



Safety Event Report Resource Guide

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Introduction to Report Completion:

Risk management is a process of identifying the organization's actual or potential risks, assessing the importance of each risk, and the action to prevent or manage these risks. A solid Safety Event Reporting and management process is the cornerstone to effectively identifying the risks within Southern Health-Santé Sud.

Who should complete a Safety Event Report?

Any staff member or physician who identifies a near miss, occurrence, critical incident, or critical occurrence.

What is a Near Miss / Occurrence / Critical Incident / Critical Occurrence?

Near Miss (NM): An event that happened but did not reach the client or employee.

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.

Critical Incident (CI): is an unintended event that occurs when health services are provided to an individual and result in a consequence to him or her that:

- is serious and undesired such as death, disability, injury or harm, unplanned admission to hospital or unusual extension of a hospital stay; and
- does not result from the individual's underlying health condition or from a risk inherent in providing the health services.

Critical Occurrence (CO): 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.

When do I complete a Safety Event Report?

Whenever a situation presents itself that meets the above definitions. A report should be completed for a:

- Near Miss / Occurrence– as soon as possible and before the end of your shift.
- Critical Incident / Critical Occurrence– **Immediately**

Why should I complete a Safety Event Report?

We cannot fix what we don't know about. The Safety Event Report 'brings to light' the risks. We need to be diligent about completing Safety Event Reports and encourage our co-workers to report so that we can discuss, learn from and change the way we configure our work.

Reasons to report:

I can make the care and services we provide safer for the people we serve.

I can make our work environments safer for our co-workers and for us.

I can minimize organizational risk.

I have an important part to play in making our environment safe. It is my responsibility to report.

I can make a difference.

I have an important role in building a culture of safety.

Where and how do I obtain a Safety Event Report?

Each area should have forms readily accessible and available for staff reporting. The Safety Event Report can be found on the Health Care Provider Site under Policies, Forms & Guidelines. Program Area is Quality, Planning & Performance (Safety Event Report ORG.1810.PL.001.FORM.01).

Who did it happen to (addressograph):

This section requires the information of the person affected by the NM / O / CI / CO. If it happened to:

A client or an outpatient: an addressograph or label can be applied in this area. **The addressograph or label should be for the person who the NM / O / CI / CO happened to.** Check the box "Not Applicable" if the event did not happen to anyone, e.g. equipment, pill found on floor, etc.

Examples of what to put in the addressograph box for events not related to patients/residents/clients:

Type of NM / O / CI / CO:	Put in addressograph box:
Incorrect narcotic count	Blank
Violent/aggressive event where resident is abusive to staff	Staff member's name
Violent/aggressive event where staff is abusive to resident	Resident's name
Violent/aggressive event where resident is abusive to resident	Resident's name who it happened to
Staff member injured	Staff member's name
Found pill on floor	Blank
Found syringe in garbage can	Blank
Door left open/unlocked	Blank

SECTION A

Type of Outcome:

Near Miss (NM): An event that happened but did not reach the client or employee.

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.

Critical Incident (CI): is an unintended event that occurs when health services are provided to an individual and result in a consequence to him or her that:

- is serious and undesired such as death, disability, injury or harm, unplanned admission to hospital or unusual extension of a hospital stay; and
- does not result from the individual's underlying health condition or from a risk inherent in providing the health services. ☎

Critical Occurrence (CO): 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. ☎

Note: A phone (☎) symbol on the Safety Event Report indicates further action for notification to an individual within the organization by phone is required in addition to completing a Safety Event Report. Refer to the Notification Section for special handling.

Who did the safety event happen to?

Check the box corresponding to who the event happened to. If it did not happen to a person, check "Other".

For employee related near misses, occurrences, or critical occurrences complete Section A & C of the Safety Event Report.

Degree of Injury at Time of Safety Event:

None Apparent:	Circumstances or processes that have the potential to cause harm. The event was a near miss.
	An event occurred but the employee or client was not harmed.
	An event occurred that resulted in the need for increased client assessments but no change in vital signs and no harm resulted.
Unknown:	An event occurred and you are unsure of the condition of the person.
Minor:	An event occurred that resulted in the need for treatment and / or intervention and caused temporary harm.
Major:	An event did occur that resulted in admission to hospital, or a prolonged hospital stay and which was not the result of the employee's or client's health status.
	An event occurred that resulted in disability or permanent patient harm or near death event such as anaphylaxis.
Death:	An event occurred that resulted in death.

Property Damage:

None:	A property related event that occurred that did not result in any financial loss.
Minor:	A property related event that resulted in a potential financial loss of less than \$25,000.
Major: (CO)	A property related event that resulted in a potential financial loss of \$25,000 or greater. Must be reported as a Critical Occurrence (see Management of a Critical Occurrence Checklist ORG.1810.PL.001.SD.04).

Type of Injury:

Select all that apply:

No injury	Fracture (confirmed)
Bruise/Crush/Abrasion	Fracture (suspected)
Burn	Puncture
Chemical or Biological Exposure	Sprain/Strain
Cut/Laceration	Other (specify)

Actual Location of Safety Event and Office Base:

Site / Facility / Building:	the name of the building where the event took place in.
Or	
Community Address:	the address or location of the client's home where the event happened.

