li> <li>➤ Change in relationship status</li> <li>➤ History of trauma/abuse/violence/drug abuse</li> <li>➤ Milestone, grief/loss, recent significant event, or anticipating these events</li> <li>➤ Bullying/harassment</li> <li>➤ Poor self-esteem/avoidance behavior</li> <li>➤ Isolation (for example, loneliness)</li> </ul>	<p>d) Assessment of Program Design Contributing Factors:</p> <ul style="list-style-type: none"> <li>➤ Controlled medication monitoring and administration procedures             <ul style="list-style-type: none"> <li>○ Is there a regular pharmacy review?</li> </ul> </li> <li>➤ What is the Drug &amp; Alcohol Policy and Procedures? Is it an appropriate match to support the CLBC-funded individuals (zero tolerance vs harm reduction)?</li> <li>➤ Does the program meet the individual's needs?</li> <li>➤ Program routines/ supervision</li> <li>➤ Service/care plan being followed             <ul style="list-style-type: none"> <li>○ Staff interaction/relationships with the individual</li> </ul> </li> </ul>

**Follow-Up Actions**

- SERVICE PROVIDER FOLLOW-UP ACTIONS**
- Ensure the individual's well-being following the incident
  - Ensure that the appropriate notifications have been made (for example, 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 (for example, 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, and
- Support the individual to access new community resources as needed (for example, 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 (for example, 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 (for example, is this setting/service appropriate?)
  - Increased supervision/supports are required, and
  - This incident is a contravention of the individual's probation conditions, and if 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 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 (for example, rehabilitation services, parole officer), as appropriate, to ensure that the individual has no unknown or new underlying conditions (for example, 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

<b>POISONING</b>	
<b>Identification and Assessment of Contributing Factors</b>	
<p>a) Environmental Factors:</p> <ul style="list-style-type: none"> <li>➤ Safe storage of hazardous goods and material</li> <li>➤ Presence of potential hazards (toxic plants, rat poison, pesticides)</li> <li>➤ Adherence to Workplace Hazardous Materials Information System (WHIMS) requirements?</li> <li>➤ Proper signage and labelling of potential hazards</li> <li>➤ Physical Isolation (for example, inadequate supervision)</li> <li>➤ Physical space/ chaotic or busy space</li> </ul>	<p>b) Physical, Medical Factors:</p> <ul style="list-style-type: none"> <li>➤ Known condition (for example, PICA/Prader Willi)</li> <li>➤ New or unknown condition(s) or illness</li> <li>➤ Medication change/influence</li> <li>➤ Acute/chronic pain (physical/dental)</li> <li>➤ Drug/ alcohol abuse/influence</li> <li>➤ Mental health (for example, dementia, psychosis)</li> <li>➤ Poor vision</li> <li>➤ Poor sleep/fatigue</li> <li>➤ Poor nutrition/hunger</li> <li>➤ Poor handwashing/hygiene</li> </ul>
<p>c) Cognitive, Emotional, Relationship Factors:</p> <ul style="list-style-type: none"> <li>➤ Communication/Literacy level/ Ability to understand and follow instructions</li> <li>➤ Suicide risk</li> <li>➤ Capacity/awareness of harm and insight to potential danger</li> <li>➤ Drug and alcohol use/influence</li> </ul>	<p>d) Assessment of Program Design Contributing Factors:</p> <ul style="list-style-type: none"> <li>➤ Does the program meet the individual's needs?</li> <li>➤ Service/ health care plan being followed?</li> <li>➤ Program routine</li> <li>➤ Supervision level (for example, is there adequate supervision?)</li> </ul>



<ul style="list-style-type: none"> <li>➤ Need for independence/unwillingness to ask for assistance</li> <li>➤ Triggers/Agitation</li> <li>➤ Disorientation (for example, confusion)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Staff interaction/relationship with the individual</li> <li>➤ Staff knowledge and experience of the individual's needs</li> <li>➤ Does the agency have a Safe Storage of Hazardous Materials Policy and Procedures? Were they followed?</li> <li>➤ Do they adhere to WHMIS requirements?</li> </ul>
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**Follow-Up Actions**

- SERVICE PROVIDER FOLLOW-UP ACTIONS**
- Ensure the individual's wellbeing following the incident
  - Ensure that the appropriate notifications have been made (for example, 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 (that is, 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 immediately.

**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 (for example, 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 for example, program/home) to complete a physical check to ensure poisonous or toxic substances (for example, 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**

While reviewing related factors is important, service providers must understand that use of seclusion is considered prohibited and must not continue.

