

Management of a Near Miss and Occurrence Checklist

REPORTING REQUIREMENT:	RESPONSIBILITY		
	Staff	Direct Supervisor/ Person in Charge	Admin Assistant
<p>Near Miss (NM): An event that happened but did not reach the client or employee.</p> <p>Occurrence (O): An event or circumstance where there may be minor or major injury to an individual and/or damage to, or loss of, equipment or property.</p> <p>ADDITIONAL EDUCATION: Education on Safety Event Reporting is provided during regional orientation and at site specific orientation.</p>			
INTAKE: General Near Miss / Occurrence			
<input type="checkbox"/> Take reasonable action to ensure safety to reduce further risk/harm.	<input checked="" type="radio"/>		
<input type="checkbox"/> Maintain the scene of the event, physical surroundings, products, and equipment for possible securement as applicable.	<input checked="" type="radio"/>		
<input type="checkbox"/> Notify the Direct Supervisor / Person in Charge of the event.	<input checked="" type="radio"/>		
<input type="checkbox"/> Notification of a near miss / occurrence to the patient/client/resident/ family is recommended and is left at the discretion of the care provider depending on the circumstances of the event.	<input checked="" type="radio"/>		
<input type="checkbox"/> Assess the need for and offer additional support services for the individual (e.g. spiritual, mental health, etc.).	<input checked="" type="radio"/>		
<input type="checkbox"/> Complete a Safety Event Report.	<input checked="" type="radio"/>		
<input type="checkbox"/> Forward the Safety Event Report to the Direct Supervisor / Person in Charge.	<input checked="" type="radio"/>		
<input type="checkbox"/> Review the Safety Event Report and determine securing of items i.e.) product, equipment, securing of health records/video surveillance, as applicable.		<input checked="" type="radio"/>	
<input type="checkbox"/> Follows up if any additional support services for the individual is required (e.g. spiritual, mental health, etc.).		<input checked="" type="radio"/>	
<input type="checkbox"/> Assess the need for and offer additional support services for staff members (e.g. Take 5; debriefing, Employee Assistance Program (EAP), etc.).		<input checked="" type="radio"/>	
<input type="checkbox"/> Review the Safety Event Report and determine if further reporting is required. <ul style="list-style-type: none"> ➤ Mandatory Reporting - ORG.1810.PL.010 (e.g. PPCO, SADR/MDI etc.) ➤ Product/Vendor Complaint - ORG.1710.PL.001.FORM.02 ➤ Recall/Alert – ORG.1810.PL.006 (scan Safety Event Report to recallalert@southernhealth.ca) ➤ Potential/actual liability claims or requests for financial compensation (notify & scan Safety Event Report to Administrative Assistant- Quality, Planning & Performance) ➤ PHIA/FIPPA breaches (notify & scan Safety Event Report to the Privacy & Access Specialist) ➤ Site/program owned property/equipment damage (notify the Regional Director/ Lead) <p>Note: If value is estimated above \$25,000 follow the Management of a Critical Occurrence (CO) Checklist.</p>		<input checked="" type="radio"/>	
<input type="checkbox"/> Updates the Safety Event Report and adds any additional information.		<input checked="" type="radio"/>	
<input type="checkbox"/> Forward Safety Event Report to site designated person for data entry and filing.		<input checked="" type="radio"/>	
<input type="checkbox"/> Enter Safety Event Reports into the database by the 5 th business day of the following month.			<input checked="" type="radio"/>
INTAKE: Staff Near Miss /Occurrence			
<input type="checkbox"/> Complete Section A including choosing (1 of the 4 categories) & Section C where a staff member has been injured or nearly injured prior to the end of the shift/workday. Note: If the staff member is injured the Direct Supervisor/Person in Charge may have to initiate the report.	<input checked="" type="radio"/>		
<input type="checkbox"/> Notify your Direct Supervisor / Person in Charge.	<input checked="" type="radio"/>		
<input type="checkbox"/> Reviews the Safety Event Report and follows up accordingly.		<input checked="" type="radio"/>	
<input type="checkbox"/> Document follow up actions that were taken on the Safety Event Report in Section C		<input checked="" type="radio"/>	

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<input type="checkbox"/> For all employee injuries complete Section C of the Safety Event Report & scan Section C to the following: <ul style="list-style-type: none"> ➤ For all employee Occurrences immediately send to Payroll for WCB reporting ➤ For all Near Miss/Occurrences notify Workplace Safety & Health program wsh@southernhealth.ca ➤ For Abusive/Aggressive behavior towards an MNU staff member notify Labour Relations. <p>For all Serious Injuries marked by an asterisk (*) is considered a (Critical Occurrence) under the Workplace Safety and Health Act and must be immediately reported by phone/fax or email (Refer to the Mangement of a Critical Occurrence Checklist)</p>		⊙	
<input type="checkbox"/> Forward Safety Event Report to site designated person for data entry and filing.		⊙	
<input type="checkbox"/> Enter Safety Event Reports into the database by the 5 th business day of the following month.			⊙
MONITORING			
<input type="checkbox"/> Directors/Managers may request detail reports specific to their site/unit/program of all safety events to assist in analyzing and identifying trends and themes for site/unit/program improvement. Refer to: <ul style="list-style-type: none"> Occurrence Data Request Guideline ORG.1810.SG.001 Occurrence Data Request Form ORG.1810.SG.01.FORM.01 			
<input type="checkbox"/> Annually - September: The Data Support Analyst in collaboration with the Patient Safety Coordinators prepares a database summary of all safety events i.e.) near miss, occurrence, critical incident and critical occurrence. An annual report is created to identify trends and themes of events including system improvements.			