☐ Previously Faxed

island health

COMMUNITY CARE FACILITIES LICENSING

INCIDENT REPORT

PLEASE COMPLETE NON-SHADED AREAS IN FULL IR #

FACILITY INFORMATION	FACILITY NAME	FACILITY LICENCE NUMBER	
	ADDRESS	PHONE NUMBER	
PERSONS INVOLVED	NAME OF PERSON IN CARE (1)	DATE OF BIRTH DD/MMM/YYYY	SEX ☐ M ☐ F
	NAME OF PERSON IN CARE (2)	DATE OF BIRTH DD/MMM/YYYY	SEX ☐ M ☐ F
	☐ STAFF ☐ VISITOR ☐ OTHER (SPECIFY)	NUMBER OF PERSONS IN CARE AFFECTED	

TYPE OF INCIDENT BEING REPORTED:

- ☐ AGGRESSIVE/UNUSUAL BEHAVIOUR
- ☐ AGGRESSION BETWEEN PERSONS IN CARE [Res. Care Only]
- ☐ ATTEMPTED SUICIDE
- ☐ CHOKING
- DEATH ☐ EXPECTED ☐ UNEXPECTED
- ☐ DISEASE OUTBREAK OR OCCURENCE
- ☐ EMERGENCY RESTRAINT
- ☐ EMOTIONAL ABUSE
- ☐ FALL
- ☐ FINANCIAL ABUSE
- ☐ FOOD POISONING
- ☐ MEDICATION ERROR
- ☐ MISSING/WANDERING
- ☐ MOTOR VEHICLE INJURY
- ☐ NEGLECT
- ☐ POISONING
- ☐ PHYSICAL ABUSE
- ☐ SERVICE DELIVERY PROBLEMS
- ☐ SEXUAL ABUSE
- ☐ UNEXPECTED ILLNESS
- ☐ OTHER INJURY _____

INDICATE TYPE OF INJURY BEING REPORTED & EQUIPMENT INVOLVED:

TYPE OF INJURY (all service types to complete):

- ☐ BRUISE/CONTUSION
- ☐ DISLOCATION
- ☐ SPRAIN/STRAIN
- ☐ BURN
- ☐ FRACTURE
- ☐ SURFACE CUT/SCRATCH
- ☐ CONCUSSION
- ☐ LACERATION/ABRASION
- ☐ OTHER_____
- ☐ NO INJURY

EQUIPMENT (child care only):

- ☐ SWING
- ☐ SLIDING POLE
- ☐ SLIDE
- ☐ HORIZONTAL LADDER/MONKEY BARS
- ☐ SEESAW
- ☐ ROPE-LADDER
- ☐ COMPOSITE CLIMBER
- ☐ OTHER _____

LOCATION OF INCIDENT
CHOOSE ONE OF THE FOLLOWING:

- ☐ RESIDENTIAL CARE
- ☐ CHILD CARE – INDOOR EXCLUDING PLAYGROUND
- ☐ CHILD CARE – INDOOR PLAYGROUND
- ☐ CHILD CARE – OUTDOOR EXCLUDING PLAYGROUND
- ☐ CHILD CARE – OUTDOOR PLAYGROUND

NOTIFIED	DATE	TIME
HEALTH CARE PROVIDER		
POLICE		
LICENSING/MHO		
CORONER		
OTHER (SPECIFY)		
AMBULANCE		
MCF		
MANAGER		
FIRE DEPARTMENT		

PARENT/REPRESENTATIVE/CONTACT PERSON CONTACTED
☐ **YES** ☐ **NO** **DATE/TIME**_____

NAME OF PERSON NOTIFIED _____

PHONE NUMBER _____

DETAILS OF INCIDENT AND FOLLOW UP (ATTACH ADDITIONAL PAGES IF NECESSARY)

DATE OF INCIDENT | TIME OF INCIDENT | INDICATE SERVICE TYPE (If applicable):

SIGNATURES	NAME	POSITION	SIGNATURE	DATE	TIME
Witness/Attending Staff:					
Form Completed by:					
Licensee/Manager					

Reported to Licensing

THIS SECTION TO BE COMPLETED BY THE LICENSING OFFICER UPON RECEIPT OF REPORT (ATTACH ADDITIONAL PAGES IF NECESSARY)

Day/Month/Year | NOTIFICATION COMMENTS

Type of Incident Confirmed by Licensing

- ☐ AGGRESSIVE/UNUSUAL BEHAVIOUR
- ☐ AGGR. BTWN PERSONS IN CARE (res. care only)
- ☐ ATTEMPTED SUICIDE
- ☐ CHOKING
- ☐ DEATHEXPECTED
- ☐ DEATH UNEXPECTED
- ☐ DISEASE OUTBREAK OR OCCURENCE
- ☐ FALL
- ☐ EMERGENCY RESTRAINT
- ☐ FINANCIAL ABUSE
- ☐ EMOTIONAL ABUSE
- ☐ FOOD POISONING
- ☐ MEDICATION ERROR
- ☐ MISSING/WANDERING
- ☐ MOTOR VEHICLE INJURY
- ☐ NEGLECT
- ☐ OTHER INJURY
- ☐ PHYSICAL ABUSE
- ☐ POISONING
- ☐ SEXUAL ABUSE
- ☐ SERVICE DELIVERY PROBLEMS
- ☐ UNEXPECTED ILLNESS
- ☐ NO INCIDENT CONFIRMED

Residential Care Licensing Officers complete this box if confirmed MISSING/WANDERING or AGGR. BTWN PIC:

OUTCOME:

- ☐ NOT FOUND [Missing/wandering only]
- ☐ UNHARMED [Missing/wandering only]
- ☐ FIRST AID PROVIDED [Missing/wandering only]
- ☐ EMERG. Care by MD, NP or Transfer to Hospital
- ☐ DEATH

Death Reported to Coroner

☐ Reported to Coroner by Facility ☐ Reported to Coroner after Licensing Review ☐ Not Reported to Coroner

Confirm Type of Injury & Equipment

TYPE OF INJURY:

- ☐ BURN ☐ FRACTURE ☐ BRUISE/CONTUSION
- ☐ CONCUSSION ☐ DISLOCATION ☐ SPRAIN/STRAIN
- ☐ LACERATION/ABRASION ☐ SURFACE CUT/SCRATCH
- ☐ OTHER_____ ☐ NO INJURY

EQUIPMENT(Child Care Playground Incidents):

- ☐ COMPOSITE CLIMBER ☐ SEESAW
- ☐ HORIZ. LADDER/ MONKEY BARS ☐ SLIDE
- ☐ ROPE-LADDER ☐ SLIDING POLE
- ☐ SLIDING POLE ☐ OTHER_____

Indicate Service Type Confirmed: _____

Licensing Follow-Up

☐ No Follow-up Required by Licensing ☐ Follow-up Required by Licensing ☐ Licensing Follow-up Complete: DD/MMM/YYYY ☐ Not a Reportable Incident

COMMENTS:

Licensing Officer's Name [Print] | Signature | Date | Page ___ of _

Please keep a copy at the facility for your records and please notify the funding program, if any.