<p>a) Environmental factors:</p> <ul style="list-style-type: none"> <li>➤ Social setting and context</li> <li>➤ Was the individual’s schedule and routines followed? Was there a change?</li> <li>➤ Was there a change to the environment (that is: introduction of new people or loss of relationships,</li> </ul>	<p>b) Physical, medical factors:</p> <ul style="list-style-type: none"> <li>➤ Acute or chronic pain (for example, physical, dental)</li> <li>➤ Poor sleep/fatigue</li> <li>➤ Hunger, poor nutrition, or diet, eating disorder, etc.</li> <li>➤ Lack of exercise, or too much activity/exercise</li> </ul>
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<p>new foods, new items introduced, or items removed, etc.)</p> <ul style="list-style-type: none"> <li>➤ Were there factors that were difficult to control/predict (for example, noise level, unusual sounds, crowds, lack of personal space, etc.)</li> <li>➤ Sensory triggers (for example, poor lighting, flashing lighting, glare, sounds, scents, temperature, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>➤ New medications, side effects, medication error, or using medications differently than prescribed</li> <li>➤ Drug / alcohol abuse/influence</li> <li>➤ Known health or mental health need</li> <li>➤ New or unknown health or mental health need</li> <li>➤ Other wellness factors: hormonal changes, age-related health needs, changes to mobility, dementia, mood disorders, etc.</li> </ul>
<p>c) Cognitive, emotional, relationship factors:</p> <ul style="list-style-type: none"> <li>➤ Staff/contractor familiarity and comfort with the individual's preferred method of communication (that is: is the individual understood by others?)</li> <li>➤ Are the individual's preferences, wants, or needs understood?</li> <li>➤ Are staff familiar with precursor behaviours, or triggers?</li> <li>➤ Degree of meaningful engagement the individual has in daily activities.</li> <li>➤ History of, or recent incidents of trauma/abuse/violence</li> <li>➤ Milestone, grief/loss, significant event, or anticipation of these events</li> <li>➤ Degree of choice, and opportunities for self-determination</li> <li>➤ Relationship factors and opportunities for social inclusion (that is: consider if the individual may be lonely, bored, missing someone, etc.)</li> </ul>	<p>d) Assessment of Program Design Contributing Factors:</p> <ul style="list-style-type: none"> <li>➤ Review the decision making that lead to the use of seclusion: <ul style="list-style-type: none"> <li>○ Was the practice used in response to a behavioural escalation?</li> <li>○ Was there an emergency?</li> <li>○ Was the practice used as a strategy to mitigate staffing pressures?</li> </ul> </li> <li>➤ Does the program meet the individual's needs?</li> <li>➤ Staffing Levels: Were staff absent, was the staff new or unfamiliar with the program, etc.</li> <li>➤ Workload pressures: do staff feel overwhelmed with program expectations, or how to prioritize tasks?</li> <li>➤ Staff knowledge and capacity to consistently implement the person-centred plan Behaviour Support Plan, and Safety Plan.</li> <li>➤ Role of leadership: that is, how are staff skills/competence assessed and overseen training or performance management needs.</li> <li>➤ Quality of staff interaction/relationship with the individual, among other staff or leadership</li> </ul>

## Follow-Up Actions

### **SERVICE PROVIDER FOLLOW-UP ACTIONS**

- **Remember!** Use of seclusion is considered a prohibited practice, and immediate action must be taken to ensure the practice will not occur again.
- Ensure the individual's wellbeing following the incident, including their level of trust and comfort with the staff involved.
- Debrief the incident with those involved, including the individual, staff, and others who may have witnessed the incident to understand what occurred, and contributing factors.
- Ensure that the appropriate notifications were made (for example, contacting the individual's support network, health providers, involved behavioural consultant, CLBC, etc.)
- Discuss the incident with the liaison analyst, including mitigation strategies, which may include:
  - Referrals to appropriate health care and community professionals to assess the individual's current and/or new needs (for example, Behavioural Consultant, DDMHS, doctor, psychologist, psychiatrist, dentist)
  - Performance management, and/or training or mentorship for staff
  - Strengthening role of supervisors or leadership at the program
  - Review of the individual's existing person-centred plan, health care plan, Behaviour Support Plan, and Safety Plan if available
- Learning support, such as internal or external training or skill building (that is: behaviour skills training, MANDT training, etc.) to ensure staff/contractors are knowledgeable about the individual's plans and have the skills required to implement the plans effectively.
- Review CLBC's Behavior Support and Safety Planning Policy and the Critical Incidents Policy with staff/contractors
- Develop and enhance capacity to provide positive behaviour supports

### **CLBC FOLLOW-UP ACTIONS**

Upon receiving a critical incident report about the use of seclusion, analysts:

- Ensure the definition of what occurred is seclusion and was not confused with a permitted restricted practice (that is: environmental restraint such as temporary containment)
- Must ensure they have enough information about what occurred, including contributing factors, who was involved, for what length of time seclusion was used, and the individual's wellbeing
- Ensure that the service provider understands CLBC's Behaviour Support and Safety Planning Policy, and what is considered prohibited practices. Discuss the importance of prioritizing less intrusive actions, including compliance with person-centred planning, and Behaviour Support Plans
- Determine whether the reported incident meets the definition of abuse in CLBC's *Critical Incidents Policy* and *Adult Guardianship Policy* and consult with leadership as required
- Determine if additional program monitoring may be required to ensure the agency's mitigation plan has been actioned and completed

