Extend-A-Family Waterloo Region

UNUSUAL INCIDENT REPORT

Definition: An "unusual incident" is any incident, event or behaviour that is not typical for the person being supported or an incident at an EAFWR supported program/event, but would not be classified as a Serious Occurrence or Enhanced Serious Occurrence (See Serious Occurrence Definitions for additional details).
If you are not sure if something would qualify as an unusual incident, or may be a serious occurrence please contact your EAFWR Supervisor/Coordinator and they will help you decide.

How To Use This Form

1. This form should be filled out by the EAFWR staff person/volunteer/provider(s) (the "Incident Reporter") directly involved in the incident. This should happen **as soon as possible following the incident**. If you require assistance completing the form, please contact your EAFWR Supervisor/Coordinator.
2. Complete a detailed description of the events based on what you observed (what you saw the individual do and what you heard them say) and how you responded (what you said, did). Include things like how long the incident took, how frequently an action happened during the incident (if applicable)
3. Return the completed form to EAFWR in-person or as a password protected attachment to an email within 24 hours of the incident.

Name _____
(Supported person involved in the incident)

Date of Birth _____
(Supported person's date of birth - month/day/year)

Date _____ **Time** _____*am/pm* **Location of incident** _____
(i.e. "Office", "WALES" or an address)

Name of Incident Reporter _____

Type of Incident (choose all that apply)

□ *Behavioural*
○ Verbal ○ Sexual ○ Aggression ○ Mischief

□ *Injury to Supported Person*
○ Physical ○ Emotional

□ *Injury to Others*
○ Physical ○ Emotional

□ *Medical*

□ *Elopement*

□ *Other:* _____

□ *On-Call*

Description of Events

(i.e. What happened right before the incident, what triggered the incident if you know, how did the person look, sound, act during the incident? If someone was physically injured, where did it happen on their body? Include the perspective of the person involved, or family members as applicable)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

How Did You Respond?
(i.e. What did you say? What did you do? How did you follow up after the incident with the people involved)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Other People/Bystanders/Agencies Involved (if applicable)

Name	Agency (if applicable)	Phone Number

_____ _____
Reporter Signature Signature Date

OFFICE USE ONLY

- Appropriate person assigned to debrief/resources provided _____ Estimated Debrief Date: _____
- Follow up/debrief has been completed with the individual _____ Date: _____
- Follow up/debrief has been completed with Reporter _____ Date: _____
- Follow up/debrief has been completed with involved community members (if applicable) _____ Date: _____
- Overview of incident forwarded to Communications (if applicable) _____ Date: _____

Follow Up Action Required

_____
_____
_____
_____
_____

_____ _____
EAFWR Supervisor/Coordinator Name EAFWR Supervisor/Coordinator Signature

_____
Date

_____ _____
EAFWR Program Manager Name EAFWR Program Manager Signature

_____
Date

Reviewed May 2019