

EXAMPLE HOW TO CAPTURE

| S | outhern Health | | | | | <mark>t Use A</mark> ety Eve | | | | | | | | | | | | | | |
|------|---|------------|----------------|---------------|-------|---------------------------------|----------------|-----------------------|-----------------------------------|--------|--------|--------------------|---------------|---|--------------|--------|-------|-------------------|----------------------------------|---------------|
| Saf | ety Event #: | | | | | | | | | | | | | | | | | | | |
| Dat | e of Safety Event | DD | | <u> </u> | N | // | | YYY | Υ | | | | /A. | | | h - 0 | | . | | - \ |
| Γim | ne of Safety Event: | | | | (24 | hour clock |) | | | | | | (AC | ddressograph or label v □ Not applicable | | | | | | 0) |
| SE | CTION A | | | | | | | | | | | | | | | | | | | |
| | PE OF EVENT (check only 1 b | | | | | | | | | | | | | | | | | | | |
| | ` ' | | | | • • | | | | the client or e | | | | | | | | | | | |
| | Occurrence (0) | An ev | ent o | r circu | ıms | tance where | e ther | e may | y be minor or | major | injury | to an | ind | lividual and/or damage | to, c | r loss | of, | equipn | nent or prop | erty. |
| | ~ | undes | sired s | such a | as d | leath, disabi | ility, ir | njury o | or harm, unpla | anned | admi | ssion t | o h | lividual and result in a conspital or unusual extending the health services | nsio | | | | | |
| | | | | | | | | | | | | | | eers, students, visitors age of a potential finan | | | | | | ganization or |
| | O DID THE SAFETY EVENT HAI | | _ | | _ | / 1 box) | | | | | | | | REE OF INJURY AT | | | | | elect ALL tha | t apply) |
| | Agency Personnel | | Outpa | | | | , | | employee relat aplete Sections | | | | | OF SAFETY EVENT | _ | | | njury | sh/Abrasion | |
| | Client in the Community Employee* | | Physi Stude | | | | | COIII | ipiete Sections | s, A & | C | _ | | None apparent Unknown | | -+ | Burr | | SII/ADI aSIOI | |
| | Inpatient/Resident | | Visito | | | | | | | | | | Ħ | Minor | _ | | | | or Biological | Exposure |
| | Other | | Volur | nteer | | | | | | | | | | Major | | | Cut/ | Lacera | ation | ' |
| _ | Specify: | _ | | - | _ | | | | | | | | | Death | _ | _ | | | confirmed) | |
| | rual Location of Safety I e/Facility/Building: | EVENT | AND (| OFFICE | E BA | ASE: | | | | | | | _ | PERTY DAMAGE None | _ | | | cture (s cture | suspected) | |
| Sile | e/Facility/Dullullig. | | | | | | | | | | | _ | | Minor | _ | | | ain/Stra | ain | |
| Cor | mmunity Address | | | | | | | | | | | _ | 5 | Major (CO) | _ | | | er (spe | | |
| | CATION (check only 1 box) | | | | | | | | | | | | | , , | | | | | */ | |
| | Bathroom | | Client's | s Hon | ne | □ Corrido | r/Hal | | Entrance | | Groun | ds [| | Lounge | bile (| Clinic | | Parkin | g Lot □ S | treet/Highway |
| | Client's Bathroom | | Client's | s Roo | m | □ Dining | Room | n 🗆 | Exam Room | ı 🗆 k | itche | n [| ן⊏ | Meeting Room ☐ Offi | се | | | Stairs | | |
| | Other (specify): | | | | | • | | | • | | | | | | | | | | | |
| PRO | OGRAM/DEPARTMENT OF WHE | ERE TH | E EVEI | NT TO | OK P | LACE (check | conly | / 1 bo | x) | | | | | | | | | | | |
| | Acute Care | | | | | | | | s/Services | | | | | Term Care | | | | | ort Services | |
| | Ambulatory Care Clinic (O | utpatient | Services | | _ | Emergency | Resp | onse | Services | | | | | Home | | | | | Services (Hous | |
