

COMMUNITY LIVING DURHAM NORTH
SERIOUS OCCURRENCE REPORTING

Policy No: B-21 (Service Delivery)

Effective Date: July 15, 2008

Last Revision/Review: Sept. 29/15

Rationale:

To ensure that all employees are aware that our funding Ministry has a protocol for the reporting of serious incidents, and to ensure that the staff responsible for observing the protocol are familiar with all of its detail.

Policy Statement:

Community Living Durham North will comply with the MCSS protocol for the reporting of Serious Occurrences.

Direct Support staff are required, in any emergency situation, to contact managerial personnel as quickly as possible. "Managerial personnel" means the Manager, not Team Leader, to whom one normally reports or, in his or her absence, anyone in a managerial position (see Policy B-15).

Managerial staff are responsible for complying with the Serious Occurrence protocol and for knowing all of its requirements.

Where the crisis involves a supported person whose service is funded by the Region of Durham, CLDN will also comply with its parallel Serious Occurrence protocol.

Approved by: Colin Kemp
for the Board of Directors

Date: September 28, 2015

COMMUNITY LIVING DURHAM NORTH
SERIOUS OCCURRENCE REPORTING

Procedure No: B-21-1
Types of Serious Occurrence

Effective Date: July 15, 2008
Last Revision/Review Mar. 9, 2020

- It is the responsibility of direct Support Staff, including Team Leaders, to generate Incident Reports, as required, and to notify a manager in the event of any significant emergency or problematic situation.
- Interpreting “problematic situation” involves some exercise of judgment, but staff should refer to Policy B-15 and it will become clear that for the purposes of internal reporting the agency has set the bar much lower than the Ministry.
- The Ministry defines a Serious Occurrence as one of the following:
 1. Death
 2. Serious Injury: a) caused by service provider b) accidental c) self-inflicted or unexplained d) that poses a serious health risk and requires unplanned medical attention and/or hospitalization
 3. Serious Illness: one that poses a serious health risk and requires unplanned medical attention and/or hospitalization
 4. Serious Individual Action: a) suicidal behavior b) alleged, witnessed or suspected assault c) contraband/safety risk d) inappropriate/unauthorized use of information technology e) serious charges
 5. Restrictive Intervention: i.e. use of physical restraints
 6. Abuse or mistreatment
 7. Errors or Omissions: a) medication errors that cause an immediate threat to the individual b) privacy breach
 8. Serious Complaint: a) made by or on behalf of an individual receiving services, or b) made about the operations, physical or safety standards of services
 9. Disturbance, Service Disruption, Emergency Situation or Disaster: a) adverse water test b) fire, gas leak, CO detector malfunction, infectious outbreak including bed bugs c) site lock-down d) power outages causing significant service disruption
- Anything that might remotely qualify, according to these criteria, must be reported to a manager and the manager, typically in consultation with senior managers, will determine if a Serious Occurrence needs to be filed.

- Note that a Serious Occurrence report is mandatory if a water quality test generates a negative result.
- A report is also mandatory following the use of a Physical Restraint, including a restraint that is employed properly by properly trained staff.

Procedure No: B-21-2

Effective Date: August 10, 2009

Filing the Initial Serious Occurrence Report Summary

Last Revision/Review: Mar. 9, 2020

- The Ministry uses an online portal known as Serious Occurrence Reporting and Residential Licensing (SOR-RL). This is where the incident is reported, in the first instance, by completing the Serious Occurrence Report Summary.
- Serious Occurrences must be reported within 1 hour of our becoming aware of the incident when it has been deemed a “Level 1” incident, or within 24 hours of our becoming aware of the incident when it has been deemed a “Level 2.” The login to the portal is: www.iaccess.gov.on.ca/SORRL/public/login.xhtml
- If the online portal is down, you will need to complete the Manual Serious Occurrence Report and email it to:
ERSORWEST@ontario.ca
- In completing Part One of the Serious Occurrence Report Summary:
 - Identify the supported person under the “Individuals Involved” category by first and last name, DSCIS # and Date of Birth. Under the category “Description and Next Steps,” sub-category “Summary of Occurrence,” you identify the supported person(s) only as Individual #1, Individual #2 and so on.
 - Do not identify third parties by name. There can be staff # 1 and staff # 2 but not John and Mary. Do include the badge number of police officers involved, but do not refer to them by name. The same applies to physicians, behaviour therapists, etc.
 - SOR-RL prompts you to select either the Level 1 or Level 2 Occurrence Report.
 - Under Summary of Occurrence, begin with a very brief description of the person and the service he receives; e.g. “Individual #1 is a person with a dual diagnosis supported in our group living program.” Proceed to describe the event, but be brief and to the point.
 - In the “Notification” category, sub category “Service Provider Notifications,” MCCSS expects to see that Family (i.e. individual acting on behalf of the person) has been contacted. Internally, the Board Chair and CEO need to be notified; this will

typically be done by the Director involved in deeming the incident to be a serious occurrence.

- In the event that there is no parent/guardian involved with the supported person this fact will need to be clearly identified under the “Notifications” category. A tip sheet on how to complete this within the body of the SOR-RL can be found at:

[P\Serious Occurrences\Steps to take when Parent Guardian Notification is not applicable.pdf](#).

