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| **OCCURRENCE REPORT**  **Brandon University (BU), Faculty of Health Studies (FHS) Department of Nursing**  Adapted from Brandon RHA: BRH027 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of event: \_\_\_\_\_/\_\_\_\_/\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Time of Event: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YYYY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (24 hour clock) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of person completing report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation \_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Event involved: *(Check all that apply)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Student | | | | | | | | | | | | | | |  | | | | | Clinical Instructor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Visitor | | | | | | | | | | | | | | |  | | | | | | | | | Volunteer | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Year of program | | | | | | | | | | 2 | | | | | |  | | | | | Instructional Associate | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Physician | | | | | | | | | | | | | | |  | | | | | | | | | Patient/Resident/Client: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 3 | | | | | |  | | | | | Course Leader | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Nurse | | | | | | | | | | | | | | |  | | | | | | | | | Other Staff: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 4 | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Location of Occurrence:** | | | | | | | | | | | | | | | | | | | | | | | | | | | Brandon RHC | | | | | | | | | | | | | | | | | | |  | | | | | | | | Other | | | | | | | | | | |  | | | | | | | | | | | Program/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **When did this happen?** | | | | | | | | | | | | | | | | | | | | | | | | | | | Day | | | | | | | | | | | | | | | | | | |  | | | | | | | | 8hr | | | | | | | | | | |  | | | | | | | | | | | 1st 2 hours of shift | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | Evening | | | | | | | | | | | | | | | | | | |  | | | | | | | | 12 hr | | | | | | | | | | |  | | | | | | | | | | | Middle of shift | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
|  | | |  | | | | |  | | | | | | | | | |  | | | | | | | | | Night | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | Last 2 hours of shift | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
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| **Date Reported:** | | | | | | | | | | | | | | | | | | | | | | | | | | | (YYY/MM/DD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| **Type of Event** – See RHA Occurrence Report &/or BU, Faculty of Health Studies, BN Occurrence Policy for definitions of significant events as listed here: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Degree of Injury at Time of Occurrence:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Close Call | | | | | | | | | | | | |  | | | | | | Critical Incident | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | None Apparent | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Major | | | | | | | | |  | | | | | | | | | | | Unknown | | | | | | |  | | | |
| Occurrence | | | | | | | | | | | | |  | | | | | | Critical Occurrence | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Minor | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | Fatal | | | | | | | | | Other | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Type of Injury Describe ( if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Injured seen by MD? Yes No  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Select the Appropriate Type of Occurrence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A) Fall** | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Fell From:** | | | | | | | | | Bed | | | | | | | |  | | | | | | | Exam table/stretcher | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Standing position | | | | | | | | | | | | | | | | | | |  | | | | | | | | | **Fell While:** | | | | | | | | | | | | | | | Standing | | | | | | | | | | |  | | | Walking | | | | | | | |  |
| Chair | | | | | | | |  | | | | | | | Wheelchair/scooter | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Tub/shower | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | Transferring | | | | | | | | | | |  | | | Unknown | | | | | | | |  |
| Stairs | | | | | | | |  | | | | | | | Toilet/commode | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Unknown/other | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | Other | | | | | | | | | | |  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
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| **Contributing Factors: (Please check ALL that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client behaviour/mental status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Inappropriate clothing/footwear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Failure to use lift devices | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Client physical condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Policy/procedure variance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Faulty equipment | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Environmental conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **B) Medication/Treatment/Therapeutic or Diagnostic event** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Category** | | | | Medication | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Blood/blood product/or IV Fluid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Treatment | | | | | | | | | | | | | | | | | | |  | | | | | | Test/procedure | | | | | | | | | | | | | |  | | | | | | |
| **Type** | | Consent problem | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Incorrect client | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Incorrect time | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Omitted dose | | | | | | | | | | | | | |  | |
|  | | Inaccurate results | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Incorrect dose | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Incorrect route/site | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Incorrect procedure | | | | | | | | | | | | | |  | |
|  | | Incomplete/omitted procedure | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Incorrect med administered | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Policy/procedure variance | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Other: \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | |
| **Contributing Factors** *(Please check* ***all*** *that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client information missing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Miscalculation of dose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Order information missing | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Chart/assignment not checked | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Miscommunication (verbal) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Policy/procedure variance | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Environmental conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Miscommunication (written) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Deficient Training/education | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Faulty device/equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Inadequate preparation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Name of Medication Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Dose: \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | Route: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | Frequency: \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| **C) Abusive/Aggressive Behaviour** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Form of Abuse** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **From Who** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **To Whom** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Aggressor Condition** | | | | | | | | | | | | | | | | | |
| Emotional | | | | | |  | | | | | Financial | | | | | | | | | | | | | | | | |  | | | | | | Patient/resident/client | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Patient/resident/client | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Agitated/confused | | | | | | | | | | | | | | |  | | |
| Physical | | | | | |  | | | | | Verbal | | | | | | | | | | | | | | | | |  | | | | | | Physician | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Physician | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Alert | | | | | | | | | | | | | | |  | | |
| Sexual | | | | | |  | | | | | Neglect | | | | | | | | | | | | | | | | |  | | | | | | Staff | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Poor hearing | | | | | | | | | | | | | | |  | | |
|  | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | Student | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Oriented | | | | | | | | | | | | | | |  | | |
| D**) Miscellaneous** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Type** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accidental injury | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Left against medical advice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Property Missing | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Breach of confidentiality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Missing client (code yellow) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Self-inflicted injury | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Hazardous workplace condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Motor vehicle accident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Policy/Procedure Variance | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Inappropriate disposal of sharps/biomedical supplies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | Needlestick/exposure to body fluids (follow Post Exposure Protocol) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Contributing Factors** *(Please check* ***all*** *that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Mechanics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Faulty device/equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Policy/procedure variance | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Client interference | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Miscommunication (verbal) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Faulty hardware/software | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Environmental conditions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Miscommunication (written) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **E) Notification** | | | | | | | | | | | | | | | Reporting process carried out in accordance with facility policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***For all events:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Student reports to IA/CI/Faculty Advisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| IA/CI/Faculty Advisor reports to Course Leader | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ***For Critical Occurrences or Critical Incidents*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Department Chair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Dean | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Other: (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Part A: Report by Student with IA/Clinical Instructor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***S***ituation: What happened and what action did you take? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***B****ackground: What lead up to the event?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***A***ssessment: Why do you think this happened? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***R***ecommendation: What could be done to prevent this event from happening again? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part B: Investigation of Event by IA/CI/Preceptor/Faculty Advisor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What factors contributed to the occurrence?  Note: consider direct and indirect causes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Action(s) taken | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Reviewed By:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Signature:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date Reviewed:**  **YYYY/MM/DD** | | | | | | | | | | | | | | | | | |
| Course Leader | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Department Chair (critical incidents or occurrences) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Dean (for critical incidents and critical occurrences) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |

***This document contains confidential information and is intended for quality improvement and CRNM reporting purposes.***