

## Management of a Critical Occurrence Checklist

<p><b>REPORTING REQUIREMENT:</b> According to Manitoba Health the Minister of Health is responsible for the overall safety and performance of the health care system and is required to be aware of risks or threats to the health care system and public health. It is expected that Regional Health Authorities, Provincial Organizations, Health Corporations and Health Care Organizations will report these critical occurrences to the Minister of Health.</p> <p><b>Critical Occurrence (CO):</b> An event involving substantial risk or harm to employees, physicians, volunteers, students, visitors and others associated with the organization or to reputation through negative media/social media, security, or property damage of a potential financial loss greater than \$25,000.</p> <p><b>ADDITIONAL EDUCATION:</b> Education on Safety Event Reporting is provided during regional orientation and at site specific orientation.</p>	<b>RESPONSIBILITY</b>					
	Staff	Direct Supervisor/ Manager/ Director	Manager On-Call	Patient Safety Coordinator(s)	Admin Assistant - Quality, Planning & Performance	Executive Assistant - CEO
<b>INTAKE (CO) Risk/Harm to Employees, physicians, volunteers, students, visitors</b>						
<input type="checkbox"/> Take reasonable action to ensure safety to reduce further risk/harm.	●					
<input type="checkbox"/> Immediately notify the Direct Supervisor / Manager/ Director. If after hours, notify the Manager On-Call.	●					
<input type="checkbox"/> Complete a Safety Event Report.	●					
<input type="checkbox"/> Forward the Safety Event Report to the Direct Supervisor / Manager/ Director.	●					
<input type="checkbox"/> Direct Supervisor/Manager/Director verifies if any equipment was involved in the event and secures. Secure any video surveillance if applicable.		●				
<input type="checkbox"/> For all employee injuries complete Section C of the Safety Event Report. <b><i>All Serious Injuries marked by an asterisk (*) is considered a (Critical Occurrence) under the Workplace Safety and Health Act and must be <u>immediately</u> reported by phone/fax or email to the following:</i></b> <ul style="list-style-type: none"> <li>➤ <i>Notify Province of Manitoba Department of Labour and Family Services – Workplace Safety and Health 204-957-7233 or 1-855-957-7233</i></li> <li>➤ <i>Complete investigation report form provided by Regional Workplace Safety &amp; Health Committee co-chair(s) and submit to the Workplace Safety &amp; Health program</i></li> <li>➤ <i>Notify the Manager Occupational Safety and Health by phone #: 204-870-1342</i></li> <li>➤ <i>Notify Payroll for WCB reporting</i></li> <li>➤ <i>Notify Workplace Safety &amp; Health program</i></li> <li>➤ <i>Notify the Regional Manager /Director/ Lead</i></li> <li>➤ <i>Notify Labour Relations of any Abusive/Aggressive behavior towards a MNU staff member within 96h</i></li> <li>➤ <i>Notify the Patient Safety Coordinator(s)</i></li> </ul>		●				
<input type="checkbox"/> Assess the need for and offer additional support services for the individual (e.g. spiritual, mental health, etc.).		●				
<input type="checkbox"/> Assess the need for and offer additional support services for staff members (e.g. debriefing, Employee Assistance Program (EAP), etc.).		●				
<input type="checkbox"/> Document additional actions/ action plan/ and follow up as necessary (fact finding, debriefing of staff, administrative review) in section C of the Safety Event Report.		●				
<input type="checkbox"/> Make improvements to prevent/reduce the risk of future critical occurrences and enhances workplace safety/security for visitors, employees, physicians, and volunteers.		●				

