

2025 INCIDENT REVIEW



Trail Association for Community Living

By

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Incident Review and Mitigation 2025

General Information

The Annual incident Review and Mitigation report is provided as an outline on Critical, In-House & Near Miss Incidents throughout 2025 as compared to 2024.

Critical Incidents are followed up on until there is a satisfactory outcome. All incidents are reviewed on a quarterly basis to identify possible trends and to forward recommendations to the Executive Director.

Critical Incidents are events which require reporting to CLBC, Interior Health Licensing, BC Assisted Living Registrar or BC Housing. In-House Incidents and Behaviours are events that are of concern but do not meet the reporting threshold of a Critical Incident.

It should be noted that the goal is not 0 Incidents but to have 0 preventable incidents, as not all incidents are preventable.

Summary

Overall there was a small increase of 9 Incidents in TACL programs. This increase is a number of small increases as opposed to a single or a few larger increases. The majority of Incidents occur within the Residential Program which is expected as the Persons Served typically have higher needs than individuals receiving supports, who are living in the community.

TACL Programs

The Table on the following page is summary of the following homes and programs:

1. Day Program;
2. CDS Outreach;
3. TACL Community Support;
4. Youth Action Network;
5. Alpha House;
6. Forrest Place;
7. Fruitvale House;
8. Rossland Avenue House; and
9. Willow Place.

