



# Incident Reporting in Licensed Care Facilities



## Purpose

The incident reporting system is essentially a way of starting a conversation with your Licensing Officer about an incident that you have experienced in your facility. It is important that this conversation happens as soon as possible so that we can ensure an appropriate response plan is in place and if necessary, prevention measures are implemented. Licensing Officers can help you determine the factors that led to the unfortunate incident as well as the necessary response required. The goal of this process is to work with you to determine what went wrong and how a similar occurrence will be prevented in the future.

It is important that licensee's take a proactive approach to incident reporting. This means taking action and making changes before they need to be made, rather than waiting until problems develop. When a licensee reports that they have responded to an incident and puts steps into place to prevent future occurrences in a timely manner, it demonstrates the licensee's intent to provide the safest care possible. When a licensee doesn't respond or report incidents in a timely manner, the incident may have an adverse effect on the health and safety of persons in care and often results in a complaint investigation where contraventions are identified.

## What is a reportable incident?

A reportable incident is an event where a person in care has become ill or injured, 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*.

## Notification

**Section 55 of the Child Care Licensing Regulation and Section 76 & 77 of the Residential Care Regulation;** set out requirements for notification of illness, injury and reportable incidents in licensed care facilities.

**Child Care Facilities** must immediately notify a child's parent or emergency contact, if the child becomes ill or is injured; or, is involved (or may have been involved) in a reportable incident. In addition, the licensee must notify the Medical Health Officer (MHO) within 24 hours of all reportable incidents; and/or if the licensee is aware that a child in care has a reportable communicable disease as listed in Schedule A or B of the *Health Act Communicable Disease Regulation*.

**Residential Care Facilities** must immediately notify the parent, representative or contact person of a resident in care, if the resident becomes ill or is injured; or is involved in (or witnesses) a reportable incident. In addition, the licensee must also immediately notify the Medical Health Officer, the doctor or nurse practitioner responsible for the resident's care, and the funding program (if applicable) of the reportable incident. If a resident has a reportable communicable disease as listed in Schedule A of the *Health Act Communicable Disease Regulation*, the licensee must notify the Medical Health Officer within 24 hours of becoming aware of it.

The licensee must notify the Medical Health Officer of all reportable incidents within the required timeframe. Despite these legislated time-frames as noted above, it is advisable to contact your Licensing Officer by telephone to review the incident if it is considered high risk or urgent. Immediacy is based on the type of event. Incidents that are considered to be of an **urgent nature** include any allegations of abuse (sexual, physical, emotional, neglect, financial), unexpected deaths, outbreaks, attempted suicides and service disruptions. For these urgent incidents, **immediately call** your Licensing Officer and then submit the Serious Incident Report within 24 hours to the Licensing office. If the incident occurs on an evening or weekend, you can contact the on call MHO at 250-565-2000.

After you have notified your licensing officer, you will need to submit a Serious Incident Report. Serious Incident Report forms are available at your local Licensing Office or you can go to our web page and fill out an electronic version. If there is not enough space on the Serious Incident Report, please attach a supplementary page. To define what a reportable incident is, refer to the list on the back of the form, or to the Schedule of reportable incidents in the Regulations. If still in doubt, contact your local Licensing Officer for further clarification. It is better to report in error than fail to report an incident.

In addition to reportable incidents, facilities should maintain a daily log of non-reportable incidents, which includes a description of minor accidents and illness (not requiring medical attention), behavioural observations and other unexpected events that may need to be shared with parents, next of kin or others. These types of occurrences do not need to be reported to Licensing; however, the Licensing Officer may ask to review these documents on inspection or as follow up to a reportable incident.

### **What information should I include in my report?**

It is advisable that staff who were witness to, or were involved in the incident, complete the incident report so that details are reported first hand. The manager can review the report and provide any additional details and follow up actions prior to signing the report. If the facility manager completes the report, it is helpful to include the staff notes regarding the incident to ensure all relevant details and contributing factors are included.

The following information should be included on the serious incident report, to ensure that it provides the details needed for proper assessment.

- Provide as much descriptive detail as possible (who, what, when, where, how, why).
- Note the sequence of events that led to the incident and identify any precipitating factors that may have contributed.
- Describe the strategies that were implemented to mitigate the circumstances.
- Describe the immediate response steps that were taken as well as the safety measures, corrective and preventative actions that were put into place as a result.
- Note that persons that were notified.
- Include the current status of the person who was adversely affected; and, if any changes were made to their plan of care.