Location: (check only 1 box)

Provide the area within the program where the event took place if applicable, such as:

Bathroom	Client's Home	Corridor/Hall	Entrance	Grounds	Lounge	Mobile Clinic	Parking Lot	Street / Highway
Client's Bathroom	Client's Room	Dining Room	Exam Room	Kitchen	Meeting Room	Office	Stairs	
Other (specify)								

Program/Department of where the event took place: (check only 1 box)

Acute Care	Community Programs/Services	Long Term Care	Support Services
Ambulatory Care Clinic (Outpatient Services)	Emergency Response Services	Personal Care Home	Environmental Services (Housekeeping/Laundry)
Cancer Care Services	Home Care	Transitional Care Centre	Health Information Services
Dialysis	Medical Clinics		Privacy & Access
Emergency Room	Mental Health	Regional Administration	Logistics and Supply Chain
Medical Device Reprocessing	Palliative Care	Office	Nutrition & Food Services
Medical Unit	Primary Care	Rehabilitation Services	Physical Plant (Maintenance)
Obstetrics	Public Health-Healthy Living	Audiology	Information Communication/Technology
Operating Room		Occupational Therapy	Pharmacy
PACU/Same Day Surgery (Peri-Operative Unit)	Diagnostic Services	Physiotherapy	Pharmacy LTC Pharmacy
Surgical Unit	Imaging (CT, X-Ray etc...)	Rehab Unit	Other Program / Department
Special Care Unit/ ICU	Laboratory	Speech Language Pathology	Other (specify location)

Report Initiated By:

The person who completes the Safety Event Report prints his/her first and last name, department, and date of when the report is completed by day, month, and year.

COMPLETE ONE OF SECTIONS 1-4. ALSO COMPLETE SECTION C IF THIS IS A STAFF SAFETY EVENT

Section 1: Falls

If this event resulted in an employee injury, complete this section & Section C: Staff Safety Event Report

Fall: is a sudden change in position that results in an individual coming to rest on the ground or lower level.

Fell from:	Check this when...
Bed (fall mat)	When the fall originated from a bed. e.g. the person fell while getting out of bed or rolled off of the bed onto a fall mat.
Bed (no fall mat)	When the fall originated from a bed. e.g. the person fell while getting out of bed or rolled off of the bed with no fall mat in place.
Car / Vehicle	When the fall originated from a car or vehicle. e.g. the person fell while getting in / out of the vehicle.
Chair	When the fall originated from a chair (excluding wheelchairs). e.g. the person fell while trying to stand up from a chair.
Exam table / stretcher	When the fall originated from an exam table or stretcher. e.g. the person falls from an exam table during imaging or surgical procedure.
Other (specify)	When the fall originated from any other means than those listed e.g. falling from a ladder. Specify what the person fell from.
Standing/walking	When the fall was related to standing or walking.
Toilet / commode	When the fall originated from the toilet / commode.
Transferring	When a fall occurs during the process of transferring. e.g. mechanical lift used to transfer from bed to a wheelchair and person fell.
Tub / shower	When the fall was related to the use of the tub / shower.
Wheelchair / scooter	When the fall was related to the use of a wheelchair / scooter.

Fell while:	Check this when...
Unwitnessed	The fall was unwitnessed. Nobody visualized the persons fall. The client reported he/she had a fall.
Witnessed	The fall was witnessed. Visually saw the person fall.

Contributing Factors: (Select all that apply)	Check this 'Contributing Factor' when....
Body Mechanics	Not following Safe Client Handling and Injury Prevention Program (SCHIPP) techniques when assisting client.
Care Plan/Risk Factors	Client's care plan not updated to identify fall risk factors and mitigating strategies (siderails, call bell within reach, bed alarm, fall mat bed not in the lowest position etc.)
Client/Patient/Resident not available	Not Applicable (N/A)
Clothing	When the reason for the fall may be related to the clothing or footwear worn by the person. e.g. slippers / shoes with smooth soles or soles lifting away from the shoes, pant legs that caught under the toes.
Cognition	When the reason for the fall may be related to the client's memory or mental impairment e.g. confused / disoriented / Stroke.
Communication (verbal/written)	Handovers, Communication Board, health record not flagged to identify at risk/high risk of falls. Client unable to comprehend due to language barrier.
Education	Client / family & / or staff lacking education on falls prevention.
Environment	When the reason for the fall may be related to the surrounding environment where the fall occurred. e.g. poor lighting, ice or snow, wet floor.
Equipment (see #5)	When the reason for the fall may be related to an equipment failure. Complete section 5 of the form, titled "Equipment. e.g. a lift broke, wheelchair brake released.
Medication/Treatment	When the reason for the fall may be related to a medication/treatment.
Physical/Medical Condition	When the reason for the fall may be related to the client's physical or medical condition. e.g. the client was not strong enough to climb stairs and fell; The person fell because of a heart attack, seizure disorder etc.
Staffing/Workflow	Not a full complement of staff on shift, e.g. staffing mix, workload, inefficient workflow.
Violence/Behavior	When the reason for the fall may be related to the client's violence/behavior.