- If the use of seclusion is related to staffing needs or pressures (that is, service levels, training, model, etc.), work with the service provider to assess the situation, and determine solutions to ensure the practice does not occur again
- If appropriate, notify a facilitator or initiate a request for facilitator involvement to engage in planning to determine if the individual’s needs have changed, and whether increased or different supervision/supports are required (for example, Behavioural Consultant, DDMHS, doctor, psychiatrist, psychologist)
- Confirm that the service provider has written (internal) procedures and documentation requirements outlining their behaviour support approach
- Work with the service provider to examine what led to the incident and determine how to prevent it from occurring again
- Confirm that the service provider has contacted member(s) of the individual’s support network, as appropriate, to include them in:
  - Understanding the individual’s support needs, and
  - Developing solutions focused on positive, and least-intrusive ways of working with the individual
- Assess whether a Behaviour Support Plan:
  - Exists and is sufficient to meet the individual’s needs,
  - Exists and is followed by all staff/contractors,
  - Exists, and requires review and/or updating, or
  - Does not exist and is needed.
- Assess whether a Safety Plan:
  - Exists, and has all required authorizations,
  - Exists, and is used only after less intrusive interventions have been utilized first,
  - Exists, and restricted practice protocols are consistently followed by staff/contractors, or
  - Does not exist and is needed.
- Support the service provider to develop and enhance capacity to provide positive behaviour supports and improve service delivery to the individual.

<b>WEAPON USE</b>	
<b>Identification and Assessment of Contributing Factors</b>	
a) Environmental Factors: <ul style="list-style-type: none"> <li>➢ Easy access to weapon/objects that can be utilized as weapon (chair, scissors)</li> <li>➢ Safe weapon/dangerous tool storage</li> <li>➢ Access/influence of video games/movies portraying violence</li> <li>➢ Influence of domestic arrangement (that is, Violence)</li> <li>➢ Level of stimulation/noise</li> <li>➢ Adaptations/assistive devices</li> </ul>	b) Physical, Medical Factors <ul style="list-style-type: none"> <li>➢ Acute/chronic pain (physical/dental)</li> <li>➢ Poor sleep/fatigue</li> <li>➢ Poor nutrition/hunger</li> <li>➢ New or under/overuse of medication</li> <li>➢ Drug/ alcohol abuse/influence</li> <li>➢ Known condition</li> <li>➢ New condition or unknown condition</li> </ul>

<ul style="list-style-type: none"> <li>➤ Physical space (chaotic, over-crowding, lack of personal space, inability to remove oneself)</li> <li>➤ Temperature/scents</li> <li>➤ Sensory triggers (poor lighting, flashing lighting, glare)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Mental health (dementia, ODD, depression, bipolar, anxiety, psychosis)</li> </ul>
<p>c) Cognitive, Emotional, Relationship Factors</p> <ul style="list-style-type: none"> <li>➤ Comprehension/capacity/disorientation</li> <li>➤ Communication abilities</li> <li>➤ Triggers/agitation</li> <li>➤ History of relationship between individuals</li> <li>➤ History of trauma/abuse/violence/PTSD</li> <li>➤ Milestone, grief/loss, recent significant event, or anticipating these events</li> <li>➤ Need for independence or reaction to authority</li> <li>➤ Poor self-esteem</li> <li>➤ Isolation (loneliness)</li> </ul>	<p>d) Assessment of Program Design Contributing Factors:</p> <ul style="list-style-type: none"> <li>➤ Does the program match the individual's needs?</li> <li>➤ Do they have a Weapons Policy and Procedures in place?</li> <li>➤ Service/care plan being followed?</li> <li>➤ Staff interaction/relationships</li> <li>➤ Staff knowledge and experience</li> <li>➤ Behavior Support Plan/Safety Plan (active/updated/followed?)</li> </ul>

**Follow-Up Actions**

**SERVICE PROVIDER FOLLOW-UP ACTIONS**

- Ensure the individual's well-being following the incident
- Ensure that the appropriate notifications have been made (for example, 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
  - 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/BSP/SP 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
  - Develop 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 behaviour
- 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

