

KLEOS CRITICAL INCIDENT REPORT



KLEOS
OPEN LEARNING

PURPOSE: For reporting Critical Incidents that occur during in-person and virtual sessions with a Kleos Staff member or contracted Service Provider.

PROCESS: Staff Members and Service providers complete the Kleos Critical Incident Report and inform Kleos Service Provider and Kleos Principal of any critical incidents occurring during in-person and virtual learning/support sessions.

Team Members Directly Involved:

Students Directly Involved:

Witnesses (students, staff, volunteers, community members):

Type of incident: (choose all that apply)

- Violence (strike or grab) with intent to harm and/or causing injury requiring medical attention
- Aggression resulting in substantial property damage or death threats
- Elopement, Wandering or Missing Child
- Possession or use of a weapon with attempt and/or intent to harm
- Self-harm serious enough to require medical attention or by means not previously documented
- Suicidal ideation with expressed plan and available means or evidence of plan and means
- Suicide attempt*
- Possession or use of illicit drugs
- Physical non-violent crisis intervention used (restraint)
- Motor vehicle accident involving student
- Medical incident that involves student transfer to the hospital
- Other:

**If a student describes an incident as a suicide attempt, it must be recorded as such, regardless of whether the means was lethal. Previous suicide attempt is one of the factors that increases risk of suicide completion.*

Date: _____ **Duration of Incident:** _____

Time: _____ **Location of Incident:** _____

Staff Report of Incident:

Describe first person observations of the incident; be concise; include time and quote when possible.

1. Team Member Name:

Describe precipitating factors:

Describe preceding events:

Describe incident:

Describe action taken:

Signature:

Date:

2. Team Member Name:

Describe preceding events:

Describe incident:

Describe action taken:

Signature:

Date:

Debrief:

A team meeting to collaborate on ways to prevent similar incidents in the future is recommended. Record those in attendance and any discussion notes.

Notifications:

Parents/guardians and Principal to be informed as soon as it is safe to do so, and no later than the end of the student program day. Principal to inform Kleos VP and Kleos Case Manager.

Notification	Name	Date/Time	Method (in person, email, phone,virtual)
Kleos Principal			
Parent/guardian 1			
Parent/guardian 2			
Kleos Case Manager			
Kleos VP			

Kleos VP			
Other			
Other			

Recommendations to prevent similar incidents in future:

Principal or Vice Principal to complete recommendations within 3 working days.

Recommendation 1:

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Person(s) responsible:

Deadline:

Follow up:

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Recommendation 2:

Person(s) responsible:

Deadline:

Follow up:

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Recommendation 3:

•

Person(s) responsible:

Deadline:

Follow up:

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Recommendation 4:

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Person(s) responsible:

Deadline:

Follow up:

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Principal:

Signature:

Date:

Review:

Initial to confirm you have reviewed this incident report and agree to follow the above recommendations.

Name	Position	Date	Initials

Submit:

Submit CIR, including follow up, as a pdf email attachment within 7 days to the following parties: Kleos Principal, Kleos VP, Case Manager.