## Critical Incident Report (CIR)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Name | *Surname* | | *First Name* | | Child’s I.D. Number |
| Click to add child’s name. | | | | | Click to add child ID number. |
| Agency/Program | | | | | Birthdate (dd/mm/yyyy) |
| Kihew  Grandmother Turtle House  Stony Creek | | | | | Click to enter a date. |
| Name of Staff Completing Report | | | | | Position/Title |
| Click to add name of staff completing report. | | | | | Click to add position. |
| Date of Incident (dd/mm/yyyy) | | Time of Incident | | Location of Incident | |
| Click to enter a date. | | Click to add time. | | Click to add location. | |
| Name of Child’s Caseworker | | | | | |
| Click add name. | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reportable Incidents** | | | |
|  | AWOL |  | Aggressive or potentially harmful behaviour |
|  | Medical emergency |  | Medication issues (errors, adverse reaction, missed) |
|  | Unintentional injury |  | A significant weight loss |
|  | Dangerous situation (violence, weapons) |  | Inappropriate use of behaviour strategies |
|  | Real or suspected abuse or harassment |  | Use of a restrictive procedure (restraint, search) |
|  | Thoughts of or attempts at suicide or self-harm |  | Theft or reported theft |
|  | Outbreak of a contagious disease or condition |  | Malfunction of safety or security system |
|  | Transfer to hospital or medical clinic |  | Death |
|  | Building evacuation |  | Other event: Click to add description of “other”. |
|  | Substance abuse |  | Other event: Click to add description of “other”. |
|  | | | |
| **Incident Details** | | | |
| *PRIOR* | | | |
| Click to add a description of events that occurred prior to incident. | | | |
| *INCIDENT DESCRIPTION* | | | |
| Click to add description of incident. Please explain the details of the incident and be specific. | | | |
| *ACTIONS TAKEN* | | | |
| Click to add description of what actions were taken to provide for safety of persons-served and any consequences that occurred as a result of the incident. | | | |
|  | | | |
| **Safety & Follow-up** | | | |
| Is this incident likely to reoccur?  Yes  No If yes, what can staff do to prevent it from reoccurring?  Click to add how the incident can be prevented. | | | |
| Does this incident require special follow-up by a member of the Service Team?  Yes  No If yes, what is needed?  Click to add information if follow-up on the incident is required. | | | |
| Are there any additional safety measures the program should consider regarding this incident?  Yes  No If yes, what else?  Click to add safety measures that should be considered. | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contacts Completed** | | | | | | | | | | |
|  | | NWTC Supervisor |  | NWTC On-call | |  | Probationary Officer | |  | CAC |
|  | | NWTC ED |  | Client’s Caseworker | |  | Police | |  | Licensing |
|  | | Client’s Legal Guardian |  | Therapist | |  | Bylaw | |  | Crisis Unit |
|  | | Have staff been debriefed of the incident? | | | | | | | | |
|  | | | | | | | | | | |
| **Therapeutic Supports Provided** | | | | | | | | | | |
|  | Attuning – listening and understanding the youth’s feelings and/or values | | | | |  | Cultural Activity – engage youth in a cultural activity and/or ceremony to calm down. | | | |
|  | Restitution – restoration of something lost, stolen, broken and also includes an apology | | | | |  | Modeling – directly demonstrating for the youth a positive behaviour and/or course of action | | | |
|  | Caring Gestures – expression of warm feelings to the individual to attune to the client’s needs | | | | |  | Shaping – reinforcing a desired behaviour that is positive and teaches youth an alternative to challenging behaviour | | | |
|  | Contracting – a mutual agreement of expectations and goals between the client and staff | | | | |  | Positive Reinforcement – clearly indicating a positive behaviour and stating staff’s pleasure in it | | | |
|  | Directive Statement – clearly telling the client what is expected and what outcomes will result | | | | |  | Disengagement/Distraction – assisting client in focusing attention and emotion elsewhere | | | |
|  | Humour – the use of humour to defuse a crisis situation (NOT SARCASM) | | | | |  | Proximity Control – moving closer to or away from client in order to assist client in regulating | | | |
|  | Prompting – cueing the client to increase insight into emotions | | | | |  | Interest Building – engage youth in a topic or activity that is of interest and aimed at motivating youth away from crisis | | | |
|  | Time-Ins – suggesting the youth move to a quiet location with attendance of 1:1 staff | | | | |  | Cultural Activity – engage youth in a cultural activity and/or ceremony to calm down. | | | |
|  | Shared Regulation – supplying the youth with assistance with managing emotions by directly supporting them with regulation activities and participating along with them | | | | |  | Regulation Reminders – Reminding youth of the positive regulation strategies they can use such as breathing, relaxation, reducing heart rate etc. | | | |
|  | Containing the Environment – controlling the environment in such a way as to remove negative influences for the youth or help the youth move to a more positive environment | | | | |  | Collaborative Problem Solving – Staff engage youth in a judgement free discussion on “what’s up” and support the youth in resolving the situation positively | | | |
|  | | | | | | | | | | |
| **Clients Rights Reviewed** | | | | | | | | | | |
|  | The Right to be treated with respect and dignity at all times. | | | | |  | **The Right to receive quality, well balanced nutrition in keeping with traditional lifestyles and preferences.** | | | |
|  | The Right to not be subjected to Corporal punishment of any kind. | | | | |  | The Right to receive appropriate medical care. | | | |
|  | **The Right to access the office of the Child Advocacy and Human Rights Advocacy Services.** | | | | |  | The Right to receive quality education consistent with individual aptitudes and abilities. | | | |
|  | **The Right to access and receive visits from legal counsel, ombudsman of Alberta, Child & Family Advocacy Services and elected officials.** | | | | |  | The Right to participate in healthy recreational activities as part of treatment. | | | |
|  | **The Right of privacy with respect to mail, personal property and reasonable personal privacy.** | | | | |  | The Right to make a formal grievance/complaint and receive appropriate follow-up. | | | |
|  | **The Right to choose, participate and receive religious and/or spiritual instruction and experiences.** | | | | |  | The Right to live and learn in a safe environment free of hazards, harassment and abuse. | | | |
|  | **The Right to participate and receive quality treatment which meets the client’s specific needs.** | | | | |  | **The Right to be informed of the responsibilities that correspond with the rights as listed above.** | | | |
|  | | | | | | | | | | |
| **Supervisor Feedback** | | | | | | | | | | |
| Click to add supervisory feedback on the incident. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Signatures** | | | | | | | | | | |
| Name of NWTC Worker  Click to add staff name. | | | | | Signature  Click to add digital signature. | | | Date (dd/mm/yyyy)  Click to enter a date. | | |
| Name of NWTW Supervisor  Click to add supervisor name. | | | | | Signature  Click to add digital signature. | | | Date (dd/mm/yyyy)  Click to enter a date. | | |