<b>Discretionary CLBC Follow-Up Critical Incident Types</b>	
<b>FALL</b>	
<b>Identification and Assessment of Contributing Factors</b>	
<p>a) Environmental Factors:</p> <ul style="list-style-type: none"> <li>➢ Appropriate signage</li> <li>➢ Distractions</li> <li>➢ Trippers, including but not limited to:               <ul style="list-style-type: none"> <li>○ scatter rugs,</li> <li>○ stairs,</li> <li>○ slippery floor,</li> <li>○ (lack of) handrails</li> <li>○ ice/snow,</li> <li>○ uneven ground</li> </ul> </li> <li>➢ Poor/unsafe structural areas</li> <li>➢ Poor lighting</li> <li>➢ Adaptations/assistive devices</li> </ul>	<p>b) Physical, Medical Factors:</p> <ul style="list-style-type: none"> <li>➢ Acute or chronic pain (physical/dental)</li> <li>➢ Age</li> <li>➢ Mobility/strength/balance problems</li> <li>➢ Poor Sleep/fatigue/time of fall</li> <li>➢ Sensory changes (depth perception/nighttime vision &amp; accommodation)</li> <li>➢ Long- term bed rest</li> <li>➢ New or under/overuse of medication               <ul style="list-style-type: none"> <li>○ Narcotics/sedation (for example, sleeping pills/anxiety/seizure medications, laxatives,</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>➤ Lift and transfer equipment and procedures</li> <li>➤ Isolation</li> <li>➤ Level of stimulation (noisy, unusual sounds)</li> <li>➤ Chaotic or busy space</li> <li>➤ Physical space (overcrowding, lack of personal space)</li> </ul>	<p>diuretics/blood pressure, heart medication)</p> <ul style="list-style-type: none"> <li>➤ Known condition</li> <li>➤ New condition or unknown condition <ul style="list-style-type: none"> <li>○ For example, diabetes, stroke/TIA, seizures, Parkinson’s Disease, heart disease, respiratory (sleep apnea), neuropathy, dementia, incontinence, “head banging”</li> </ul> </li> <li>➤ Drug or alcohol use or influence</li> <li>➤ Gait changes/posture changes</li> <li>➤ Poor nutrition/dehydration</li> <li>➤ Drug/ alcohol abuse or influence</li> <li>➤ Mental health (for example, dementia, psychosis)</li> </ul>
<p>c) Cognitive, Emotional, Relationship Factors:</p> <ul style="list-style-type: none"> <li>➤ Comprehension/capacity (for example, ability to understand and follow instructions)</li> <li>➤ Communication/literacy abilities</li> <li>➤ Memory loss/disorientation (for example, confusion?)</li> <li>➤ Mental health (Dementia, Anxiety, Psychosis)</li> <li>➤ Mood/triggers/agitation</li> <li>➤ Need for independence (for example, unwillingness to use aids)</li> <li>➤ Ability to utilize aids</li> </ul>	<p>d) Assessment of Program Design Contributing Factors:</p> <ul style="list-style-type: none"> <li>➤ Does the program meet the individual’s needs?</li> <li>➤ Program routine/ schedule</li> <li>➤ Service/health care plan being followed?</li> <li>➤ Staff interaction/relationships with the individual</li> <li>➤ Staff knowledge and experience of the individual</li> <li>➤ Health care plan (active/updated/followed?)</li> </ul>
<b>Follow-Up Actions</b>	
<p><b><u>SERVICE PROVIDER FOLLOW-UP ACTIONS</u></b></p> <ul style="list-style-type: none"> <li>• Ensure the individual’s wellbeing following the incident</li> <li>• Ensure that the appropriate notifications have been made (for example, contacting the individual’s support network, Police, etc.)</li> <li>• Debrief with affected staff/contractors to ensure those who may have experienced trauma or shock following the incident are supported appropriately</li> <li>• Confirm that the individual’s health care protocol was followed and/or whether a health protocol/assessment is needed</li> <li>• Follow concussion protocol and monitor for and seek care for subdural hematoma symptoms, if head injury has occurred <ul style="list-style-type: none"> <li>➤ <b>Note:</b> If the fall is unwitnessed and head injury is unknown, follow concussion protocol and monitor and seek guidance from a health care professional</li> </ul> </li> </ul>	



- Initiate referrals to appropriate health care professionals to assess the individual's current/new health needs (for example, 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 (for example, 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
  - Avoid 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
  - Be 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 Service Delivery 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 (for example, 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

