

Madawaska Valley

Association For

Community Living

**POLICY: INCIDENT REPORTING**

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**REVISED:**

**REVIEWED: AUGUST 26, 2024**

**APPROVED: APRIL 16, 2013**

**NUMBER: 5-16**

**CATEGORY: SERVICE DELIVERY**

**Policy Statement:**

In the event of any unusual incident or occurrence such as an injury, medication error, missing person, act of aggression, fire or police involvement, etc., occurring within Madawaska Valley Association for Community Living, where a staff or individual’s health and safety is in jeopardy, an Incident Report shall be completed and submitted to a Manager.

General Procedures:

The Incident Report must be completed before the end of the shift on which the incident occurred.

This is forwarded to a Manager for review. Within forty-eight (48) hours, the Manager will ensure its review by the Executive Director for final review and recommendation unless it requires further investigation, in which case it will be brought to the attention of the Board of Directors.

The Manager will review the incident report, debrief as necessary and make note of corrective action taken.

If the incident is considered serious in nature, a Serious Occurrence Report will be sent to the Ministry according to our Serious Occurrence Reporting Policy.

A copy of the Incident Report will be placed in the main Incident Reporting File if necessary the serious occurrence file and the original will be placed on the file of the person to which the incident pertains to.

The Incident Report provides documentation of an incident. It is a tool for corrective action and recommendations are made to prevent a similar incident from re-occurring. It is a valuable tool to protect the Health and Safety of MVACL staff and supported persons. It serves to protect supported people and staff and it alerts management of any situations requiring further prevention and intervention.

***MADAWASKA VALLEY ASSOCIATION FOR COMMUNITY LIVING***

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| **INCIDENT REPORT** |

ALL PARTIES INVOLVED IN THE INCIDENT WILL COMPLETE AN INCIDENT REPORT BEFORE THE END OF THE SHIFT ON WHICH THE INCIDENT OCCURRED.

IF REQUIRED A DEBREIFING MEETING WILL BE HELD WITHIN 24 – 48 HOURS WITH A MANAGER. THE RESULTS OF THIS MEETING/INCIDENT WILL THEN BE FORWARDED TO THE EX DIRECTOR FOR REVIEW.

**LOCATION OF INCIDENT:**

**DATE: TIME OF INCIDENT:**

**PERSONS INVOLVED:**

**PERSON COMPLETING THIS REPORT:**

**NATURE OF THE INCIDENT:**

 **O NEGATIVE INVOLVEMENT WITH COMMUNITY**

 **O ACCIDENT/INJURY**

 **O ABNORMAL BEHAVIOUR**

 **O MISSING PERSON**

 **O FIRE**

 **O MEDICATION ERROR**

 **O MEDICAL EMERGENCY**

 **O AGGRESSION TOWARDS PEOPLE/SELF**

**What was said and done immediately before the incident?**

**Are you aware of any other precipitating factors?**

**Describe the incident in detail. What was said and done by all parties involved?**

**Describe what action you took to follow up on the incident which occurred.**

 **Debriefing Report Necessary:** **Yes ⬜ No** **⬜**

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**Manager’s Signature/Date**

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**Executive Director’s Signature / Date**