| | Cancer Care Services Dialysis | | | | _ | Home Care Medical Clir | ioo | | | | Iran | sitiona | IC | are Centre | | | | Acces | on Services | |
| | Emergency Room | | | | _ | Mental Heal | | | | | R | egion | al / | Administration | | | | | upply Chain | |
| | Medical Device Reproces | sing | | | _ | Palliative Ca | | | | | Offic | | <u></u> | Tallinot at lon | | _ | | | Services | |
| | Medical Unit | | | | | Primary Car | е | | | | F | Rehabi | ilita | ation Services | | | | | Maintenance) | |
| | Obstetrics | | | | | Public Healt | h-He | althy | Living | | Audi | | | | | Inforr | natio | | | Technology/ |
| | Operating Room PACU/Same Day Surgery | 1 (0. : 0. | | | | Diegr | ti | c Serv | vices | | | ipation iothera | | Therapy , | | Phari | 200 | | narmacy | Pharmacy |
| | Surgical Unit | (Peri-O | perative | | | Imaging (CT | | | | | | ıb Unit | | | | | | | ram / Depai | |
| | Special Care Unit/ ICU | | | | | Laboratory | / ruj | <i>y</i> 0.0 <i>)</i> | / | _ | | | | uage Pathology | | | | | ocation) | |
| REF | PORT INITIATED BY: | | | | | | | | | | | | | <u> </u> | | ATE R | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Var | me (please print first and la | ast nar | me cle | early) | | | - | Depar | rtment | | | | | | | | DD | | ММ | YYYY |
| | MPLETE ONE OF SECTI | | | • • | SO | COMPLETE | | | IF THIS IS A S | TAFF S | SAFET | Y EVE | NT | | | | | | | |
| | FALLS | | | ,,_ | | 001111 2212 | | | | | | | | | | | | | | |
| | Il From: | | | | | | Fe | II Whi | ile [.] | | Co | ntrihu | tin | g Factors: (select AL | I tha | t ann | (v) | | | |
| | Bed (fall mat) | | | Stand | ling/ | Walking | | _ | vitnessed | | | | | echanics | _ 1110 | и ирр | | Educa | tion | |
| | Bed (no fall mat) | | | Toilet | /com | nmode | 垣 | Witn | nessed | | ĮĒ | | | an / Risk Factors | | | | Enviro | nment | |
| | Car/Vehicle | | 뷔 | Trans | | _ | + | ₩ | | | N/A | _ | | atient/Resident not availa | ble | | | | nent (see #5) | ant |
| 片 | Chair Exam table/Stretcher | | ዙ | Tub/s Whee | | er air/scooter | + | +- | | | ┼ | Cloth Cogi | $\overline{}$ | | | | | | ation / Treatm al / Medical C | |
| | Other Specify: | ı | | | .0110 | ,0000101 | | | | | ╁ | | | inication (verbal/written) | | | | | g / Workflow | u |
| | | | | | | | | | | | | | | | | | | | ce / Behavior | |

| 2. | VIOLENT / AGGRESSIVE | E | BEHAVIOR | ? | | | | NOTE: PHYSICAL VIO | DLENG | CE OR THREAT OF PHYS | SICAL VIOLEN | ICE | IS A CODE W | HITE | | |
|-----|---|--------------|-------------------|------------|----------|-----------------------|----------|---------------------------------|---|---|------------------|--------|---|--------------------|--|--|
| For | m of Violence/Response | | | | | | | Whom | Cor | tributing Factors: | | | | | | |
| | ect ALL that apply) | | elect ALL t | | 11 7/ | | | ect ALL that apply) | | ect ALL that apply) | 1 | _ | | | | |
| 븜 | Threat of Physical Violence Physical | | ☐ Agency ☐ Client | pers | onnel | | <u>-</u> | Agency personnel Client | 믬 | Body mechanics Care Plan / Risk Factors | | | Education Environment | | | |
| H | □ Verbal □ Physicia | | | | | | | Physician | N/A | | | | Equipment (see # | | | |
| | Emotional | | □ Staff | | | | | Staff | | | | | tment | | | |
| | | | ☐ Supervis | or | | | | Supervisor | | Cognition | | | Physical / Medica | | | |
| | Financial | | | | | | | Visitor | | Communication (verbal/writte | | | Staffing / Workflow | | | |
