

Reportable Incidents

What is a reportable incident?

A reportable incident is an event in which a resident has been seriously injured or becomes seriously ill or has been adversely affected while receiving assistance or services in assisted living.

Section 51 and Schedule E of the Assisted Living Regulation outline the types of incidents that must be reported.

What are my responsibilities as an operator for reportable incidents?

An operator must:

- Take immediate and appropriate action to protect the resident's health and safety;
- Call 911 or other professionals, as appropriate to the situation;
- Report the incident, within 24 hours, to:
 - The Assisted Living Registry;
 - The resident's contact person or any other person the resident requests; and
 - The funding agency or health authority case manager, if applicable.
- Make a record of the actions taken in response to the incident.



How do I submit a reportable incident form?

Complete the Assisted Living Registry Reportable Incident form.

- See Assisted Living in BC, www.gov.bc.ca/AssistedLivingBC / Opening or
 Operating an Assisted Living Residence / Tools and Resources.
- **2** Email or fax the completed form to the Assisted Living Registry at:

Fax: 250.953.0496

Email: Hlth.assistedlivingregistry@gov.bc.ca

Do reportable incidents need to be reported on week-ends and holidays?

Yes, as per section 51.2 of the Assisted Living Regulation, operators are asked to submit a reportable incident form within 24 hours of the incident. This assures the registry that appropriate action was taken following the incident. The form can be completed and signed by whichever staff member witnessed or was involved in the follow-up to the incident. The operator or site manager do not necessarily need to be onsite at the time of reporting.

What happens after I report a reportable incident?

If any additional information is needed, an investigator from the assisted living registry will get in touch with the operator or site manager. Otherwise, the reportable incident is recorded as part of the history of this residence with the assisted living registry.

Do reportable incident reports get posted online?

No, reportable incidents do not get posted online.

Do we need to report falls even when the resident is not injured?

No, as per the definitions of reportable incidents, the only falls that need to be reported are those of such seriousness, experienced by a resident, as to require emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital.

If someone leaves and doesn't come back, is a reportable incident report needed?

Yes, if they were expected to return and did not, this would be a reportable incident. However, if someone leaves the residence and indicates they will not be returning, this would be considered an unplanned exit and not a reportable incident.

The incident should be documented in either case in the event the assisted living registry needs to follow up with the operator.

If you are unsure if an event is reportable or if you have any questions, please don't hesitate to contact the Assisted Living Registry and speak with an assisted living investigator.

Phone: Victoria: 778.974.4887

Toll-Free: 1.866.714.3378

Fax: 250.953.0496

Email: Hlth.assistedlivingregistry@gov.bc.ca

Definitions of Reportable Incidents

As defined in Schedule E of the Assisted Living Regulation

| Aggression between residents | Aggressive behaviour by a resident towards another resident that causes an injury that requires: - First aid; - Emergency care by a medical practitioner or nurse practitioner; or - Transfer to a hospital. |
|---------------------------------------|---|
| Aggressive or unusual behaviour | Aggressive or unusual behaviour by a resident towards another person, including another resident, that: - Has not been appropriately assessed in the resident's personal service plan; and |

| | Is not aggression between residents within the meaning of this Schedule (E). |
|--------------------------------------|---|
| Attempted suicide | An attempt by a resident to take their own life. |
| Choking | A choking incident involving a resident that requires: First aid; Emergency care by a medical practitioner or nurse practitioner; or Transfer to a hospital. |
| Death | The death of a resident. |
| Disease outbreak or occurrence | An outbreak or the occurrence of a disease above the incident level that is normally expected. |
| Emotional abuse | Any act, or lack of action, which may diminish the sense of dignity of a resident, perpetrated by a person who is not a resident, such as verbal harassment, yelling or confinement. |
| Fall | A fall of such seriousness, experienced by a resident, as to require emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital. |
| Financial abuse | Includes: Misuse of the funds and assets of a resident by a person who is not a resident; or Obtaining the property and funds of a resident by a person who is not a resident without the knowledge and full consent of the resident or the resident's contact person or personal representative. |

| Food poisoning | A foodborne illness involving a resident that requires emergency care by a medical practitioner or nurse practitioner, or transfer to a hospital. |
|--------------------------|---|
| Medication error | An error in the administration or distribution of a medication which adversely affects a resident or requires emergency intervention or transfer to a hospital. |
| Missing person | A resident who is missing. |
| Motor vehicle injury | An injury to a resident that occurs during transit by motor vehicle while the resident is under the supervision of the operator. |
| Neglect | The failure of an operator to meet the needs of a resident, including with respect to food or shelter. |
| Other injury | An injury to a resident requiring emergency care by a medical practitioner or nurse practitioner or transfer to a hospital. |
| Overdose | The introduction into a resident's body of toxic levels of medication, alcohol or illicit drugs that requires the administration of Naloxone, emergency intervention or transfer to a hospital. |
| Physical abuse | Any physical force that is excessive for, or is inappropriate to, a situation involving a resident and perpetrated by a person who is not a resident. |
| Poisoning | The ingestion of a poison or toxic substance by a resident, not including an overdose. |
| Police call | A request for police to attend the residence. |
| Service delivery problem | Any condition or event which could reasonably be expected to impair the ability of the operator or their employees to provide a hospitality service or assisted living service, or which affects the health or safety of residents. |

Sexual abuse

Includes:

- Any sexual behaviour directed towards a resident;
- Sexual exploitation of a resident, whether consensual or not, by an employee of the operator or by any other person in a position of trust, power or authority; and
- Does not include consenting sexual behaviour between residents.

Unexpected illness

Any unexpected illness of such seriousness that it requires a resident to receive emergency care by a medical practitioner or nurse practitioner or transfer to a hospital.