Occurrence/Incident Report
Instructions for Completion

Purpose: The purpose of this form is outlined on the front page and is to facilitate tracking of occurrences/incidents for quality assurance and improvement purposes.

The original report is to be placed in the student's file and a copy of the report to be submitted to the applicable Program Coordinator or Associate Dean, DPN who will then forward a copy to the Dean of Health for entry into a database.

Instructions:

*All sections of the form must be completed and signed.

For all medication occurrences/incidents:

A. Description of the occurrence/incident:

i. Indicate which of the "rights" were violated if applicable.
ii. Provide details of correct (intended) medication to be administered and details of what actually was administered or omitted.
iii. What is the intended action of the medication?
iv. What is the adverse reaction of this medication error to this client?
v. What is the impact on the client and the family?

B. Identify factors contributing to the occurrence/incident:

vi. Level of supervision required and in-place at time.
vii. Recency of, or changes to, medication orders if applicable.
viii. Complexity of patient assignment.
ix. Knowledge or familiarity of medication regimen by student.

C. Actions taken to rectify/deal with the occurrence/incident:

x. Details of how and to whom the occurrence/incident was reported.
xi. Details of assessment and related patient care undertaken.
xii. Discussion on how to prevent a similar occurrence/incident.

D. Reflection:

xiii. Describe how you felt immediately after the error and throughout each phase of the reporting process.
xiv. How will you prevent a similar error in the future?

E. Previous medication errors:

xv. Self-explanatory

F. Instructor/CEF/Preceptor comments:

xvi. Mitigating circumstances (if any).
xvii. Response of student to occurrence/incident/
xviii. Comment on thoroughness of actions taken by student.

For all non-medication occurrences/incidents:

A. Description of the occurrence/incident:

e.g. Side-rails not used, patient fall, breach of standard precautions, elements of required care not completed, etc.

B. Identify factors contributing to the occurrence/incident:

- Patient acuity or complexity.
- Organizational or priority-setting issues.

C. Actions taken to rectify/deal with the occurrence/incident:

- Revisions to care plan.
- Documentation and reporting.
- Further study or knowledge required by student.

D. Reflection:

- Describe how you felt immediately after the incident and throughout each phase of the reporting process.
- How will you prevent a similar occurrence in the future?

E. Previous Medication Errors

- Not applicable. Move to the next section.

F. Instructor/CEF/Preceptor comments:

- Response of student to occurrence/incident.

- Discussions with agency representative(s).

In compliance with the standards for any health education programs at UCN, this form is intended to assist in the tracking and systems analysis of errors, adverse events and near misses by students during their clinical experience. Adverse events include both medication occurrences/incidents and non-medication occurrences/incidents. Near misses should also be documented. A near miss is defined as an error that would have occurred without intervention by another party. Findings will be used to inform change.

All occurrences/incidents are to be reported immediately to the clinical instructor/clinical education facilitator (CEF) and/or preceptor. This form is to be completed by the student. A copy of this report will be placed in the student's file and a copy will be sent to the Dean's office for tracking and analysis.

Occurrence/Incident Report

Student's Name: ________________________________ **Date:** _________________________

Program: **DPN** _____ **HCA** _____ **BN** _____ **PCP** _____

Course: ____

Date/Time of Occurrence: ____

Date/Time Occurrence Reported to Instructor/CEF: ___________________________________

Clinical Facility/Unit: ____

Type of Event:

☐ **MEDICATION OCCURRENCE / INCIDENT**

Actual: Yes ☐ or No ☐

Near Miss: Yes ☐ or No ☐

☐ **NON-MEDICATION OCCURRENCE / INCIDENT**

Facility Occurrence/Incident Report Completed: Yes ☐ or No ☐

If yes, provide facility contact information: ____

Refer to instructions to complete the Occurrence/Incident Report are on pages 1 and 2.

A. Description of the occurrence/incident:

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B. Identify factors contributing to the occurrence/incident:

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C. Actions taken to rectify/deal with the occurrence/incident:

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D. Reflection:

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E. **Previous medication errors:** Yes ☐ No ☐ Not Applicable ☐
If yes, please comment on any previous errors while enrolled in this nursing program.

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F. Instructor/CEF/Preceptor comments:

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Copy placed on student's file: Date: ___________________________________

Site Coordinator Notified: Date: ___________________________________

Copy sent to the Dean's office: Date: ___________________________________

Copy sent to the Associate Dean's office: Date: ___________________________________

Student's Signature: _______________________________________ Date: _____________________

Instructor/CEF/Preceptor Signature: ___________________________ Date: _____________________