



**OAAS CIR ANALYSIS & RISK ASSESSMENT  
PLANNING REFERENCE GUIDE**



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**Participant:** \_\_\_\_\_ **Last 4 of SSN:** \_\_\_\_\_

1. How many Critical Incidents were reported in the POC year and in what categories?  
\_\_\_\_\_

2. (a) How many were APS/EPS cases? \_\_\_\_\_  
(b) How many were substantiated and in what categories? \_\_\_\_\_

3. Were there recurring incidents? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If Yes, describe.
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4. Were Critical Incident interventions: Appropriate/Relevant? Timely? Consistent? Effective? Preventative? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If No, explain.
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5. Were there contributing factors: DSP Resources? DSP Knowledge? Participant/ Family Knowledge? Communication? Environment? Equipment? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  If Yes, were these factors addressed through strategies/ interventions? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Explain.
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6. Do reported incidents point to unidentified/unaddressed risk factors? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If Yes, describe.
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7. Are other strategies required to prevent future incidents? (DSP Management, DSP Training, Participant/Family Education, Identification of Risks, Health Risks, Environmental Risks, Gaps in Service Delivery, etc.) <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If Yes, describe.
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**STRATEGIES FOR IDENTIFIED HEALTH AND SAFETY RISKS MUST BE  
ADDRESSED IN THE APPROPRIATE CAPS PLANNING CATEGORY  
(FUNCTIONAL PERFORMANCE; SOCIAL FUNCTION; CLINICAL; COGNITION).**