| **Type of Serious Occurrence** | **Serious Occurrence Reporting Procedures for Service Providers, August 2009** | **Serious and Enhanced Serious Occurrence Reporting Guidelines for Service Providers, March 2013** |
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| 1. **Death of a Client** | 1. **Death of a client** which occurs while participating in a service, including all clients receiving community-based support services that are funded or licensed by the MCSS and/or MCYS. As well, include:  * any child receiving service from a children’s aid society at the time of his/her death or in the 12 months immediately prior to his/her death. * any VAW client death at a shelter, at an agency during VAW counselling, as a result of intimate femicide (at the hands of her abuser) while in receipt of service. | No change.  See page 4, #1: Serious and Enhanced Serious Occurrence Reporting Guidelines 2013 |
| 1. **Serious Injury to a Client** | 1. **Serious injury to a client** which occurs while participating in a service. A factor to consider in deciding if an injury should be reported as a serious occurrence is whether professional medical treatment, such as a doctor or dentist, is required, not in-house first aid. Serious injuries may include:  * an injury caused by the service provider, e.g., lack of or inadequate staff supervision, neglect/unsafe equipment, improper/lack of staff training, medication error resulting in injury; * a serious accidental injury received while in attendance at a service provider setting, and/or in receiving service from the service provider, e.g., sports injury, fall, burn, etc., and * a serious non-accidental injury, e.g., suicide attempt, self-inflicted or unexplained injury and which requires treatment by a medical practitioner including a nurse or dentist. | No change but with the following clarification regarding the reporting of medication errors.  Addition: Medication errors that resulted in an injury/illness should be reported as a serious/enhanced serious occurrence. A medication error may include:   * + client receives the wrong medication;   + the wrong client receives the medication;   + client receives the medication at the wrong time;   + client receives the wrong dosage of medication;   + fails to document the administration of medication;   + no documentation; and,   + wrong route of administered medication.   See page 4, #2: Serious and Enhanced Serious Occurrence Reporting Guidelines 2013 |
| 1. **Alleged, Witnessed or Suspected Abuse** | 1. **Any** **alleged abuse or mistreatment** of a client which occurs while participating in a service. This includes all allegations of abuse or mistreatment of clients against staff, foster parents, volunteers, and temporary care providers. | Addition: Note: If the allegation of abuse is related to the use of a physical restraint, the incident should be reported under category eight (8) “Restraint of a Client”.  Change for MCSS Developmental Service Providers:  ***MCSS Developmental Service Providers: Alleged, witnessed or suspected abuse of adults with a developmental disability:***  Alleged, suspected or witnessed abuse of a client that may constitute a criminal offence shall be immediately reported to the police and will require an enhanced serious occurrence report to the ministry**.**  See page 5, #3: Serious and Enhanced Serious Occurrence Reporting Guidelines 2013 |
| 1. **Client is** **Missing** | **4**. **Any situation where a client is** **missing** in accordance with ministry requirements for applicable program sectors4 5; otherwise, where the service provider considers the matter to be serious.  SORs may include clients missing for less than the prescribed ministry requirement where their absence is considered serious by the service provider. A child in the care of a CAS or a residential licensee who has been missing for more than 24 hours must be reported to the police, and the ministry if appropriate. In child care centres, the reporting of a missing child to the police must be immediate.  All SORs should describe whether the client poses a serious risk to themselves or others, any attempts made to locate the client, prior client history of leaving without permission, client’s state of mind before leaving, precipitating events, etc.  The service provider must advise the ministry once the client has returned, regardless of the date/time, via telephone or e-mail message. | Change to remove MCYS reference to child care facilities.  See page 6, #4: Serious and Enhanced Serious Occurrence Reporting Guidelines 2013 |
| 1. **Disaster on the Premises** | **5. Disaster on the premises** where a service is provided, that interferes with daily routines, e.g., fire, flood, power outage, gas leak, carbon monoxide, infectious disease (where public health officials are involved), lockdown, etc. | No change.  See page 6, #5: Serious and Enhanced Serious Occurrence Reporting Guidelines 2013 |
| 1. **Complaint about the** **Operational, Physical or Safety Standards** | 1. **Complaint about the** **operational, physical or safety standards** of the service that is considered serious by the service provider including reports of adverse water quality. Other examples include:    * + reports of excess lead;      + improper storage of hazardous/dangerous substances, including but not limited to toxic cleaners or lamp oil, in a residence;      + medication error (not resulting in medical attention and/or treatment);      + missing or stolen files, and      + neighbour complaint about noise or physical appearance of the property (only where municipal authorities are involved). | Change to reporting adverse water quality. It is not required to be reported as a serious occurrence; however, adverse water quality could be an example of a complaint about the operational, physical or safety standards of the service by the service provider.  See page 6, #6: Serious and Enhanced Serious Occurrence Reporting Guidelines 2013 |