## **A note on types of reportable incidents ...**

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*. Although most types of reportable incidents are self explanatory, Licensing Officers are often asked to provide further interpretation and of the following reportable incidents:

### **Aggressive or unusual behaviour**

The purpose of reporting this type of incident is to identify an emerging pattern of aggressive or unusual behavior; meaning that the behavior is not typical and therefore, strategies to effectively manage the behavior are not currently part of the person's care plan. If the behavior becomes persistent or typical, the licensee, family and health care professional will put written strategies into the persons care plan so that care staff can effectively and consistently support the person in care in managing the behavior. Once written strategies are included in the person's plan of care, the behavior is no longer considered unusual; and therefore, no longer considered a reportable incident. The licensee would track behaviors 'in house' in the log of minor incidents and unexpected events for the purpose of evaluating the effectiveness of the care plan and implementing changes as needed.

### **Death**

The Licensee is expected to report all expected and unexpected deaths in a community care facility. If the operator has reported the death as natural and expected, the Licensing Officer shall take no further action. If a death that has occurred as outlined in Section 9 of the BC Coroners Act, the operator needs to indicate on the report that the death was unexpected. The Licensing Officer shall confirm that the Licensee has reported the death to the Coroner who is responsible for the investigation of reports of death as they deem necessary. In addition, hospice facilities have 30 days to notify the Medical Health Officer and the funding program of the expected death of a person in care.

### **Food poisoning and disease outbreaks**

The Licensee is required to report outbreaks of illness that appear beyond the typical level of incidence; and, any food borne illness that requires emergency care or transfer to a hospital.

The purpose of reporting such cases; is to stop the outbreak and/or prevent further exposures through detecting all cases, the causative agent, the source and mode of transmission, and the processes or practices that have contributed to the outbreak. The data and findings from an investigation become the basis of corrective action and recommendations to assist in the prevention of future illness. Specific follow up procedures are established by the BCCDC, the Northern Health Communicable Disease Planning Team, and the Public Health Protection Communicable Disease committee. Licensing Officers utilize and rely on the expertise of the other healthcare professionals and will refer the incident to the Medical Health Officer, Environmental Health Officer and/or Public Health Nurses for follow up and recommendations to assist the licensee in the prevention of future outbreaks.

### **Neglect**

Neglect has a very broad context in that it means the failure of a care provider to meet the needs of a person in care, including food, shelter, care or supervision. If a care provider becomes aware that an employee has failed to meet the any of the care needs of a person in care, the incident should be reported as neglect. The purpose of this is to demonstrate that the licensee has identified a care delivery issue and has taken the appropriate steps to address the risk and prevent future occurrences.

### **Service delivery problem**

Service delivery problems are also a type of incident that has a broad range of possibilities and so is often under reported. The definition includes, "Any condition or event which could reasonably be expected to impair the ability of the licensee or his or her employees to provide care, or which affects the health, safety or dignity of persons in care." Examples include facility closures due illness of the careprovider; or in conjunction with a 'disease outbreak or occurrence' to prevent or limit an outbreak. Unexpected events such as emergencies or disasters

(flood, fire, gas leaks), extreme weather events or utility disruptions may impact the ability to continue to provide care. It could also include an event where, for whatever reason, staff ratios cannot be maintained and the program has to be temporarily closed.

### **Emotional, physical, sexual and financial abuse**

A detailed description of each type of abuse can be found in the Schedule of Reportable Incidents in the *Regulation*. For reporting purposes, incidents of abuse only need to be reported when they happen while under the care and supervision of the licensee. Concerns of abuse outside of the care facility, at a child's home for example, need to be reported to other agencies such as the Ministry of Children and Family Development and RCMP.

It is also important to note that the abuse definitions specify that the perpetrator of the abuse is an employee, a person in a position of trust, power or authority or a person who is not in care (visitor, relative). Abuse or altercations between two or more persons in care should be reported as 'aggressive unusual behavior' rather than physical abuse.

If you have any questions regarding reportable incidents, the best thing to do is to speak to your Licensing Officer.