## Discretionary CLBC Follow-Up

### RESTRICTED PRACTICE: RESTRICTION OF RIGHTS, RESTRAINT

#### Identification and Assessment of Contributing Factors

<p>a) Environmental Factors:</p> <ul style="list-style-type: none"> <li>➤ Social setting and context</li> <li>➤ Was the individual's schedule and routines followed? Was there a change?</li> <li>➤ Was there a change to the environment (that is, introduction of new people or loss of relationships, new foods, new items introduced, or items removed, etc.)</li> <li>➤ Were factors difficult to control/predict (for example, noise level, unusual sounds, crowds, lack of personal space, etc.)</li> <li>➤ Sensory triggers (for example, poor lighting, flashing lighting, glare, sounds, scents, temperature, etc.)</li> </ul>	<p>b) Physical, Medical Factors:</p> <ul style="list-style-type: none"> <li>➤ Acute or chronic pain, or physical discomfort (for example, physical, /dental)</li> <li>➤ Poor sleep/fatigue</li> <li>➤ Hunger, poor nutrition, diet, eating disorder, etc.</li> <li>➤ Lack of exercise, or too much activity/exercise</li> <li>➤ New medications, side effects, medication error, or using medications differently than prescribed</li> <li>➤ Drug or alcohol abuse/influence</li> <li>➤ Known health or mental health need</li> <li>➤ New or unknown health or mental health need</li> <li>➤ Other health factors: hormonal changes, age related health needs, changes to mobility, etc.</li> </ul>
<p>c) Cognitive, Emotional, Relationship Factors:</p> <ul style="list-style-type: none"> <li>➤ Staff/contractor familiarity and comfort with the individual's preferred method of communication (that is: is the individual understood by others?)</li> <li>➤ Are the individual's preferences, wants, or needs understood?</li> <li>➤ Are staff/contractors familiar with precursor behaviours, or triggers?</li> <li>➤ Degree of meaningful engagement the individual has in daily activities.</li> </ul>	<p>d) Assessment of Program Design Contributing Factors:</p> <ul style="list-style-type: none"> <li>➤ Review the decision-making that led to the use of restricted practice:             <ul style="list-style-type: none"> <li>○ Was the practice used in response to a behavioural escalation?</li> <li>○ Was there an emergency?</li> <li>○ Was the Behaviour Support Plan followed prior to applying the restricted practice?</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>➤ History of, or recent incidents of trauma/abuse/violence</li> <li>➤ Milestone, grief/loss, recent significant event, or anticipation of these events.</li> <li>➤ Degree of choice, and opportunities for self-determination</li> <li>➤ Relationship factors and opportunities for social inclusion (that is, consider if the individual may be lonely, bored, missing someone, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>➤ Does the program meet the individual's needs?</li> <li>➤ Staff knowledge and capacity to consistently implement the person-centred plan, Behaviour Support Plan, and Safety Plan</li> <li>➤ Do all staff have the knowledge and skill to follow the Behaviour Support Plan?</li> <li>➤ Role of leadership: that is, how are staff skills/competence assessed and overseen?</li> <li>➤ Training or performance management needs</li> <li>➤ Quality of staff interaction / relationships with the individual, among other staff or leadership</li> </ul>
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**Follow-Up Actions**

**SERVICE PROVIDER FOLLOW-UP ACTIONS**

Review the incident involving the use of restricted practice to determine if:

- The restricted practice was used in response to an **emergency**:
  - Ensure the individual's wellbeing during and following the incident
  - Debrief the incident with those involved, including the individual, staff, and others who may have witnessed the incident to understand what occurred, and contributing factors; provide information and support as required.
  - Ensure staff have the necessary skills to respond to emergency situations, including emergency use of restricted practices
  - When used to respond to an emergency on 3 or more occasions in a 12-month period, this no longer considered to be infrequent, and requires Behaviour Support Planning, and Safety Plan (if applicable)
  - Consider if a functional behaviour assessment and development of a Behaviour Support Plan is needed
- The use of restricted practice is **authorized** in a Safety Plan.
  - Ensure the individual's well-being during and following the incident
  - Debrief the incident with those involved, including the individual, staff, and others who may have witnessed the incident to understand what occurred, contributing factors, setting events, precursors, etc.
  - Assess factors that contributed to the use of restricted practice, and how a similar incident will be prevented in the future
  - Consider the quality of plan implementation by staff; identify follow-up from a learning and service delivery perspective
  - Ensure that the appropriate notifications were made (for example, contacting the individual's support network, health providers, involved Behavioural Consultant, CLBC, etc.)

- Identify possible trends regarding the use of restricted practice (that is, frequency of use, triggers, etc.)
- Consider referrals to appropriate health and community professionals to assess the individual's current and/or new needs (for example, Behavioural Consultant, DDMHS, doctor, psychologist, psychiatrist, dentist)
- Review the individual's existing person-centred plan, health care plan, and Behaviour Support Plan to build staff comfort and capacity to implement these plans consistently
- Identify learning support, such as internal or external training or skill-building (for example, behaviour skills training, MANDT, Non-Violent Crisis Intervention Training, etc.) to ensure staff/contractors are knowledgeable about the individual's plans and have the skills required to implement the plans effectively
- Develop and enhance capacity to provide positive behaviour support