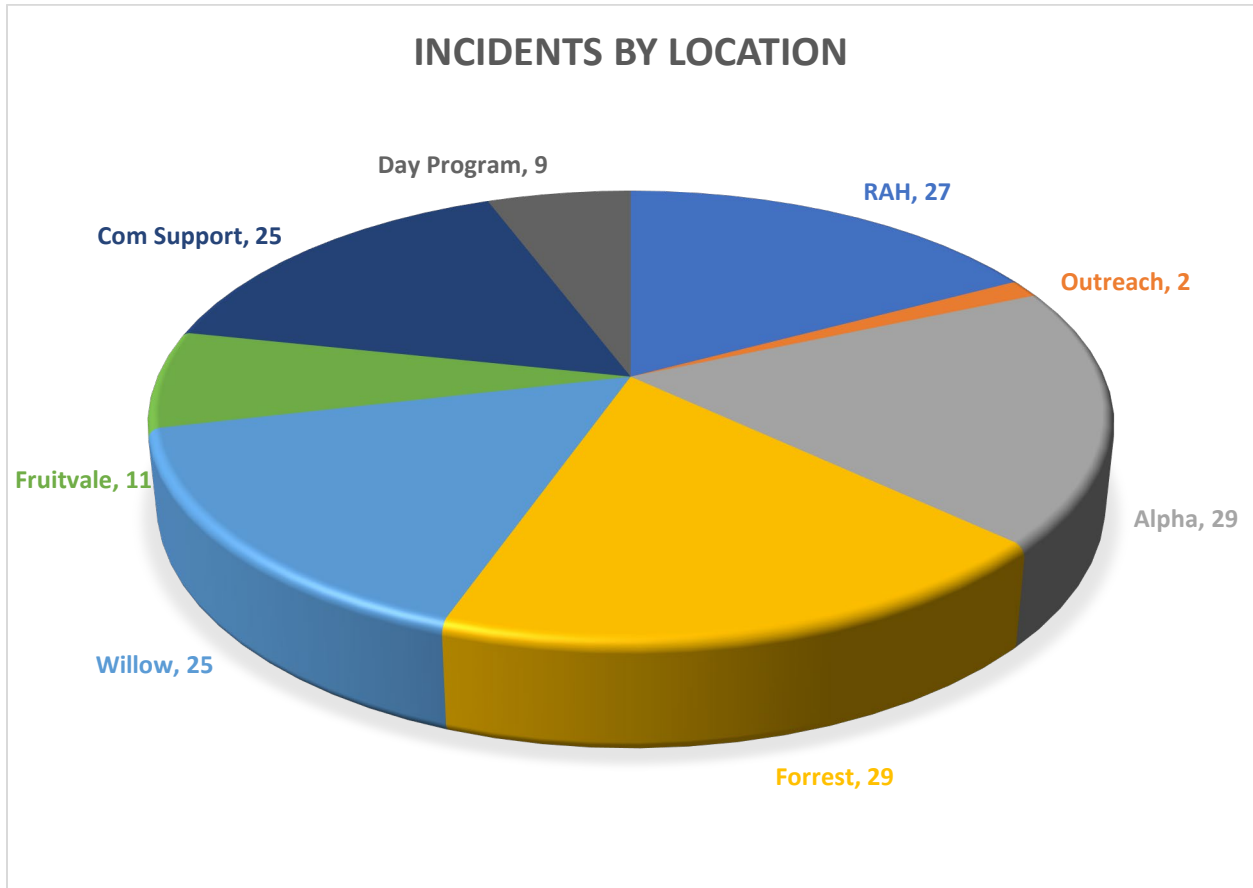


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Critical Incident	2025	2024	Difference
Aggressive/Unusual Behaviour	24	18	6
Attempted Suicide	0	0	0
Aggression between Residents	0	0	0
Death	0	0	0
Sentinel Event	0	0	0
Use/Possession of Weapon	0	0	0
Use/Possession of Illicit Drugs	0	2	-2
Disease/Parasite	0	0	0
Communicable Disease/Outbreak	0	0	0
Infection Control	0	0	0
Use of Seclusion	0	0	0
Exclusionary Time Out	0	0	0
Bio Hazard Accident	0	0	0
Restriction of Rights	0	0	0
Use of Restraint	0	1	-1
Emotional Abuse	1	0	1
Choking	4	0	4
Fall	7	3	4
Financial Abuse	0	0	0
Medication Error	9	2	7
Missing/Wandering	4	3	1
Motor Vehicle Injury	0	0	0
Neglect	1	0	1
Other Injury	17	8	9
Physical Abuse	0	0	0
Poisoning	0	0	0
Service Delivery Problems	0	1	-1
Sexual Abuse	0	0	0
Unexpected Illness	14	14	0
Sub Total	81	52	29
In-House Incident			
Medication Error	18	30	-12
Other Injury	20	21	-1
Missing/Wandering	2	0	2
Fall	12	13	-1
Illness	3	4	-1
Sub Total	55	68	-13
Behaviours			
Hitting	0	2	-2
Swearing	0	0	0
Perseverating	0	0	0
Self Harming	0	0	0
Property Destruction	0	1	-1
Refuse medication	0	0	0
Aggressive/Unusual Behaviour	21	25	-4
Sub Total	21	28	-7
Total	157	148	9



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Areas Improved

1. Medication Errors was 32 in 2024 and 27 in 2025:
 - a. The Critical and In-House numbers were combined as the mechanism for an incident is identical. While there was improvement in Medication Errors the goal is zero errors. Training and reinforcement on Medication Procedures will need to continue.

Areas Which Can Be Improved

Critical Incident

1. Aggressive/Unusual Behaviour increased from 18 in 2024 to 24 in 2025
 - a. The increase in this can be directly attributed to a single Person Served at Willow Place. Training around positive support strategies and antecedent triggers has been and will continue to be conducted.



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2. Other injury increased from 8 in 2024 to 17 in 2025
 - a. It is difficult to make a general statement about how we are going to improve other injury. From a Health and Safety perspective we have increased the number of Joint Health and Safety Committee inspections and improved the process for the inspections. We have also targeted Violent Risk Assessments as an area for improvement this year.



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La Nina Homeless Shelter

Total Incidents 2024 was 185 and in 2025 was 187 this is statistically the same but three new incidents were added that had a total of 20 incidents.

Critical	Total 2025	Total 2024	Difference
Aggressive/Unusual Behaviour	14	22	-8
Abusive language	3	N/A	N/A
Attempted Suicide	2	2	0
Physical Altercation	3	9	-6
Aggression Between Guests	0	0	0
Death on site	0	0	0
Uttering Threats	4	0	4
Use/Possess weapon	2	2	0
Use of Illicit Drugs onsite	2	0	2
Alcohol Consumption on site	0	0	0
Communicable Disease	0	0	0
Drug Overdose- in Shelter	3	21	-18
Drug Overdose- outside/seacan	48	39	9
Emotional Abuse staff/guest	3	2	1
Fall	2	0	2
Fire - Inside	0	0	0
Fire - Outside	3	0	3
Abusive language	0	2	-2
Threats from Community	4	3	1
Missing guest	0	0	0
Medication Error	0	0	0
Criminal Activity on Site	0	0	0
Physical Attack on Staff	0	2	-2
Physical Injury - Guest	13	15	-2
Stolen Personal items	1	1	0
Set Off Smoke Alarm	8	3	5
Service Delivery Problems	0	0	0
Damage to shelter by guest	0	0	0
Accidental Panic FOB	0	0	0
Other	17	23	-6
Sexual Abuse	1	N/A	N/A
Wandering	2	0	2
Unexpected Illness	37	39	-2
Wellness Check	16	N/A	N/A
Total	188	185	3