Section 2: Violent / Aggressive Behavior

NOTE: PHYSICAL VIOLENCE OR THREAT OF PHYSICAL VIOLENCE IS A CODE WHITE

If the violent/aggressive behavior was directed towards an employee, complete this section & Section C: Staff Safety Event Report

Form of Violence/ Response: (select all that apply)	Check this form of violence/aggressive behavior when:
Threat of physical violence	Language which would be making threats of serious harm to an individual. Could be delivered in person, messages or over the phone.
Physical	Deliberate action to produce, bodily harm, pain or discomfort.
Verbal	Language which would be perceived as derogatory, humiliating or insulting.
Emotional	Emotional abuse includes psychological, emotional, mental, neglect or omission, and violation of human rights. Any act which may diminish the sense of identity, dignity, or self-worth of a person. Such behavior includes: <ul style="list-style-type: none"> ▪ confinement ▪ physical and social isolation ▪ harassment ▪ humiliation, intimidation ▪ denial of information, privacy, visitors, or religious worship coercion, compulsion by threat, or unlawful constraint to force a person to do some act that otherwise he/she would not have done.
Sexual	Inappropriate behavior of a sexual nature, harassment, failure to respect another person's right to privacy, exposure to sexually explicit material with or without the individual's consent.
Financial	Action that results in monetary or personal gain e.g. borrowing from a client, misuse of another's money or using influence, pressure or coercion to obtain money or property

Form of Violence/ Response: (select all that apply)	Check this form of violence/aggressive behavior when:
	for personal use.
Additional Staff required	Additional staff are called to assist with de-escalation of violence/aggressive behavior.
Security required	Security is called to assist with de-escalation of violence/aggressive behavior.
Police / RCMP called 📞	Police / RCMP called to assist with de-escalation or protection from violence/aggressive behavior. 📞 Notify the Emergency Preparedness Specialist

From Whom: (select ALL that apply)	To Whom: (select ALL that apply)
Agency personnel	Agency personnel
Client	Client
Physician	Physician
Staff	Staff
Supervisor	Supervisor
Visitor	Visitor
Other Specify:	Other Specify:
Name From:	Name To:

Contributing Factors: (Select all that apply)	Check this Contributing Factor when the possible cause is related to:
Body Mechanics	Aggressor holding up a fist or making body actions representing bodily harm.
Care Plan/Risk Factors	Screening for Violence/ Aggression incomplete; care plan not updated.
Client/Patient/Resident not available	N/A
Clothing	N/A
Cognition	An individual with impaired cognition
Communication (verbal/written)	Communication breakdown that may have contributed to an act of violence
Education	Lack of education on Violence Prevention Program
Environment	Noisy, alarms sounding, busy environment that may trigger one to act violent/ aggressive.
Equipment (see #5)	Any type of equipment involved in a violent situation
Medication/Treatment	A medication/treatment that may have contributed to a persons behavior causing him/her to become violent.
Physical/Medical Condition	A person's underlying physical/medical condition that may contribute to an act of violent behavior. e.g.) Stroke
Staffing/Workflow	Not a full complement of staff on shift, e.g. staffing mix, workload, inefficient workflow
Violence/Behavior	A person with a history of violence

Section 3: Medication/Therapeutic & Diagnostic

For all medication related adverse reactions & Serious Adverse Drug Reactions (SADR) refer to Mandatory Reporting Policy (ORG.1810.PL.010). A Safety Event Report is not required unless requested by Patient Safety Coordinators.

If this event resulted in employee injury, complete this section & Section C: Staff Safety Event Report

Category: (check one)	Check this Category when....
Medication including IV medications	When the event involves medication and / or intravenous solution.
IV / TPN Fluids Only	When the event involves intravenous / total parenteral nutrition.
Blood / Blood Product	When the event involves blood or a blood product e.g. blood transfusion
Treatment / Test /	When the event involves any treatments, tests or procedures related to client care

Category: (check one)	Check this Category when....
Procedure (Describe)	(excluding those involving medication or intravenous solutions). e.g. events involving diagnostic imaging, lab tests or any other direct medical care treatments, tests or procedures.
Type: (check one only)	Check this Type when...
Blood type / product variance	When the event involves blood or blood products that were not ordered or was incorrectly administered to the client or wrong blood type.
Break in sterile technique	When procedures are not followed during the preparation or use of sterile products. The break in technique increases the chance of introducing micro organisms or, when infection control practices were not followed. e.g. not wearing proper protective equipment; the reuse of a lancet
Consent not obtained	When consent was not obtained for a treatment, test or procedure when it should have been obtained. e.g. surgical procedure performed without documented consent. When a client denies giving informed consent for a treatment, test or procedure that was provided. e.g. post exposure protocol followed and patient denies signing consent. e.g. parent denies giving consent to have child immunized.
Duplication of treatment	When a medication, treatment, test or procedure is inadvertently repeated. e.g. flu vaccine inadvertently given twice. When multiple drugs are ordered in the same class e.g. two beta-blockers ordered for the same patient when only one is required.
Other (specify)	Any other event or circumstance related to a client's medication, therapeutic or diagnostic tests or procedures that resulted in or could have resulted in an unintended undesired outcome for the client or employee. Specify on the report what the "other" is.
Exposure to body fluids	When blood or body fluids come into contact with another person's body cavity, chapped, abraded skin or mucous membranes or through ingestion. Note: Complete Section C: Staff Safety Event Report and follow the Post Exposure Protocol for an Occupational Injury. Refer to Policy CLI.4110.PL.017 <i>Post-Exposure Prophylaxis for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or Hepatitis C Virus (HCV)</i>
Foreign body left in client	When a surgical sponge, needle, instrument, etc. is left in the client inadvertently.
Illicit Substance (suspected)	A substance which is reasonably suspected by staff to be a controlled substance listed on Schedules I, II, III, IV or V of the <i>Controlled Drugs and Substances Act</i> and for which the patient does not have a valid prescription to possess. Refer to Policy CLI.6010.PL.024 <i>Handling of Suspected Illicit Substance</i>
Inaccurate results	When results for treatments, test or procedures are inaccurate. e.g. an equipment malfunction resulted in inaccurate test results.
Inappropriate Disposal (Biomedical supplies)	When there is improper disposal of sharps in a non-approved sharp receptacle. e.g. a needle is found in the laundry with linens.
Incomplete / omitted procedure	When a procedure that should have been completed for a client was not performed or not completely performed. e.g. dressing change not complete.
Information missing on chart/order	No written medication/ treatment ordered for the client. A diagnostic test prep not specified. e.g. Client to be fasting for bloodwork/test which was not communicated.
IV infiltration	When serious IV infiltration occurs with large volumes of product or medications that have the potential for tissue damage.
Medication found on floor / bedside	A medication found on the floor or left at the bedside.
Illicit Substance (suspected)	A substance which is reasonably suspected by Southern Health-Santé Sud staff to be a controlled substance listed on Schedules I, II, III, IV or V of the <i>Controlled Drugs and Substances Act</i> and for which the patient does not have a valid prescription to possess.