| | Additional Staff required | 1 | | | | | | Other Specify: | | | | | Violence / Behavio | or | | |
| | Security required | d Name From: | | | | | Nan | ne To: | | | | | | | | |
| | Police / RCMP called 🖀 | | | | | | | | | | | | | | | |
| 3. | MEDICATION / THERAPE | U1 | TIC & DIA | GN | OSTI | С | | | | | | | | | | |
| | | | cation inclu | | | | | □ IV/TPN Fluids only □ | l Bloo | d/Blood Product Tra | atment/Test/Prod | - Adu | re (Describe) | | | |
| | oe: (Check ONE only) *REM | | | | | | adv | | | | | | | PG 1810 PL 010) | | |
| | Blood type / product variance | | DEIX. I OI a | | | sure to body | | | | Inappropriate disposal (biome | | | Medication found | | | |
| | Break in sterile technique | | | | | ign body left | | | | Incomplete / omitted procedu | | | Misplaced medica | | | |
| | Consent not obtained | | | | | substance (| | | | Information missing on chart | /order | | Omitted dose | | | |
| | Duplication of treatment | | | | Inaco | curate result | s | | | IV infiltration | | | Outdated product | | | |
| | Other Specify: | | | | | | | | | | | | | | | |
| Inc | orrect: | | | | | | | | | | | | | | | |
| | Client | | | | | of Flow | | | | ntributing Factors: (Select | | | | | | |
| | Delivery | | | | Reas | | | | _ | Body mechanics | | | Education | | | |
| | Dose | | | Щ | | / Route | | | 10 | Care Plan / Risk Factors | | | Environment | | | |
| | Labelling / Packaging | | | | | age (e.g. Bre | | | | Client/Patient/Resident not a | | | Equipment (see # | | | |
| | Medication Medication Order | | | | Surg | ical Count D | ISCI | epancy | | Clothing Cognition | | | Medication / Treat Physical / Medica | | | |
| | Narcotic Count | | | H | _ | scription | | | ╁ | 0 | | | Staffing / Workflow | | | |
| Ħ | Procedure / Service | | | H | ITTAIL | Scription | | | | Do Not Use Abbreviati | | | Violence / Behavio | | | |
| | | | | <u> </u> | | | | | 7 | 201101 0001100101101 | | | 1.0.0 | | | |
| M | edication Name | | DIN# /Ua | mad | nothi | o Modicino | # /NI | aturopathic Product# | +. | write Do Not Use A | hhreviation | าร i | in the hlank | | | |
| | | | | mec | pauni | c weatcine | # /IN | aturopatilic Product# | | | | | in the blank | | | |
| | MISCELLANEOUS (CHECK | (() | | | | | | | | line under Contribu | iting Factor | S | | | | |
| Ш | Breach: | | | Ш | | ure Injury <i>(ci</i> | | | C | | | | | | | |
| | ☐ information technology se | | | | 2 | | | tageable | [| data entry staff car | i type in Do | N | ot Use | | | |
| | personal health info. (PH | | | | | rty damage (| | #5) | | Abbreviations in th | e database | ur | nder | | | |
| | personal information (FIP) | PA | | | | iflicted injury | | | 4 | Contributing Factor | c Other Sn | ۵ci | fications | | | |
| | Hazardous Workplace Conditi | on | | | Skin T | | | | | Continuating ractor | 3 Other Sp | CCI | ilcations. | <u>t</u> | | |
| | Left against medical advice | шг | | | Staff In | | | | | | | | | dition | | |
| | Missing property (see section Motor vehicle crash | #5 |) | | Staten | nent of Clain | n e.c | physical location) | 1 | Communication (verbal/white | | | Violence / Deboyi | | | |
| | | | | _ | | | :55 (| priysical location) | 4_ | | | ш | Violence / Behavi | UI | | |
| | Negative media / social media | | | ш | Other | Specify: | | | _ | | | | | | | |
| | aster Management Respons | | T e | | | | | | | | | | | | | |
| | Code Black – bomb threat | | | _ | | Brown - che | | | | Code Green – evacuation 1 | 4" | | Code Grey – exte | | | |