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	Staff	Direct Supervisor/ Manager/ Director	Manager On-Call	Patient Safety Coordinator(s)	Admin Assistant - Quality, Planning & Performance	Executive Assistant - CEO
<input type="checkbox"/> As soon as possible, prior to the end of the shift/workday following verbal notification to the Patient Safety Coordinator(s), scan a copy of the Safety Event Report. <i>Note: If the event is reported after hours to the Manager On-Call, they are responsible to notify a Patient Safety Coordinator(s) of an event by email &amp;/or by leaving a voice message.</i>		●	●			
<input type="checkbox"/> The Patient Safety Coordinator(s) reviews the event and determines if the event meets the threshold of a reportable CO to Manitoba Health.				●		
<input type="checkbox"/> Notifies Manitoba Health of the CO by utilizing Manitoba Health Critical Occurrence Notification Form with a cc to the following individuals: ➢ Regional Lead - Quality, Planning & Performance ➢ Administrative Assistant - Quality, Planning & Performance ➢ Patient Safety Coordinator(s) ➢ Executive Assistant - CEO				●		
<input type="checkbox"/> Logs all CO's on the CI/CO log and CI/CO & Statement of Claims Board Report				●		
<input type="checkbox"/> The Administrative Assistant - Quality, Planning & Performance submits a claim to the regional insurer if deemed applicable.					●	
<input type="checkbox"/> Executive Assistant to the CEO informs the CEO of the reported CO and as deemed applicable creates an (EL-9) communication to the Board.						●
<b>INTAKE (CO) Risk to SH-SS i.e.) negative media/social media, security, breaches, statement of claims</b>						
<input type="checkbox"/> Complete a Safety Event Report. (Applicable to any individual with first-hand knowledge/discovery of a negative media post/social media post/security breach/ PHIA breach &/ or is in receipt of a Statement of Claim)	●					
<input type="checkbox"/> Notify the Direct Supervisor / Manager/ Director. If after hours, notify the Manager On-Call.	●					
<input type="checkbox"/> Direct Supervisor/Manager/Director takes appropriate actions to resolve the specified event that is within their control and notifies the applicable individuals in the organization <b>immediately</b> and/or as soon as possible, prior to the end of the shift/workday. ➢ Notify Regional Lead to whom you directly report to in the organization. ➢ Notify and scan a copy of the Safety Event Report to the Patient Safety Coordinator(s) ➢ Notify and scan a copy of the Safety Event Report to the Privacy & Access Specialist for all PHIA breaches. ➢ For all Statement of Claims served/received at a site notify <b>immediately</b> the Regional Lead – Quality, Planning & Performance and the Administrative Assistant - Quality, Planning & Performance and scan a copy of the Safety Event Report including the Statement of Claim.		●				

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<input type="checkbox"/> Logs all CO's on the CI/CO log and CI/CO & Statement of Claims Board Report				<input checked="" type="radio"/>		
<input type="checkbox"/> The Administrative Assistant - Quality, Planning & Performance submits a claim to the regional insurer if deemed applicable.					<input checked="" type="radio"/>	
<input type="checkbox"/> Executive Assistant to the CEO informs the CEO of the reported CO and as deemed applicable creates an (EL-9) communication to the Board.						<input checked="" type="radio"/>
<b>INTAKE (CO) Property Damage &amp;/or loss of equipment with a value greater than \$25,000</b>						
<input type="checkbox"/> Events related to site/program owned property: immediately confirm necessary steps have been taken to ensure client and staff safety.	<input checked="" type="radio"/>					
<input type="checkbox"/> Complete a Safety Event Report.	<input checked="" type="radio"/>					
<input type="checkbox"/> Notify the Direct Supervisor / Manager/ Director. If after hours, notify the Manager On-Call.	<input checked="" type="radio"/>					
<input type="checkbox"/> Direct Supervisor/Manager/Director notifies the applicable individuals in the organization <b>immediately</b> and/or as soon as possible, prior to the end of the shift/workday. ➢ Notify Regional Lead to whom you directly report to in the organization regardless of dollar value. ➢ Notify the Regional Lead-Corporate Services and Chief Financial Officer for Property matters to obtain the MARSH Property Accident Report Form for repairs that exceed \$25,000 in value. Submit the form to the insurance adjuster identified on the form and copy the Regional Lead-Corporate Services and Chief Financial Officer. ➢ Notify and scan a copy of the Safety Event Report to the Patient Safety Coordinator(s) only if the property damage/loss of equipment is an estimated value over \$25,000. ➢ For actual/potential liability claims or requests for financial compensation: notify the Administrative Assistant - Quality, Planning & Performance. ➢ For Disaster Management/Emergency Preparedness related matters: Notify the Emergency Preparedness Specialist. If after hours notify Manitoba Health Disaster Management 24h Duty Officer at 1-204-793-1632.		<input checked="" type="radio"/>				

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<input type="checkbox"/> Logs all CO's on the CI/CO log and CI/CO & Statement of Claims Board Report				<input checked="" type="radio"/>		
<input type="checkbox"/> The Administrative Assistant - Quality, Planning & Performance submits a claim to the regional insurer for actual/potential liability claims or requests for financial compensation if deemed applicable.					<input checked="" type="radio"/>	
<input type="checkbox"/> Executive Assistant to the CEO informs the CEO of the reported CO and as deemed applicable creates an (EL-9) communication to the Board.						<input checked="" type="radio"/>
<b>FOLLOW-UP</b>						
<input type="checkbox"/> Forward Safety Event Report to site designated person for data entry and filing.		<input checked="" type="radio"/>				
<input type="checkbox"/> Patient Safety Coordinator(s) follows up to obtain CO number entered into the regional database.				<input checked="" type="radio"/>		
<input type="checkbox"/> Patient Safety Coordinator(s) follows-up with the Direct Supervisor / Manager/ Director for all reported CO's in 30 days to submit a status update or final report to Manitoba Health.				<input checked="" type="radio"/>		