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Areas Improved

Critical Incident

1. Aggressive/Unusual Behaviour decreased by 36% (22 in 2024 to 14 in 2025)
 - a. It is felt there is more consistency in dealing with behaviours due to annual Mandt training which centers strongly on keeping interactions between people from becoming incidents, keeping incidents from becoming crisis and de-escalating crisis as quickly and safely as possible. Monthly there is a review of MANDT training at staff meetings. Staff are provided panic alarms that directly notify the RCMP.
2. Drug Overdose in Shelter decreased by 86% (21 in 2024 to 3 in 2025)
 - a. Staff are diligent in ensuring shelter guests do not have access to their drugs while in the shelter. Motion sensor installed in the bathroom to allow for interventions in a timelier manner. Bags are taken on arrival to the shelter. Cameras have been installed in the common areas.
3. Physical Altercation decreased by 66% (9 in 2024 to 3 in 2025)
 - a. Staff are in Mandt de-escalation techniques. Cameras in the common areas allow staff to intervene if needed and act as a deterrent. Staff are provided panic alarms that directly notify the RCMP.
4. Other Incident decreased 23% (23 in 2024 to 17 in 2025)
 - a. It is difficult to make a general statement about how we are going to improve Other Incidents. We have added 3 additional Incident types to more accurately track incidents.

Areas Which Can Be Improved

Critical Incident

1. Drug Overdose at Seacan increased by 23% (39 in 2024 to 48 in 2025)
 - a. The increase in the number of individuals overdosing with illicit drugs is partly due to the extremely toxic drug supply at times throughout the year.



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Additional Recommendations

Unexpected Illness

- Staff will review and understand all Protocols for Person Served to stay healthy, provide good nutrition and fluids for hydration.
- Continue to make phone appointments with Family Physician before illness worsens and have annual check-ups and medication reviews.
- Ongoing discussion with HSCL Nurse.
- Continue to access Nurses Hotline (811).

Aggressive/ Unusual Behaviour

- Review and update Positive Support Strategies annually or as needed.
- Ensure all staff have read and understand Positive Support Strategies and are consistent.
- Staff will follow Individuals Routines that are set out, reviewed and updated by the Site Supervisor.
- Review MANDT at monthly staff meetings staff will read and sign.
- Review Positive Support Strategies at Staff meetings.
- All staff to take / update Mandt Training.
- Request assistance from DDMH for positive support strategies.
- First Aid for Mental Health training for staff.
- Staff to enroll in Pivot Point Behavioural Training.
- Open Future Learning modules.
- Self – Care and personal Boundaries training for all staff.
- Installed cameras in La Nina Homeless Shelter common areas.

Falls

- Follow Fall protocols, continue to support Person Served with Sail Exercises and encourage Proper Foot wear at all times.
- Follow up appointments with OT/PT.
- Staff Training on proper transferring from OT.
- Annual Fall Assessment ongoing.

Death

- All staff encouraged to take Grief Counselling provided by TACL and the Greater Trail Hospice Society when there is a death. Open Future Learning also has a module.



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Attempted Suicide

The number has stayed the same over the past 2 years. We have staff training including Mental Health First Aid and training for Person Served through Anchors. DDMH is involved as well as Family Physician and Psychiatrists.

- Mental Health First Aid training for staff.
- Counselling for Person Served.
- Medication Review with Family Physician and Psychiatrist.
- Referral to Pivot Point.
- Group Meetings.
- Staff will follow Protocols set out from Professionals.
- On-going updates of Risk Assessments.

Medication Error

- Site Supervisor to orientate on Medication Dispensing and then shadow new employees.
- Competency based Medication Knowledge Review for all staff annually.
- Continue to have 2nd Staff sign off on the Medication Inventory Sheet once all medications are dispensed.
- Ensure HSCL/ Pharmacist reviews all meds and PRN's.
- Supervisor or senior staff on duty review and audit all MAR sheets and Blister packs immediately after receiving from pharmacy.
- Refusals of medication have increased. We have ongoing discussion with Family Physician and Pharmacists to write up Protocols to decrease these incidents.

Other Injury

- Continue to document when bruising or scratching.
- Removal of objects that can cause bruising or scratching.

Missing/Wandering

- Updating Mis
- sing Person Protocol Annually.
- Ask Person Served to Call if they will be late.
- On-going Risk Assessment reviews



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Refusal of Medications

- Ongoing discussion with Family Physician and Pharmacists setting up protocols to prevent refusal of medications
- Medication review with Family Physician Quarterly.

Ongoing Recommendations

- Annual review of Code of Ethical Conduct, Policies and Procedures.
- Competency based Incident report training annually through in-house training or Open Future Learning.
- All staff to review Mission, Vision statement annually during Performance Review and at all staff meetings.
- All Staff to take Mandatory 9 Open Future Learning Modules (can expand once finished).