Type: (check one only)	Check this Type when...
	Refer to Policy # CLI.6010.PL.024 <i>Handling of Suspected Illicit Substance</i>
Missed placed medication	When a medication was found in a location where it should not be.
Omitted dose	When the administration of a medication was missed. e.g. a medication was ordered QID but was only provided BID
Outdated Product	A product that was used beyond its expiry date e.g. medication, contrast media, blood/blood products, vaccine.





INCORRECT	
Client	When a medication / therapeutic or diagnostic procedure was ordered for or provided to the wrong client. e.g. when an imaging was performed on Mr. Jones (bed A) that should have been performed on Mr. Smith (bed B).
Delivery	Inaccurate delivery, missing supplies, placed in wrong bin or container / location
Dose	When the correct drug was provided but in the wrong amount. e.g. Cipro 400 mg ordered but Cipro 500mg was provided.
Labelling/Packaging	When a specimen, medication, test requisition is not labelled, is labelled incorrectly or is labelled with incomplete information. e.g. look / sound-alike names, look-alike packaging, unclear / absent labelling
Medication	When a medication was dispensed for a client without a corresponding doctor's order (but the client did not consume the medication) or a wrong medication was given.
Medication Order	When an order is written incorrectly. e.g. an order is written in a client's health record that was intended for a different client. When an order is written with the wrong rate or units or when an unapproved abbreviation is used.
Narcotic count	When there is a discrepancy between the documented amounts of narcotics versus the actual amount available. e.g. 10 tablets of codeine are documented as being available, but only 6 are physically present.
Procedure/Service	When the procedure was performed on a client that it was not intended for. e.g. an imaging or surgery on the left limb instead of the right limb.
Rate of Flow	When an IV / TPN / Parenteral feeding was not being administered at the correct rate. e.g. a parenteral feeding running at 400 ml/hour instead of 40 ml/hour
Reason	Medication/treatment provided for the wrong reason
Site / Route	When a medication was given by a route / site different from the order. e.g. a medication was ordered IM but was delivered by IV
Storage (eg. Break in cold chain)	Inappropriate storage of medication/product e.g. Fridge versus room temperature. Room temperature versus fridge = break in cold chain.
Surgical Count Discrepancy	When there is a discrepancy in the pre and post surgical count for sponges, needles, and instruments.
Time	When a scheduled medication / therapeutic / diagnostic event was provided at the incorrect time e.g. outside the 1 hour window before or after the medication administration time.
Transcription	When there is a problem in the transcription process.













Contributing Factors: (Select all that apply)	Check this Contributing Factor when the possible cause is related to:
Body Mechanics	When a client is unable to extend an arm for an IV insertion to the Anticubital fossa. e.g. Client is unable to sit/stand/lie for a specified diagnostic test due to his/her body mechanics.
Care Plan/Risk Factors	Age, weight, allergies, lab values, pregnancy, client identity, location, renal / liver impairment, diagnosis etc. was not available or not included when required e.g. missing date, time, priority level, combinations of orders not provided

Contributing Factors: (Select all that apply)	Check this Contributing Factor when the possible cause is related to:
Client/Patient/Resident not available	Client on day pass/not home/ gone for diagnostic tests etc.
Clothing	Client not in gown, personal protective equipment not worn when using a chemical
Cognition	Dose miscalculation
Communication (verbal/written)	Ambiguous, incomplete, misheard, or misunderstood; language barrier
Education	Limited education/no education provided e.g. education to client was absent or not comprehended e.g. new or unfamiliar devices / drugs, orientation processes. e.g. incomplete or insufficient training.
Environment	Poor lighting, noise levels, clutter, interruptions, weather
Equipment (see #5)	A problem related to the equipment or device used. e.g. surgery cancelled due to equipment failure. A medication was not provided because of a computer failure. The rate of flow was incorrect because the pump malfunctioned. Equipment not available when required.
Medication/Treatment	Medication order discrepancy, illegible, incorrect transcription, misinterpreted
Physical/Medical Condition	Client not able to consume medication / complete treatment / diagnostic testing due to a physical disability or a medical condition.
Staffing/Workflow	Not a full complement of staff on shift e.g. staffing mix, workload, inefficient workflow
Violence/Behavior	e.g. spontaneous client behavior or actions unable to provide treatment.