### **CLBC Follow-Up Actions**

- Upon reviewing an incident involving the use of restricted practice, and a decision is made to follow-up, determine if:
  - The restricted practice was used in response to an emergency, or
  - The use of restricted practice is authorized in a Safety Plan
- If the restricted practice was used in response to an **emergency**, review the history of CIRs to determine if similar incidents have occurred within the past 12 months (when 3 or more incidents of Emergency Use of restricted practice have occurred over a 12-month period, then further action is required, including a referral to a Behavioural Consultant if needed)
- When restricted practice is **authorized** in a Safety Plan, consider if the approach aligns with the Behaviour Support Plan, and Safety Plan
- Consider trends, if incidents are occurring with increased frequency, or if the severity of incidents appears to be increasing, then urgent follow-up with the service provider and key partners is needed
- Ensure that the service provider understands CLBC's Behaviour Support and Safety Planning Policy, and discuss the importance of prioritizing less intrusive actions, including compliance with person-centred planning, and Behaviour Support Planning
- If appropriate, notify a facilitator or initiate a request for facilitator involvement to engage in planning to determine if the individual's needs have changed, and whether increased or different supervision/supports are required (for example, Behavioural Consultant, DDMHS, doctor, psychiatrist, psychologist)
- 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 the individual's support networks (as appropriate) and involved them in understanding the behaviour and developing solutions
- Assess whether a Behaviour Support Plan:
  - Exists and is sufficient to meet the individual's needs,
  - Exists and is followed by all staff/contractors,
  - Exists, and requires updating and/or review, or

- Does not exist and is needed.
- Assess whether a Safety Plan:
  - Exists, and has all required authorizations,
  - Exists, and is used only after less intrusive interventions have been utilized first,
  - Exists, and restricted practice protocols are consistently followed by staff/contractors, or
  - Does not exist and is needed.
- Support the service provider to develop and enhance capacity to provide positive behaviour supports in alignment with the guiding principles identified in the Behaviour Support and Safety Planning Policy, and improve service delivery to the individual

### **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 reoccurring).

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 (for example, 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 for 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.

**Critical Incidents: Restricted Practice Exemption Framework**

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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 restricted practices is allowed. Restricted practices include restriction of rights and restraint (that is, environmental, mechanical, physical), as defined in the *Behaviour Support and Safety Planning Policy*.

This framework allows exemptions for the purpose of reducing the volume of Critical Incident Reporting when specific criteria are met **and** when CLBC approves. The framework provides details on:

- Requirements for requesting an exemption to Critical incident Reporting.
- The exemption process.
- Documentation, reporting, and tracking requirements.

The *Critical Incidents: Restricted Practice Exemption Framework* should be reviewed together with the:

- *Critical Incidents Policy*,
- *Critical Incidents: Service Provider Requirements Guide* **or** the *Critical Incidents Procedures and Practice Guide for CLBC Staff*,
- *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 any time a restricted practice is used, as defined in the *Appendix: Critical Incident Types*. Use of a restricted practice must be reported as a critical incident even when reflected in an authorized Safety Plan.

An exemption to Critical Incident Reporting may **only** be approved when this framework is followed. Service providers continue to comply with reporting requirements outlined in the *Critical Incidents Policy* until the request for exemption process is complete and the exemption is approved.

Only the restricted practices identified and approved under the exemption framework are subject to the reporting exemption. Use of all other restricted practices included in the Safety Plan, those reflected in Temporary Safety Plans, or those used in the event of an emergency **must** be reported to CLBC as a critical incident.

Exemption from critical incident reporting may only be requested as per the parameters of this framework, and under the conditions outlined on the *Critical Incidents: Request for Exemption Form*.

## Requirements for a Restricted Practice to be Considered for Exemption

**Category 1:** High episodic use of the restricted practice is required to ensure safety associated with a behavioural escalation cycle, as per the authorized Safety Plan.

Category 1 exemptions often benefit from *additional reporting* to CLBC regarding the frequency with which the restricted practice is used, as well as progress made on fading the practice.

To request an exemption under this category, **all** conditions listed on the *Critical Incidents: Request for Exemption Form* must be met, unless identified as not applicable:

- 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.
- Use of the restricted practice occurs frequently, that is, 6 or more times during the week.
- All staff working with the individual receive behavioural skills training on the approaches outlined in the Behaviour Support Plan and Safety Plan. If the request is for physical restraint, all staff utilizing these techniques have completed training from a certified physical response program such as MANDT or Non-Violent Crisis Intervention Training.
- Physical or mechanical restraints have written authorization from the individual's medical practitioner or nurse practitioner.
- There is a Behaviour Support Plan, and 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*.
- The Safety Plan identifies what data is collected, how it is tracked, and how frequently it is provided to the Behavioural Consultant for review.

Examples:

- Use of environmental restraint, such as temporary containment.
- Physical restraint.
- Use of a mechanical restraint such as arm braces, helmets, or gloves.

**Category 2:** Frequent use of restricted practice irrespective of the behavioural escalation cycle, as per the authorized Safety Plan.

Category 2 includes restricted practices used to prevent a critical and unsafe behaviour, and not used in response to a behavioural escalation.

