BRITISH COLUMBIA | Ministry of Health

ASSISTED LIVING REGISTRAR

REPORTABLE (SERIOUS) INCIDENT REPORT

A Reportable (Serious) Incident must be reported to the Assisted Living Registry within 24 hours of the incident. Please review Section 51 and Schedule E of the Assisted Living Regulation. This form must be completed in full by staff who witnessed the event. Use one form per incident. Completed forms can be faxed to (250) 953-0496 or sent by email to Hlth.assistedlivingregistry@gov.bc.ca

Residence Information and Site Manager Contact

Name of Residence		Phone Number
Address of Site	City	
Name of Site Manager	Email	Phone Number

Incident Involves:
- ◯ Private Pay Resident
- ◯ Publicly Subsidized Resident
- ◯ Resident Receiving Per Diem Funding

Health Region
- ◯ Fraser
- ◯ Northern
- ◯ Interior
- ◯ Vancouver Coastal
- ◯ Island

Classification
- ☐ Seniors and Persons with Disabilities
- ☐ Mental Health
- ☐ Supportive Recovery

Persons Involved (if more than 2 residents or 2 witnesses are involved, attach a separate sheet with the additional names)

Last Name of Resident Affected	First Name of Resident Affected	Date of Birth (dd/mm/yyyy)	Gender ◯ M ◯ F ◯ X
Last Name of Resident Affected	First Name of Resident Affected	Date of Birth (dd/mm/yyyy)	Gender ◯ M ◯ F ◯ X
Last Name of Witness	First Name of Witness	◯ Staff ◯ Other (specify) ◯ Resident	
Last Name of Witness	First Name of Witness	◯ Staff ◯ Other (specify) ◯ Resident	

Incident Details

Date of Incident (dd/mm/yyyy)	Time ◯ AM ◯ PM	Transfer to the Hospital ◯ Yes ◯ No	Where Did Incident Take Place? (e.g. resident's unit, common area)

Notification to Family
◯ Yes ◯ No - provide reason

Notification to Funding Program (if applicable)
◯ Yes ◯ No - provide reason

Type of Incident (tick all applicable boxes)

- ☐ Aggression between residents
- ☐ Aggressive or unusual behaviour
- ☐ Attempted suicide
- ☐ Choking
- ☐ Death (see below)
- ☐ Disease outbreak or occurrence
- ☐ Emotional abuse
- ☐ Fall
- ☐ Financial abuse
- ☐ Food poisoning
- ☐ Medication error
- ☐ Missing person
- ☐ Motor vehicle injury
- ☐ Neglect
- ☐ Other injury
- ☐ Overdose
- ☐ Physical abuse
- ☐ Poisoning
- ☐ Police call
- ☐ Service delivery problem
- ☐ Sexual abuse
- ☐ Unexpected illness
- ☐ Other (specify)

If Death was checked above, was the Coroners Service notified?
◯ Yes ◯ No - provide reason

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Complete page 2 ➥

Incident Description

The person who witnessed the event must describe in detail what they observed. (attach a separate sheet if necessary)

Immediate Action Taken by Staff Following Incident

(attach a separate sheet if necessary)

Signatures

Signature of Staff Who Witnessed the Incident	Date (dd/mm/yyyy)	Signature of Residence Manager or Delegate	Date (dd/mm/yyyy)
Print Name of Staff Who Witnessed the Incident		Print Name of Residence Manager or Delegate	

Save Print Clear Form