- Completed reports are accessible on the SOR-RL portal.

Procedure No <u>B-21-3</u> Filing the Follow-up	Effective Date: <u>August 10, 2009</u> Last Revision/Review: <u>Mar. 9, 2020</u>
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- The *Serious Occurrence Report Summary* allows you to provide updates as they occur under the “Description and Next Steps” category. If MCCSS identifies that additional information is required, the SOR Lead will leave a message in the “Comment” section and this will automatically populate an email to all SOR-RL Initiators. Theoretically, the incident will have an outcome or some kind of resolution, and this will be described within the “description and next steps” category which must be completed and filed ***within seven days of our filing the initial report.***
- Sometimes, the “full story” has not unfolded within the seven (7) day time frame and we continue to wait for a clear outcome. Regardless, submit the follow-up on time and indicate very briefly what has occurred in the intervening time – typically, indicate that it is the last notification we expect to submit.
- Even when it is sometimes clear as you complete the Serious Occurrence Report Summary that no further information will be forthcoming within 7 days you are still required to provide an update. Your update may read something like “Individual #1 was discharged from hospital without further incident.”
- The person who submits the Serious Occurrence Report Summary has the responsibility of also submitting the Follow-up – no later than at the seven-day mark.
- A de-briefing of staff and supported persons involved should have happened in the intervening seven days, and it is one element of follow-up that MCCSS will expect to see. Typically, where the incident was behavioural in nature, it is not the first such occurrence and the individual has a psychiatrist and/or a behaviourist has been assigned, etc. When this kind of support is in place, make sure reference is made to it.

- A normal Level 2 Serious Occurrence becomes a Level 1 under the following conditions:

Normal Level 2

Possibly Level 1 if...

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| <p>➤ -----</p> <p>➤ A person seeks medical attention and the injury poses a serious risk to their physical well-being.</p> <p>➤ A person seeks medical attention for an illness (including a communicable disease or infection) and the illness poses a serious risk to their physical and mental health and well-being.</p> <p>Serious Individual Action:
Suicidal behavior, alleged, witnessed or suspected assault, contraband/safety risk, inappropriate/unauthorized use of information technology, serious charges.</p> | <p>Death of a supported person</p> <p>The injury is: a) life threatening, b) caused by a service provider or c) when emergency services i.e. police, fire and/or ambulance were used in response to a significant incident involving a supported person, and/or the incident was likely to result in public or media attention.</p> <p>The illness is: a) life threatening or b) when emergency services, i.e. police, fire and/or ambulance were used in response to a significant event involving a supported person and/or the incident was likely to result in public or media attention.</p> <p>Suicidal Behaviour when there is imminent threat or immediate risk of harm to the individual. An assault that results in serious injury to the individual. Contraband when the risk has the potential to cause injury or death and is being actively investigated by the police and/or MCCSS (includes weapons, narcotics). The information technology usage results in or could result in criminal charges; the usage is tied to engagement in prostitution or human trafficking, or the usage is a threat to public safety. Unusual, suspicious or unauthorized individual absence that poses a serious concern about the individual's immediate safety or poses a serious public safety concern. Charges that represent a significant individual or public safety concern.</p> |
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- Restrictive Intervention;
Any use of physical restraints. When the restraint contravenes MCCSS legislation, regulations and/or policy. When the restraint results in physical impairment/injury and/or emotional harm to the individual. When the restraint has resulted in treatment by a regulated health professional, required emergency medical services or was administered by an unauthorized person.
- Abuse or Mistreatment.
Any allegations of witnessed or suspected abuse (includes neglect, exploitation, sexual abuse). When there is an immediate threat to the health, safety or well-being of the individual or others. A current service provider staff, volunteer, etc. is implicated in the alleged, witnessed or suspected abuse or mistreatment. The individual is receiving threats of harassment from a human trafficker.
- Errors or Omissions
all medication errors need to be filed as a Level 1 Medication errors or refusals that result in or may result in physical or psychological impairment of the individual or has or may threaten the individual's health or safety, requiring immediate medical attention.
- Serious Complaint
A Complaint is made by or on behalf of an individual who is receiving a service, regarding the alleged violation of their rights and/or privacy rights. A complaint is made by or about an individual who is receiving a service, that the service provider considers to be of a serious nature. The complaint is about a service provider staff, director or owner being charged or arrested for a crime that may affect or has affected an individual or individuals receiving a service.
A complaint is made about the operational, physical or safety standards of the services received by an individual.
- Disturbance, service disruption, emergency situation or disaster. The disturbance, service disruption emergency situation or disaster occurs on the service provider's premises or within close proximity The incident is or was perceived to be a significant danger to or concern of the community. There was/is a site evacuation because of this incident (e.g. fire, gas leak, CO detector infectious outbreak including bed bugs).

of where the service is provided and it interferes with the service provider's ability to provide routine services.

There was/is a site lockdown because of this incident.

The incident threatened the health and safety of individuals or of others (adverse water test result).

Approved by: _____
CEO

Date: _____