

Incident Reporting Webpage – Last update June 7 2020

Any licensed community care staff member or owner who needs to report an incident can use the electronic submission form. Licensees are encouraged to use the electronic incident reporting process, as another option for submission. All reportable incidents must be reported in some manner, and this a simple way to do so.

If you have questions or difficulties with the Electronic Incident Reporting form, your licensing officer will be happy to help.

Choose one email account that will be used for electronic incident reporting. It can only be one email, and you must inform the licensing office of this email. Add the address: noreply@healthspace.com to the contacts of this email. If not notified of the specific email you wish to use for electronic incident reporting, the community care licensing office will use the licensee contact email from your Application for a Community Care Facility License. <https://www.islandhealth.ca/sites/default/files/2019-08/community-care-licensing.pdf>

To use the new electronic form to report a reportable incident

1. Open the Community Care Facilities Licensing webpage <https://www.islandhealth.ca/our-services/community-care-facilities-licensing>



Community Care Facilities Licensing



In the province of British Columbia there is legislation to protect and promote the health, safety, and well-being of vulnerable children, youth, adults and seniors in licensed community care facilities.

2. Select the link **Incident Reporting** <https://www.islandhealth.ca/our-services/community-care-facilities-licensing/incident-reporting>



Incident Reporting

A reportable incident is an event where a person in care has been injured or has been seriously or adversely affected, or has gone missing while under the care or supervision of the licensee.

This page will open



COMMUNITY CARE FACILITIES LICENSING

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Incident Reporting

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Incident Reporting



What is a reportable incident?

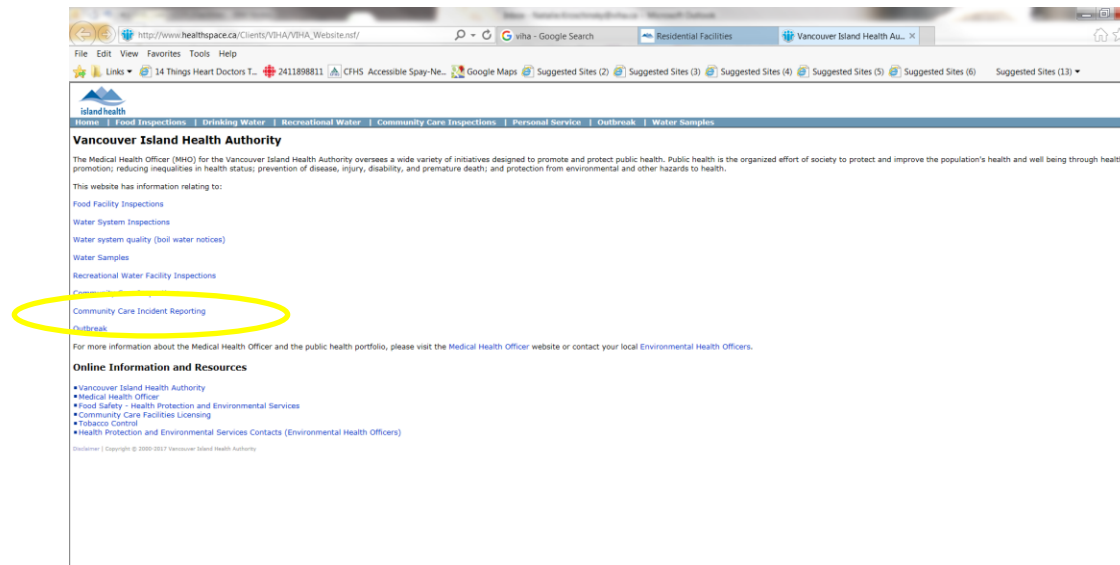
A reportable incident is an event where a person in care has been injured or has been seriously or adversely affected, or has gone missing while under the care or supervision of the licensee. A detailed list of reportable incidents can be found in Schedule H of the [Child Care Licensing Regulation](#) and Schedule D of the [Residential Care Regulation](#).

Scroll to this link on this page and click on: Access the electronic Incident Reporting form link.

Submit a reportable incident

Access the electronic [Incident Reporting](#) form.

This page will open.



Select the link for **Community Care Incident Reporting**. You will be taken to this page.

Login

Type

City

Facility

Address

Phone

License Number

Service Type

Password

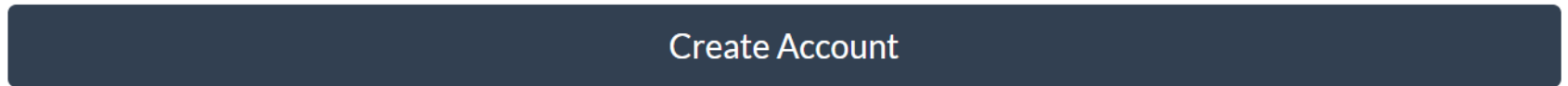
* Please have all incident information ready prior to logging in as the Reportable Incident Form is limited to 45 minutes.

Login

Create Account

Forgot Password

3. Select



4. Select the down arrows to find the name of the facility you wish to enter an incident form for, and the facility contact email address.
IMPORTANT- Island Health must have the facility contact email; please inform your Licensing Officer what email address you will be using.

Create Account

Choose a facility

Address

Phone #

Licence #

Service Type


Enter facility contact email address

Send Creation Request

Cancel

5. An email will be sent to the facility contact with instructions and a link to create a password.

6. Once the link has been sent, return to incident webpage and select login



Login

7. You will be taken to this page,

Login

Type

City

Facility

Address

Phone

License Number

Service Type

Password

* Please have all incident information ready prior to logging in as the Reportable Incident Form is limited to 45 minutes.

8. Use the down arrows for the type of facility, city and facility name. Enter the password you created and select login

9. You will be taken to this page, called the dashboard.



Dashboard

In Progress...

Previous 1 Next		
Incident Date	Person(s) in care involved	Last Modified Date
Apr 8, 2019		8-Apr-2019 09:30:38 AM

Completed

Previous 1 Next		
Incident Date	Person(s) in care involved	Completed Date
May 21, 2019	test person	21-May-2019
Apr 1, 2019	test person	30-Apr-2019

Create New Incident

Logout

There are two categories of files on this page. The first category is incidents that are *In Progress*, i.e. have been saved and can be opened to continue with data entry and submission, and second, the *Completed Incidents*-incidents that have been submitted to the community care program. As this is the first time using the e-incident page, there will be no files here.

9. Selecting the new incident button will take you to a new incident form.

Ambulance	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Police	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
MCF	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fire Depart	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Example Facility				
Licensing/MHO	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	234567
Coroner	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Next of Kin/Legal Guardian (For residential facilities, enter no representation if applicable)		<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility Staff				
	Name	Position	Date	Time
Witness/Attending Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Form Completed By	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachments	
<input type="text"/>	<input type="button" value="Browse..."/>

To save the incident, select the save button. The incident will **not** be submitted, and will be retrievable from the dashboard page. If you wish to review the data you entered, select the Review button. Once satisfied with the document, please print a copy for your records and select the submit button. This sends the document to the Island Health database, as well as a notification to the Licensing Officer that an incident has been submitted. **A copy is not sent to your Funding body. Please send a copy to them using your current process.**

If you have any questions or difficulties, your Licensing office will be happy to help. <https://www.islandhealth.ca/our-services/community-care-facilities-licensing/contact-licensing-officer>