Provide the medication name, Drug Identification Number (DIN) / Homeopathic Medicine # (DIN-HM) / Naturopathic Product # (NPN), dose, route and frequency of the medication involved in the event if known.

Section 4: Miscellaneous (Check one only)

Type:	Check this type when:
 Breach: ➤ Information Technology Security ➤ Personal Health Info. (PHIA) ➤ Personal Information (FIPPA)	➤ A breach of Information Technology Security: is when a security breach occurs when a person(s) gain access illegally to confidential information recorded and maintained on a server, computer, personal electronic device or removable electronic storage media. ➤ A breach of Personal Health Info.(PHIA) & Personal Information (FIPPA): is any theft or loss; or access, use, disclosure, destruction or alteration in contravention of The Personal Health Information Act or The Freedom of Information and Protection of Privacy Act.  All Breaches of Confidentiality are to be reported to Privacy & Access Specialist.
Hazardous workplace condition	When there is an unsafe workplace condition. e.g. exhaust fumes entering the work area or improper use of equipment for the risk.
Left against medical advice	When a client leaves the organization against medical advice.
Missing property	When property of SH-SS, staff and/or clients, patients, residents is missing or lost, e.g. lost employee ID card, hearing aide, glasses, stolen equipment, etc. Remember to also complete section 5.
Motor vehicle crash	When a motor vehicle crash occurs (fleet vehicle, leased vehicle or private vehicle) while conducting work for the region.
 Negative Media / Social Media	When ever there is negative media/social media attention about SH-SS or an employee in the news, Facebook postings, twitter etc..  Notify the Patient Safety Coordinator(s) of the event as this is considered a Critical Occurrence (CO).
Pressure Injury	A pressure injury that is identified as a Stage 2, 3, 4 or unstageable (circle one). Pressure injuries that develop while in care and are staged at a 3 or 4 are reportable as CI's. Contact Patient Safety Coordinator(s) to discuss further.

Type:	Check this type when:
Property damage	When any property is damaged, defaced or altered. e.g. a fleet car is vandalized in a parking lot. Remember to also complete section 5.
Self-inflicted injury	When injury resulted due to personal actions or behaviour.
Skin Tear	A skin tear can be without tissue loss, with partial flap loss, or total flap loss.
Staff Injury	When a staff member is injured on SH-SS property. Also complete Section C: Staff Safety Event Report.
 Statement of Claim	When a legal document that is filed with the Court of King's Bench in an effort to gain financial compensation from the region is received. If a Statement of Claim is received, staff are to immediately  notify and send a copy of the Safety Event Report and Statement of Claim to a Regional Director/Lead and the Administrative Assistant - Quality, Planning, Performance. This is considered a Critical Occurrence (CO).
Unauthorized access (physical location)	When a person is found in an area they are not authorized to be in or if someone breaks into a storage shed. If there is a potential that personal information/personal health information was accessed then those events should be categorized under Breach of PHIA/FIPPA. Contact Privacy & Access Specialist to discuss.
Other	Please specify on the form what the "other" is.
Disaster Management Response	The Code types should only be selected when the disaster management response is initiated.  Notify the Emergency Preparedness Specialist
 Code Black-Bomb threat	Event where a suspicious package is found or threat received in person, by phone or mail.
 Code Brown-Chemical Spill	A spill of chemicals requiring a Safety Data Sheet within a site or on the property.
 Code Green-Evacuation	Occurs when a site needs to evacuate patients/residents and staff to another location within the site or completely move patients/residents and staff out of the site; this may be part of the day or may last for days.
 Code Grey-External Air	Event involving an incident outside of the site where the air that is pulled into the site becomes dangerous from fumes (as in an external chemical spill, wildfire).
 Code Orange-Multiple Casualties	If an external event causes many injuries that present to the site. Generally, multiple casualty incidents require additional staff to be called in to manage the demand and work with Emergency Response Services (ERS) and other sites or Service Delivery Organizations to triage, treat and transfer clients.
 Code Pink-Infant Abduction	When a registered or admitted infant is suspected of being abducted.
 Code Red-Fire	Fire or smoke incident that potentially could endanger staff or clients. A fire response to an actual event large or small.
 Code Yellow-Missing Client	When a registered or admitted client cannot be found within the facility and search required.
 Code White-Violent / Aggressive Behavior	If a Code White Disaster Management Response is initiated, check the applicable boxes in Section 2. Violent/Aggressive Behavior including notifying the Emergency Preparedness Specialist.

