|  |  |  |
| --- | --- | --- |
| **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 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Location of Occurrence:**  | Brandon RHC |  | Other |  | Program/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |
| **When did this happen?** | Day |  | 8hr |  | 1st 2 hours of shift |  |  |
|  |  |  |  | Evening  |  | 12 hr |  | Middle of shift |  |  |
|  |  |  |  | Night |  |  |  | Last 2 hours of shift |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Date Reported:**  | (YYY/MM/DD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **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 |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |  |
| **E) Notification** | Reporting process carried out in accordance with facility policy |
|  |  |  |  |  |  | **Date** | **Time** |
| ***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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  |
| **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? |
|  |  |  |  |
| **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 |
|  |  |
|  |  |  |  |
| **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.***