| 1. **Complaint made by or about a Client** | 1. **Complaint made by or about a client** participating in a service, or any other occurrence involving a person participating in a service that is considered by the service agency to be of a serious nature, e.g.:    * + Police involvement with a client (client charged by police).      + Serious assault by client against staff, peers or community member.      + Serious assault by non-caregiver against client, e.g., friend, another client, stranger.      + Hospitalization (excluding regularly occurring doctor visits related to an ongoing medical problem and any medical ailment occurring as part of the aging process), e.g., pneumonia, suicidal ideation, drug or alcohol overdose, medical ailment.      + Inappropriate disciplinary techniques, e.g., excessive, non-sanctioned.      + Complaints arising from sexual contact between clients. | Further clarification around reporting hospitalization of a client.   * Hospitalization, which is when the person was admitted as an in-patient in a hospital. As a guide, if the person is admitted and released on the same day, the service agency should have reservations about deeming the incident a serious occurrence. Hospitalization does not include: * Admission to a hospital for planned surgery or tests. * Affliction with ailments naturally occurring as a part of the aging process. * Being assessed and/or treated in an emergency room.   Change for MCSS Developmental Service Providers:   * For agencies providing services and supports to adults with developmental disabilities: alleged, suspected or witnessed abuse of a client that may constitute a criminal offence should be immediately reported to the police and will require an enhanced serious occurrence report to the ministry, regardless of whether the alleged, suspected or witnessed abuse is by a person providing services on behalf of the agency (e.g., staff, volunteer, board member) or a non-caregiver (e.g., friend, another client, stranger).   See page 7, #7: Serious and Enhanced Serious Occurrence Reporting Guidelines 2013 |
| 1. **Restraint of a Client** | 1. **Any use of a** **physical restraint** **of a client** in a residence licensed as a children’s residence under the *Child and Family Services Act* or in a residential program funded under the *Developmental Services Act* that provides group living supports to adults with developmental disabilities, that results in a) no injury, b) injury, c) allegation of abuse**. The use of physical restraints is not permitted in programs covered by the Day Nurseries Act.**   The SOR must describe the type of physical restraint used, use of less intrusive interventions before physical restraint, client and staff debriefing, legal status of the client, duration of the physical restraint, names of all parties notified, if the use of physical restraint resulted in a) no injury, b) injury, c) allegation of abuse.  (**See also:** CFSA Regulation 70, 1990 and DSA Regulation 272, 1990).  When more than one physical restraint is used with a client in a 24-hour period, one SOR may be submitted, describing the physical restraints used in the 24-hour period. Likewise, when physical restraint is used on more than one day in a 7-day period, one IR may be submitted, describing all incidents. | Change to MCSS Developmental Services reporting requirements.  ***MCSS Developmental Services: When physical restraint is used with adults with a developmental disability:***  A service agency shall make a report to the ministry only when:   * the physical restraint was used with an adult with a developmental disability to address a crisis situation when positive behaviour interventions have proven to be ineffective, where:  1. a person with a developmental disability is displaying challenging behaviour that is new or more intense than behaviour that has been displayed in the past **and the person lacks a behaviour support plan that would address the behaviour**, or the behaviour intervention strategies that are outlined in the person’s behaviour support plan do not effectively address the challenging behaviour; 2. the challenging behaviour places the person at immediate risk of harming themselves or others or causing property damage; and 3. attempts to de-escalate the situation have been ineffective.  * the physical restraint was used with an adult with a developmental disability who is displaying challenging behaviour[[1]](#footnote-1) (either as part of the person’s behaviour support plan or in a crisis situation) and the physical restraint resulted in the injury to the individual who was restrained, and/or the staff person(s) who employed the use of the physical restraint, and/or anyone else in the vicinity where the physical restraint took place; or * the physical restraint (either as part of the person’s behaviour support plan or in a crisis situation) was used with an adult with a developmental disability who is displaying challenging behaviour and the physical restraint resulted in an allegation of abuse.   ***When a mechanical restraint is used with adults with a developmental disability***:  Ontario Regulation 299/120 – Quality Assurance Measures states:  “The **behaviour support plan shall outline** positive behaviour intervention strategies, and where applicable, **behaviour intervention strategies** and how the strategies may be used to reduce or change challenging behaviour and address the acquisition of adaptive skills”.  The definition of “intrusive behaviour intervention” may include:  “Mechanical restraint, which is a means of controlling behaviour that involves the use of devices and equipment to restrict movement, but does not include any restraint or device,   1. that is worn most of the time to prevent personal injury, such as a helmet to prevent head injury resulting from seizures or a device to safely transport a person in a motor vehicle, 2. that helps to position balance, such as straps to hold a person upright in a wheelchair, or 3. that is prescribed by a physician to aid in medical treatment, such as straps used to prevent a person from removing an intravenous tube”.   Mechanical restraints are to be used only when identified in the clients approved behavioural support plan (BSP). Should the service agency not comply with the above noted regulatory requirements, the service agency shall make a report to the ministry.  See page 7, #7: Serious and Enhanced Serious Occurrence Reporting Guidelines 2013 |

1. As defined in Ontario Regulation 299/10, the regulation on quality assurance measures. “Challenging behaviour” is behaviour “that is aggressive or injurious to self or to others or that causes property damage or both and that limits the ability of the person with a developmental disability to participate in daily life activities in the community or to learn new skills or that is any combination of them”. [↑](#footnote-ref-1)