**INCIDENT REPORT**

**Fisher Farm Residential Association Ltd.**

Name of Individual:

Birthdate:

Date of incident:

Report Prepared by (*print):*

Staff on Shift:

Location of incident:

Start Time:

End Time:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Incident *(check where appropriate)* | | | | | |
|  | Injury |  | Medication related |  | Conflict of Interest |
|  | Illness |  | Contagious disease |  | Sexual assault/abuse |
|  | Death |  | Medical emergency |  | Chemical & equipment accident |
|  | Seizure |  | Behavioral |  | Unanticipated use of restrictive procedures |
|  | Fire |  | Disappearance |  | Breach of confidentiality |
|  | Fraud |  | Rights violation |  | Other: |

**Describe what the individual was doing immediately prior to the incident, where they were and what was happening around them:**

**Describe the incident in detail**:

**Action(s) Taken (Describe positive approach used):**

Description of Injury (*if applicable – give details)*

*Indicate who was notified of the incident (give time(s) contacted and names where applicable. Give date, if different from incident date)*

1. Fisher Farm Emergency phone:
2. Parent/Guardian/Emergency Contact:
3. Doctor/Pharmacist:
4. Medical facility and attending physician:
5. Other:

Recommendation(s) for future prevention:

***Individual/Guardian Signature***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Indicates that he/she has read or had the contents of the report explained)*

***Employee’s signature (report writer) Date:***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only**

Was parent/guardian re-contacted to inform of action taken & outcome? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_\_

Is this a critical incident? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_\_

Type of Service: