

Leamington Mennonite Home
Long Term Care

**QUALITY & RISK MANAGEMENT
POLICY AND PROCEDURE**

CATEGORY: Incident Reporting	SUBJECT: Internal Incident Reporting	SECTION: D POLICY: 2
DATE: July 12, 2022	Administrator's Signature: _____	

INTERNAL INCIDENT REPORTING

POLICY:

All incidents involving visitors, volunteers, or staff will be reported through one of the following processes:

- Staff Incident Report – Staff Injuries
- Internal Incident Form – Other Incidents
- Authorization for Resident Access/Correction/Complaint/Incident Form –
- IAR Privacy Breach

PROCEDURE:

The Charge Person will:

- 1) Ensure the individual is safe and provide immediate first aid, if needed.
- 2) Complete the appropriate incident report form after a preliminary determination of the severity of the incident based on the criteria below.
- 3) Notify next of kin, family, or substitute decision maker.
- 4) Report Sentinel / Adverse events immediately and complete documentation as required.
- 5) Notify physician as required.
- 6) Submit copies of minor Internal Incident Reports to the QRM Lead or designate within 48 hours of the occurrence or less depending on severity of risk.

The Director of Care or designate will:

- 1) If an incident meets regulatory reporting criteria for critical incidents or mandatory reports, submit the critical incident as per regulatory requirements.
- 2) Complete the Critical Incident System (CIS) report within the regulatory portal as required.
- 3) Update the Critical Incident System documentation as new information is discovered.

The QRM Lead will:

- 1) Track all internal incident reports and review them at the appropriate committee including: Management, JHSC, PAC (ON), or specific Quality Mgt. team committee.
- 2) Conduct investigations as required.
- 3) Follow up on resolution of risk areas identified.
- 4) Report incidents and status on Weekly Operating Report.
- 5) Use the data collection process for completion of monthly support services office Performance Indicators.