| Ш | Code Orange – multi casualtie | | | _ | Code | Pink – infant | | | <u> </u> | Code Red – fire | (OBC 424) | | Code Yellow – mi | ssing client | | |
| E | Code White (complete Section | | above) | | | | KE | WINDER. FIII OUT AITER ACTION I | eport 1 | for all Disaster Management Res | oonses (UKG.727) | J.PL | .001.FURIVI.01) | | | |
| | EQUIPMENT / PROPERTY | Y | | | | | | | | | | | | | | |
| | M NAME/DESCRIPTION: | | | | | UFACTUR | | | | MODEL# | LOT# | ŧ | | | | |
| ΕV | ENT TYPE: Damage | ed/ | defective | |] Miss | sing OWN | IED | BY: ☐ Site/Program [| ☐ Clie | nt □ Employee □ Othe | Specify: | | | | | |
| AC | TION TAKEN: Taken o | ut | of service | | I Lock | ked away in | se | cure location BY (name |): | WHERE (I | ocation): | | | | | |
| | MINDER: If an event involves | | | | | • | | | ' | • | - , | | | | | |
| | NOTIFICATION | | uioui D | | | (11121) 1 | 2.01 | | <i></i> -y (| | | _ | | | | |
| | | | ad if f | li - | la I - | D | D | | | named Tr | Det- | | 1 | | | |
| | ecord Name of Person Not | | | | DIE | Report | ВŊ | | Re | ported To | Date | | Ti | me (24 hour clock) | | |
| | EAR MISSES / OCCU | | | 5 : | | 1 | | | _ | | T | | | | | |
| | Direct Supervisor / Person in | Ch | narge | | | 1 | | | _ | | | | | | | |
| | Physician | | | | | 1 | | | | | | | | | | |
| | Next of Kin | | | | | 1 | | | | | | | | | | |
| | Client | | | | | | | | | | | | | | | |
| | Pharmacy (as applicable) | | | | | 1 | | | | | | | | | | |
| | Other (Specify) | | | | | | | | | | | | | | | |
| C | RITICAL INCIDENTS | 1 | CRITICA | L (| OCC | URRENC | ES | (Critical Occurrence | s invo | lving staff are also required | to complete no | otific | cations in Sectio | n C) | | |
| | Manager | | | | | | | | | - | | | | • | | |
| | Check if copy of Safety Event | R | eport was s | ent | | T | | | † | | | | | | | |
| | Director | | | - | | | - | | | | | | | | | |
| | Check if copy of Safety Event | R | eport was s | ent | | | | | | | | | | | | |
| | Regional Lead | | | | | | | | | | | | | | | |
| T | Check if copy of Safety Event | ł R | eport was s | ent | | ·† | | | + | | | | | | | |

| Record Name of Person Notified if Applicable | Report By | Reported To | Date | Time (24 hour clock) |
|--|---------------------------------------|------------------------------------|-----------------------------|----------------------|
| ■Patient Safety Coordinator(s) are to receive a | | | | |
| scanned copy of the Safety Event Report for <u>all</u> Critical | | | | |
| Occurrences and Critical Incidents. After Hours: for contact please see On-Call Policy | | | | |
| CLIENT ABUSE: | | | | |
| ☐ Protection for Persons in Care Office (PPCO) | | | | |
| Reporting is ONLY online. | | | | |
| https://www.gov.mb.ca/health/protection/ | | | | |
| ☐ Child & Family Services after hours: 1-866-345-9241 | | | | |
| OTHER CONTACTS AS APPLICABLE: | | | | |
| Emergency Preparedness Specialist | | | | |
| Regional Infection Control Coordinator Privacy & Access Specialist | | | | |
| (Report ALL Breach of PHIA/FIPPA) | | | | |
| ☐ Police/RCMP | | | | |
| Other Specify: | | | | |
| IF THIS IS A STAFF SAFETY EVENT, LEA | AVE THIS PAGE BLAN | NK AND COMPLETE SECTION | C ONLY | |
| SECTION B: Report and Event Analysis | | COMPLETING SECTION C | | |
| Part 1: Report by Staff Member | | COMPLETING SECTION C | | |
