

CRITICAL INCIDENT REPORT

Program Name:

Name:

Employee Volunteer Client (Please check one)

(NOTE: DO NOT INCLUDE CLIENT NAME IN REPORT)

Location of Incident:

Date of Incident: Time of Incident:

Witnessed by:

Who was notified about the incident, and when?

Explain briefly:

a) Where, who and how the incident occurred:

b) Details of Injury or Damage

CRITICAL INCIDENTS	
Breach of Confidentiality/PIPA	<input type="checkbox"/>
Use of seclusion or restraint	<input type="checkbox"/>
Incidents involving injury	<input type="checkbox"/>
Communicable disease	<input type="checkbox"/>
Infection control	<input type="checkbox"/>
Violence or aggression	<input type="checkbox"/>
Unusual or unexpected events	<input type="checkbox"/>
Use or possession of weapons	<input type="checkbox"/>
Elopement and/or wandering	<input type="checkbox"/>
Vehicular accidents	<input type="checkbox"/>
Biohazardous accidents	<input type="checkbox"/>
Use or possession of legal or illegal substances	<input type="checkbox"/>
Suicide or attempted suicide	<input type="checkbox"/>
Abuse, Neglect, Sexual Assault	<input type="checkbox"/>
Medical Emergency	<input type="checkbox"/>

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c) What procedures were followed?

d) Current status of those involved:

Recommendations / Outcomes

Date of Report:

Work Safe BC Form 6A completed (in case of injury): yes n/a
(original to Payroll)

If police are involved please provide:

Officer name: File no.:

Manager: Executive Director:

Signature of person completing report:

**ORIGINAL FORM MUST BE PROVIDED
TO THE EXECUTIVE DIRECTOR**