Contributing Factor: (Select all that apply)	Check this contributing factor when the possible cause is related to:
Body mechanics	Unsafe work procedure e.g. not bending knees to lift a heavy object
Care plan / Risk Factors	Not checking scheduled duties for the shift. e.g. client goes missing due to not checking the health record which states a need for 30-minute checks.
Client/Patient/Resident not available	Client on day pass/not home/ gone for diagnostic tests etc.
Clothing	Inappropriate clothing, personal protective equipment not worn when using a chemical

Contributing Factor: (Select all that apply)	Check this contributing factor when the possible cause is related to:
Cognition	An individual with impaired cognition or lapse in memory
Communication (verbal/written)	Communication breakdown that may have contributed to an event. e.g. no signage of restricted area; English as a second language
Education	Lack of education; not aware of existing policy and procedure
Environment	Noisy environment etc..
Equipment (see #5)	Any type of equipment involved in the event. e.g. an injury occurred because of a defective device or equipment
Medication/Treatment	A medication/treatment that may have contributed to the event.
Physical/Medical Condition	A person's underlying physical/medical condition that may contribute to the event. e.g. a client has a self-inflicted injury in part due to the client's mental condition.
Staffing/Workflow	Not a full complement of staff on shift/workflow e.g. staffing mix, workload, inefficient workflow
Violence/Behavior	A person with a history of violent/aggressive behavior that may have contributed to the event.

Section 5: Equipment/ Property

The Equipment/Property section is intended to be a supplement to the other category of events (Falls, Violence, Medication, Misc.). It allows you to provide details of what equipment/property was involved in an event however, not all fields are mandatory in this section. If you are simply wanting to report missing and/or damaged property, you can find those types of events under the Miscellaneous category.

For all Medical Device Incidents (MDIs) refer to Mandatory Reporting Policy (ORG.1810.PL.010)

In this section describe the item, manufacturer, serial number, model number, and lot number if available/applicable.

ITEM NAME/DESCRIPTION:	MANUFACTURER:	SERIAL #	MODEL#	LOT#
EVENT TYPE: <input type="checkbox"/> Damaged/defective <input type="checkbox"/> Missing <input type="checkbox"/> OWNED BY: <input type="checkbox"/> Site/Program <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Other Specify: _____				
ACTION TAKEN: <input type="checkbox"/> Taken out of service <input type="checkbox"/> Locked away in secure location BY (name): _____ WHERE (location): _____				
*REMINDER: If an event involves a Medical Device Incident (MDI) refer to Mandatory Reporting Policy (ORG.1810.PL.010)				

Event Type:	Check this contributing factor when the possible cause is related to:
Damaged / Defective	When a piece of equipment appears to be as it should but in fact is damaged or not working properly. e.g. the roam alert system is not notifying staff when a client leaves the building and/or when a piece of equipment is damaged/ defective.
Missing	When a piece of equipment is lost or missing. e.g. a wheelchair cannot be located.
Owned By:	
Site/Program	SH-SS owned
Client	Client owned
Employee	Employee owned
Other (specify)	Please specify on the form what the "other" is.
Action Taken:	
Taken out of service	Equipment is removed from service because it is not safe to use or was involved in an event that requires further investigation.
Locked away in a secure location	Always lock away and label equipment involved in an event and do not use until a Direct Supervisor/Person in Charge has reviewed the event. An external investigator may need to be notified to examine the equipment to determine if the event was related to inappropriate use of the equipment or equipment failure. Do Not release equipment involved in an event until the investigation is complete.
By (name) & Where (Location)	Insert name of individual who has secured the item and in what location.

Section 6: Notification

Check off all sources notified on the Safety Event Report including who reported it, the name of the person it was reported to, the date (DD//MM//YYYY) and the time. All Safety Event Reports are to be shared with the Direct Supervisor/Person in Charge. Multiple notifications can occur per event and as the report is reviewed new notifications may happen after the report writer initiates the report (eg. Person in Charge contacts next of kin or physician of the event).

Record Name of Person Notified if Applicable	Report By	Reported To	Date	Time (24 hour clock)
NEAR MISSES / OCCURRENCES:				
<input type="checkbox"/> Direct Supervisor / Person in Charge				
<input type="checkbox"/> Physician				
<input type="checkbox"/> Next of Kin				
<input type="checkbox"/> Client				
<input type="checkbox"/> Pharmacy (as applicable)				
<input type="checkbox"/> Other (Specify)				
CRITICAL INCIDENTS / CRITICAL OCCURRENCES 📞 (Critical Occurrences involving staff are also required to complete notifications in Section C)				
<input type="checkbox"/> Manager				
<input type="checkbox"/> Check if copy of Safety Event Report was sent				
<input type="checkbox"/> Director				
<input type="checkbox"/> Check if copy of Safety Event Report was sent				
<input type="checkbox"/> Regional Lead				
<input type="checkbox"/> Check if copy of Safety Event Report was sent				
Record Name of Person Notified if Applicable	Report By	Reported To	Date	Time (24 hour clock)
<input checked="" type="checkbox"/> Patient Safety Coordinator(s) are to receive a scanned copy of the Safety Event Report for all Critical Occurrences and Critical Incidents.				
<input type="checkbox"/> After Hours: contact Manager On-Call: 204-239-2211				
CLIENT ABUSE:				
<input type="checkbox"/> Protection for Persons in Care Office (PPCO) Reporting is ONLY online. https://www.gov.mb.ca/health/protection/				
<input type="checkbox"/> Child & Family Services after hours: 1-866-345-9241				
OTHER CONTACTS AS APPLICABLE:				
<input type="checkbox"/> Emergency Preparedness Specialist				
<input type="checkbox"/> Regional Infection Control Coordinator				
<input type="checkbox"/> Privacy & Access Specialist (Report ALL Breach of PHIA/FIPPA)				
<input type="checkbox"/> Police/RCMP				
<input type="checkbox"/> Other Specify:				

NOTE: A phone (☎) symbol on the Safety Event Report indicates further action for notification to an individual within the organization by phone is required in addition to completing a Safety Event Report.