To request an exemption under this category, **all** conditions listed on the *Critical Incidents: Request for Exemption Form* must be met, unless identified as not applicable:

- The critical and unsafe behaviour is likely to place the individual or others in danger if it were to occur without the restricted practice in place.
- Use of the restricted practice occurs frequently, that is, 6 or more times during the week.

- All staff working with the individual have received behavioural skills training on the approaches outlined in the Behaviour Support Plan and the Safety Plan.
- Mechanical restraints have written authorization from the individual's medical practitioner or nurse practitioner.
- There is a Behaviour Support Plan and 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*.

Examples include regular use of:

- Mechanical restraints such as vehicle safety vest, or specialised seat belt.
- Environmental restraints such as locks on a cupboard, doors, or gates that limit free access to the individual's environment or belongings.
- Restriction of rights, such as electronic surveillance (that is: audio/video monitoring).

Category 2 **does not** include:

- Temporary containment
- Physical restraint

## Exemption Procedures

Service Providers and Behavioural Consultants work together to apply for an exemption by submitting one request to their CLBC Analyst accompanied by other supporting documentation as required. The involved CLBC Service Delivery Manager will review the request and **approve or deny** the exemption. Critical Incident Exemptions require renewal and re-authorization from CLBC **every 6 months** if still required.

Typically, requests are made as part of the Safety Plan review process outlined in the *Behaviour Support and Safety Planning Policy* and *Behaviour Support and Safety Planning: A Guide for Service Providers*, and efforts should be made to submit exemption requests along with submission of the *Safety Plan: 6-Month Review Form*.

Collaborative planning with involved partners should occur during the exemption period to understand the issues or needs contributing to the frequency of behavioural escalations, and/or the use of a restricted practice. Action Items **must** be clearly identified on the *Safety Plan: 6-Month Review Form*, along with any plan to request a renewed exemption.

Category 1 exemptions require careful consideration prior to submitting a request to CLBC, because a pattern of frequent escalation can indicate the individual is experiencing distress on a regular basis. Efforts must be made to ensure:

- The function of behaviour is correctly understood,
- The approaches in the Behaviour Support Plan are sufficient to meet the individual's needs, and
- The service provider and involved staff have the skills required to implement the Behaviour Support Plan consistently.



A request for an initial or renewed exemption to Critical Incident Reporting is **not recommended** when:

- The current restricted practice is not effective in ensuring safety.
- The individual or others were injured or harmed as a result of the behaviour, and/or the use of a restricted practice.
- The frequency or duration with which the use of the restricted practice has increased, so a review of planning and implementation is required.
- Staff training and/or skill development is required to ensure effective application of the Behaviour Support Plan.
- Current or historical concerns of abuse or neglect towards the individual within the program or service environment.

## Requests for Exemption – Documentation

There are two types of requests for exemption:

1. Initial request for exemption, and
2. Request for renewal of exemption.

Each type of request must be submitted to CLBC for review and an authorization decision by the Service Delivery Manager.

Both types of requests can be submitted using either the *Critical Incidents: Request for Exemption Form* or another format containing all the same information.

A request for exemption must be accompanied by either:

- A Safety Plan being submitted for CLBC's authorization, or
- *Safety Plan: 6-Month Review Form*.

**Note:** The request for exemption can refer to more than one restricted practice, if applicable. When the request for exemption pertains to more than one restricted practice, only one request needs to be completed. The request must include required information for each of the restricted practices.

## Additional Reporting

Additional Reporting may be requested by CLBC or recommended by the Behavioural Consultant at any time. This reporting may identify other types of data to be shared with key partners, more frequent submission of the *Safety Plan: Six Month Review Form*, and/or summary reports to be submitted according to a schedule (for example, weekly, monthly, etc.), or having a summary available upon request, as the situation dictates.

## Tracking of Restricted Practices Approved for Exemption Under the Critical Incidents: Restricted Practice Exemption Framework

Service providers are required to track, review, and analyze any use of restricted practices that are approved for exemption from critical incident reporting. This data informs the *Safety Plan: 6-*

*Month Review*, with guidance from the Behavioural Consultant. This requirement ensures these practices are monitored closely to oversee staff performance and learning needs, and ensure the practices are only used in accordance with the parameters outlined in the authorized Safety Plan, and in alignment with the *Behaviour Support and Safety Planning Policy*, and *Behaviour Support and Safety Planning: A Guide for Service Providers*.

## APPENDIX IV: Critical Incidents: Request for Exemption Form

GENERAL INFORMATION	
Name of Individual:	Date of Request:
Date of Birth:	Service Provider:
Behavioural Consultant:	CLBC Region:
Date of Original Safety Plan:	

This form is to be completed by a service provider and 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 restricted** practice as a critical incident as allowed in CLBC's *Critical Incidents Policy*. This request **must** be submitted with a Safety Plan (or a Safety Plan: 6-Month Review Form if applicable) that includes a detailed description of the restricted practice and rationale for its use.