| Details related to Safety Event (NM, O, CI, CO) the | facts of what happened: | | | |
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| | | | | |
| Action taken, how did you respond, what did you | do? If this is a staff safety e | event, complete Section C only. | | |
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| D 0 A | 1 110 " 0 1 | | | |
| PART 2: ANALYSIS OF EVENT: If this is a staff safety every Findings, factors that are thought to have contributed to the every staff safety. | | | | |
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| | | | | |
| FOLLOW UP ACTIONS / STEPS REQUIRED | | ASSIGNED TO | TARGET DATE FOR COMPLETION | DATE OF COMPLETION |
| TOLLOW OF MOHOMO / STEP OF REGULARIES | | ACCIONED TO | TARGET BATE FOR COMM ELTION | DATE OF COMM ELFIOR |
| | | | | |
| | | | | |
| | | | | |
| FOR NEAR MISSES / OCCURRENCES: | | FOR ALL CRITICAL INCIDENTS | CRITICAL OCCURRENCES: | |
| | | | | |
| | 1 1 | | | / |
| Signature of Direct Supervisor / Person in Charge | DD MM YY | YY Signature of Manager / Director | . DD | MM YYYY |
| orginature of Direct Supervisor / Person in Charge | | CEO (affiliate/contract site) | | |
| | Date | 3-3 (Similator Grid Gito) | | Date |

| | CTION C: STA | | | | EVENT RE | EPORT | For office | use o | nly Ev | ent #: | | | | | | | | | | |
|--|--|--|--|---|--|---|---|---|--|--|-----------------------------------|--|---|--------------|----------------|------------------------------|------------|---------------|------------------|------------|
| | RT 1: REPORT BY | Staff I | МЕМВ | ER | | | I | | | | | | | | Col | ıthorn | M S | anté | • | |
| Nar | | | | | Emplo | yee #: | Mana | ager | Name: | | | | | | 50t | uthern I ealth | 50 | Id | | |
| | ility / Building / I partment /Job Tit | | on: (wh | nere it | happened) | | | li.i. | nion Affilia | -4: F | - NONI | | NIII - | MO | | | _ | C) F | 7 (110 | F (FC) |
| _ | e of Event: | ie. | / | | 1/1 | Time: | 1 | | itness | | Yes | <u> </u> | NU L | IVIG | EU (P | i) LIC | UPE (C | 3) L | □ CUP | E (FS) |
| Dat | | DD | / MI | M | YYYY | Tillie. | 24 hr clock | | 1111633 | | No No | | Name | /place | o print) | | | | | |
| Act | ions following ev | | | | | it is Report o | | ssina t | ime from wo | | | l dical attent | | 11 | | r etc) re | equires a | WCB | claim | |
| | Report only | | | | | | sabled longer th | | | | | | | | | | | 1105 | Oldini. | |
| | ight Duties Offere | | | | cirialited at v | | etails of duties of | | | <u> </u> | Jaioai | ia (Saw/w | III 300 do | otoi j | | 030 11111 | ic injury | | | |
| | ailed description | | | oluc | lo tock/duty | | | | | nnon olio | nt/rocid | ont namo | c in Soct | ion C | | | | | | |
| Det | alled description | i or eve | ent (in | iciuc | ie task/duty | onered at | time or event): | וטט | vo i reiere | ence che | nvresia | ent name | s III Sect | 1011 C | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Par | t of body injured | I: Chec | k all th | nat a | pply. Must b | e complete | d by employee. | | | | | | | | | | | | | |
| | Head | | Ear | | 1:1: 7 | Abdome | | | Shoulder | | | Hand | | | Knee | | | | louth/Te | eth |
| | Face | [| Hea | | | Pelvis | | | Arm | | | Finger(s)/ | Nails | | Ankle | | | _ | one | |
| \blacksquare | Eye(s) | | Nec | | | Chest |):t | | Elbow | | ᆛ무 | Hip(s) | | 井 | Foot | /N1=:1= | | | ther Spe | ecify: |