FOR ALL OF THE FOLLOWING EVENTS with a phone (☎) symbol contact:

Breach: personal health info. (PHIA) ☎	Include Privacy & Access Specialist
Breach: personal information (FIPPA) ☎	
Code Black – bomb threat ☎	Include Emergency Preparedness Specialist
Code Brown – chemical spill ☎	
Code Green – evacuation ☎	
Code Grey – external air ☎	
Code Orange – multi casualties ☎	
Code Pink – infant abduction ☎	
Code Red – fire ☎	
Code Yellow – missing client ☎	
Code White when RCMP notified	
Critical Incident (CI) ☎	Include Patient Safety Coordinator(s)
Critical Occurrence (CO) ☎	
Negative media / social media ☎	
Statement of Claim e.g. Lawsuit ☎	Include Regional Director/Lead <u>and</u> the Administrative Assistant - Quality, Planning, Performance

SECTION B: REPORT AND EVENT ANALYSIS

The Safety Event Report is used for documentation of follow-up. Employee-related events/ investigative information is recorded on Section C: Staff Safety Event Report. There is a check box at the top of this page to tick when confirming that Section C will be completed instead of Section B.

IF THIS IS A STAFF SAFETY EVENT, LEAVE THIS PAGE BLANK AND COMPLETE SECTION C ONLY
SECTION B: Report and Event Analysis CHECK IF COMPLETING SECTION C

Part 1: Report by Staff Member

Details related to Safety Event (NM, O, CI, CO) the facts of what happened. This section requires the reporter to document factual information about what occurred.

Action taken, How did you respond, what did you do? Record only the factual events that took place following the NM, O, CI, CO.

Part 2: Analysis of Event (If this is a staff event complete Section C only).

Findings, factors that are thought to have contributed to the event. For client falls, state date of last fall if known.

The Direct Supervisor/Person in Charge reviews the event to determine what may have led to the event. Consider the following contributing factors when reviewing:

Work environment	Lighting, noise levels, work area
Patient	Disease process, cultural, language barrier
Organization	Policies, procedures, workarounds, resources, staffing levels
Task	Specialized skills required, time constraints, protocols up to date
Equipment	Standardized equipment, communication equipment, warning labels
Care team	Education, experience, training, fatigue, workload
Other	Influential circumstances

Follow-up Action(s)/Steps Required:

Actions required eliminating or reducing the likelihood of a repeat event of a similar nature. List the target date for completion, who is responsible for follow-up and the actual date of completion.

Signature of Direct Supervisor/Person in Charge

The Department Supervisor/Manager of the primary department reviews, documents, signs and dates the form.

For Near Misses/Occurrences: The Direct Supervisor/Person in Charge, (Manager/Director/Director of Nursing at affiliate/contract sites) reviews, documents, signs and dates the form UNLESS this is a staff near miss/occurrence, then sign Section C only.

For all critical Incidents/critical occurrences (including critical occurrences involving staff recorded in Section C): The Manager/Director (CEO at affiliate/contract sites) reviews, documents, signs and dates the form.

SECTION C: STAFF SAFETY EVENT REPORT

Part 1: Report by Staff Member

Name: name of employee injured **Employee #:**employee number **Manager Name:** name of employee’s manager

Facility/Building/Location: write the name of the facility where the injury occurred.

Department/Job Title: Injured employee’s job title and/or the department where the employee works.

Union Affiliation: select employee’s union as appropriate. MNU; MGEU (PT); CUPE (CS); CUPE (FS). Select None if the employee is not affiliated with a union.

Date of Event: DD/MM/YYYY **Time:** time incident occurred use the 24hr clock.

Witness: Check yes or no for whether a witness was present during the event. If yes, print the name of the witness.

Actions following event:

Check all that apply unless it is Report only. Note that missing time from work or seeking medical attention (doctor, chiropractor, etc.) requires a Worker’s Compensation Board (WCB) claim.

Report only	Only a Staff Safety Event Report was written, employee did not require medical attention.
First Aid	Employee required First Aid.
Remained at work	Employee was able to remain at work following the event.
Disabled longer than day of event	Employee will be off work longer than the day of the event.
Medical Aid (saw/will see doctor)	Employee saw or will see a doctor regarding his/her injury.
Lost Time Injury	Event resulted in time lost from work.
Light Duties Offered	Was employee offered light duties? Provide date and specific details of light duties.

Detailed description of event (include task/duty offered at time of event):

This section requires the reporter to document factual information about what occurred. **Do NOT** reference client/resident names in Section C.

Part of body injured:

Check all that apply. Must be completed by employee.