**\*\*See *Critical Incidents: Restricted Practice Exemption Framework* for more information.\*\***

EXEMPTION CATEGORIES
<p><b>Category 1:</b> High episodic use of a restricted practice is required to ensure safety associated with a behavioural escalation cycle, as per the authorized Safety Plan.</p> <p><b>Category 2:</b> Frequent use of restricted practice, irrespective of the behavioural escalation cycle, as per the authorized Safety Plan.</p> <p><b>**Please refer to the <i>Critical Incidents: Restricted Practice Exemption Framework</i>, and the chart below to ensure this request for exemption from the requirement to report a restricted practice meets <u>all</u> the conditions outlined for each category of exemption**</b></p>

REQUIRED CONDITIONS – <u>all</u> conditions below must be met, unless identified as not-applicable.	
CATEGORY 1	Yes/No/Not applicable
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 danger.	Choose an item.
Use of the restricted practice occurs frequently, that is, 6 or more times per week.	Choose an item.
<b>All</b> staff working with the individual receive behavioural skills training on the approaches outlined in the Behaviour Support Plan and Safety Plan. If the request is for physical restraint, <b>all</b> staff utilizing these techniques have completed training from a certified physical response program such as MANDT or Non-Violent Crisis Intervention Training.	Choose an item.
Physical or mechanical restraints have written authorization from the individual's medical practitioner or nurse practitioner.	Choose an item.

There is a Behaviour Support Plan, and an authorized Safety Plan in place that meets the requirements outlined in the <i>Behaviour Support and Safety Planning Policy</i> and <i>Behaviour Support and Safety Planning: A Guide for Service Providers</i> .	Choose an item.
The Safety Plan identifies what data is collected, how it is tracked, and how frequently it is provided to the Behavioural Consultant for review.	Choose an item.

<b>REQUIRED CONDITIONS – all conditions below must be met, unless identified as not-applicable.</b>	
<b>CATEGORY 2</b>	<b>Yes/No/Not applicable</b>
The critical and unsafe behaviour is likely to place the individual or others in danger if it were to occur without the restricted practice in place.	Choose an item.
Use of the restricted practice occurs frequently, that is, 6 or more times per week.	Choose an item.
<b>All</b> staff working with the individual have received behavioural skills training on the approaches outlined in the Behaviour Support Plan and the Safety Plan.	Choose an item.
Mechanical restraints have written authorization from the individual’s medical practitioner or nurse practitioner.	Choose an item.
There is a Behaviour Support Plan and an authorized Safety Plan in place that meets the requirements outlined in the <i>Behaviour Support and Safety Planning Policy</i> and <i>Behaviour Support and Safety Planning: A Guide for Service Providers</i> .	Choose an item.

**EXEMPTION(S)**

\*\*Complete the information below for restricted practice(s) that meet all required conditions, as noted above. Copy and paste additional Exemption tables below as required\*\*

<b>Exemption 1</b>		
Brief description of the restricted practice:		
Category of exemption request:	<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 2
Exemption request type:	<input type="checkbox"/> Initial Request	<input type="checkbox"/> Renewal Request
Anticipated frequency and/or duration of the restricted practice used:		
<input type="checkbox"/> In-house system to track use of this restricted practice is in place		
<input type="checkbox"/> <b>This exemption meets all conditions outlined for the selected category of restricted practice</b>		
Notes:		
<b>TO BE COMPLETED BY CLBC</b>		
Status of exemption request for this restricted practice:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

<b>Exemption 2</b>		
Brief description of restricted practice:		
Category of exemption request:	<input type="checkbox"/> Category 1	<input type="checkbox"/> Category 2
Exemption request type:	<input type="checkbox"/> Initial Request	<input type="checkbox"/> Renewal Request
Anticipated frequency and/or duration of the restricted practice used:		
<input type="checkbox"/> In-house system to track use of this restricted practice is in place		
<input type="checkbox"/> <b>This exemption meets all conditions outlined for the selected category of restricted practice</b>		
Notes:		
<b>TO BE COMPLETED BY CLBC</b>		
Status of exemption request for this restricted practice:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

<b>REVIEW</b>
Use of the restricted practice will be reviewed as part of the Safety Plan: 6 Month Review unless <b>additional reporting</b> is requested-

<b>SIGNATURES</b>		
Service Provider Name/Title:	Signature:	Date Signed:
Behavioural Consultant Name:	Signature:	Date Signed:

<b>ADDITIONAL REPORTING</b>
To be completed by CLBC or by the Behavioural Consultant and approved by CLBC
Additional reporting required (in addition to data provided every 6 months): <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify requirement:
Comments:

<b>SIGNATURE</b>		
CLBC Service Delivery 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 initial or renewal exemption is approved.***