| Tyr | Nose e of injury: Plea | | Bac | | annly | | Respiratory | ш | Wrist | iniurias | marked h | Leg y asterisk (* |) must he r | norte | Toe(s) | | nanager/su | nervier | or | |
| | Bite – Animal/Insec | | | | арргу. Foreign Objec | nt . | Violence | | Jenous | | mputatio | | , must be f | -porte(| <u>ımınedi</u> | utery to II | ianayer/su | hei visi | oi. | |
| Ħ | Bruise/Crush/Abras | | | | Hearing Loss | | (select options for type and | by) | | | | ion or Pois | onina* | | | | | | | |
| Ī | Burn/Scald | | | | Internal Injury | | Form of abus | <u>se</u> | | | | ird Degree | | | | | | | | |
| | Chemical Exposure |) | | | Sprain/Strain | | ☐ Physi | | | | lectrical | | | | | | | | | |
| 무 | Concussion | | Follow | | st Exposure Pr | | ☐ Verba | | | | | Dislocation: | | | | | | | | |
| 뷰 | Cut/Laceration (mir Dermatitis/Rash | nor) | | | Bite – Human Needlestick | | Other | | | | | nsciousne nt or tempo | | of ciah | .+* | | | | | |
| 片 | Exposure to Cold/H | leat | - | | Blood/Body FI | luid Splash | □ Patie | nt | | | | ation requi | | | | at hosnit | al* | | | |
| Ħ | Infection Specify | | | . , | Blood/Body 11 | iaia opiaon | ☐ Staff | | | | | | | | | | | | \A/ll | 0-6-6- |
| | Other (Specify): | | | | | | ☐ Visito | | | | | nvestigatio air(s) and s | | | | | | | | ce Safety |
| | | | | | | | ☐ Other | • | a ricalii | COMMITTEE | 00-0110 | iii (3) aria 3 | | O ti iC | vvoikpie | acc Gaic | ty a rica | iui pio | grain. | |
| 04- | ff O! | | | | | / | 1 | | N4 | 15: 1 | | | | | | | | | | |
| Sta | ff Signature | | | | DD | | | | | | | | | | | - | , | | / \ | |
| | TIELOATION | | | | DD | / MM | / YYYY | | Manager | / Direct | Or (Perso | n in Charge S | ignature) | _ | | DD | 1 | MM | / \ | YYY |
| No | TIFICATION | | | | DD. | / IVIIVI | / 1111 | | | | Or (Perso | | | | | | 1 | | | |
| No Rec | ord Name of Per | | | | | | | | Report | Ву | Or (Perso | n in Charge S | | | | DD D a | nte / | | / \ ne (24 ho | |
| No Red Ma | ord Name of Per nager / Directo | r / Per | son i | in C | harge (sen | d Section | C: Staff Safe | | Report | Ву | Or (Perso | | | | | | nte | | | |
| No Red Ma | ord Name of Per nager / Directo For all employee (| r / Per Occurre | son i | in C | harge (sen | d Section | C: Staff Safer | ting | Report | By ort) | | Repor | ed To | | | | nte / | | | |
| No Red Ma | ord Name of Per nager / Directo | r / Per Occurre | son i | in C | harge (sen | d Section | C: Staff Safer | ting | Report | By ort) | | | ed To | | | | ite | | | |
| No Red Ma | ord Name of Per nager / Directo For all employee (| r / Per Occurre es / Occ | son i ences / urrenc | in C COs | harge (sen immediately COs notify W | d Section send to Payl | C: Staff Safe roll for WCB repor ety & Health progr | ting ram | Report | By ort) | rsh@sou | Repor | ted To | alth.ca | | | / nte | | | |
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| No Rec Ma | rord Name of Pernager / Directo For all employee (For all Near Misse | or / Per Occurre es / Occ aggressi rences: | ences / urrenc ive to I : Manag | COs ces / MNU ger / | harge (sen simmediately COs notify W staff also noti Director der the Workpl | d Section send to Payl orkplace Safe ify Labour Re | C: Staff Safe roll for WCB repor ety & Health progr elations (within 96 and Health Act mus | ting ram hrs) | Report ent Repo | By ort) | rsh@sou abourRe | Report themhealt | n.ca | | | Da | / late | | | |
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