Part of body injured: Check all that apply. Must be completed by employee.						
<input type="checkbox"/> Head	<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand	<input type="checkbox"/> Knee	<input type="checkbox"/> Mouth/Teeth
<input type="checkbox"/> Face	<input type="checkbox"/> Hearing	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Arm	<input type="checkbox"/> Finger(s)/Nails	<input type="checkbox"/> Ankle	<input type="checkbox"/> None
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip(s)	<input type="checkbox"/> Foot	<input type="checkbox"/> Other Specify:
<input type="checkbox"/> Nose	<input type="checkbox"/> Back	<input type="checkbox"/> Cardio/Respiratory	<input type="checkbox"/> Wrist	<input type="checkbox"/> Leg	<input type="checkbox"/> Toe(s)/Nails	

Type of injury: Check all that apply.

Bite – Animal/Insect	Foreign Object	Violence – select options for both form of abuse and who the abuse was from:
Bruise/Crush/Abrasion	Hearing Loss	
Burn/Scald	Internal Injury	
Chemical Exposure	Sprain/Strain	<u>Form of Abuse:</u>
Concussion	Follow Post Exposure Protocol:	Physical
Cut/Laceration (minor)	Bite – Human	Verbal
Dermatitis/Rash	Needlestick	Other
Exposure to Cold/Heat	Blood/Body Fluid Splash	<u>From who:</u>
Infection (Specify)		Patient
Other (Specify)		Staff
		Visitor
		Other

Serious Injuries marked by an asterisk (*) MUST be reported immediately to the manager/supervisor.

- Amputation*
- Asphyxiation or Poisoning*
- Burn – Third Degree*
- Electrical contact*
- Fracture/Dislocation*
- Loss of consciousness*
- Permanent or temporary loss of sight*
- Cut/Laceration requiring medical treatment at hospital*

For all **serious injuries** an investigative report form will be provided by the Regional Workplace Safety & Health Committee Co-Chair(s) and submitted to the Workplace Safety & Health Program.

Staff Signature: staff member signs and dates the form.

Manager/Director /Person in Charge Signature. The staff member's direct report signs and dates the form.

Notification Section: A Staff Safety Event Report (Section C only) must be forwarded **immediately** by the on duty manager/supervisor to Payroll as per site process and to the Manager Occupational Safety & Health / Musculoskeletal Injury Prevention (MSIP) Program **by phone** as indicated on the form.

All abusive/aggressive events towards an MNU staff member require notification to Labor Relations within 96 hours.

Section C must not be removed from the Safety Event Report, however a copy of Section C is to be placed on the employee's file.

NOTIFICATION				
Record Name of Person Notified	Report By	Reported To	Date	Time (24 hour clock)
Manager / Director / Person in Charge (send Section C: Staff Safety Event Report)				
<input type="checkbox"/> For all employee Occurrences / COs immediately send to Payroll for WCB reporting				
<input type="checkbox"/> For all Near Misses / Occurrences / COs notify Workplace Safety & Health program		wsh@southernhealth.ca		
<input type="checkbox"/> IF Abusive/Aggressive to MNU staff also notify Labour Relations (within 96 hrs)		LabourRelations@southernhealth.ca		
<input type="checkbox"/> For Critical Occurrences: Manager / Director				
Serious Injuries (Critical Occurrences) under the Workplace Safety and Health Act must be IMMEDIATELY reported by phone ☎ / fax or email as noted below:				
<input type="checkbox"/> Complete investigation report form provided by Regional Workplace Safety & Health Committee co-chair(s) and submit to the Workplace Safety & Health program		wsh@southernhealth.ca		
<input type="checkbox"/> Province of Manitoba Department of Labour and Family Services – Workplace Safety and Health 204-957-7233 or 1-855-957-7233				
<input type="checkbox"/> Manager Occupational Safety and Health - Cell: 204-870-1342				

Analysis of Staff Near Miss/Occurrence

Direct Supervisor/Person in Charge is to write the findings, factors that are thought to have contributed to the event.

Follow-up Action(s)/Steps Required

Actions required eliminating or reducing the likelihood of a repeat event of a similar nature. List the target date for completion, who is responsible for follow-up and the actual date of completion.

Actions taken:

Care Planning	Select care planning when the plan of care of a client is discussed/reviewed with team members. e.g. abusive/aggressive events from clients to staff.
Defusing	Select defusing when a discussion occurs with the staff member regarding his/her injury/near miss and follow up actions/steps required.
Team conference	Select team conference when follow up actions/steps required regarding a near miss/occurrence is discussed/reviewed with team members.
Other	Select other when actions taken extend beyond the other options. e.g. notification to other sites that there is an issue, etc.)

Signature of Staff. The staff member signs and dates the form post review of actions taken with them by the manager/supervisor.

Signature of Manager/Supervisor. The staff member’s manager/supervisor signs and dates the form following review of actions taken with the staff member.

For Southern Health- Santé Sud Workplace Safety & Health Program Only

The following notification section at the bottom of Section C: Staff Safety Event Form is only applicable for the Manager Occupational Safety & Health/ Musculoskeletal Injury Prevention (MSIP) Program to document the review of follow-up actions taken and effectiveness &/or if further review is required.

NOTIFICATION: Manager Occupational Safety & Health / Musculoskeletal Injury Prevention (MSIP) Program	
REVIEW OF FOLLOW UP ACTIONS (IF APPLICABLE)	<input type="checkbox"/> Effective <input type="checkbox"/> Not Effective
FURTHER REVIEW REQUIRED (IF APPLICABLE) Comments:	
Manager Occupational Safety & Health/MSIP Program Signature	DD / MM / YYYY (Date Reviewed)