**APPROVAL LEVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INCIDENT REPORTING AND FOLLOW-UP POLICY**

**1. Purpose**

The [BUSINESS NAME] is committed to a safe work environment. This Policy describes a system for identifying, mitigating, reporting, responding to, and evaluating and monitoring incidents. Its purpose is to support a culture of workplace safety and foster continuous improvement to safe work practices and work environments.

**2. Scope**

The policy applies to all employees of the [BUSINESS NAME], including full and part-time, casual, contract, permanent and temporary employees, and students and volunteers.

**3. Definitions**

Incidents fall into one of three categories; Good Catch, Incident and Critical Incident, (see Appendix 1 for definitions). The procedure is the same for reporting all incidents.

**4. Procedure**

Upon occurrence, all incidents should be reported immediately to the employee's immediate manager. The [BUSINESS NAME] encourages reporting for all identified good catches and near misses as this process promotes improvement.

All incidents and injuries are reported using the Employee Incident Form. (Appendix 2)

The [BUSINESS NAME] shall strive to continuously improve the quality and safety of service delivery to patients and staff. This includes:

1. ensuring employees, volunteers and students report all incidents and good catches;
2. assessing, investigating, and critically examining all incidents;
3. conducting critical incident review and analysis of all high risk incidents;
4. implementing measures to prevent recurrence and to mitigate the severity of incidents.

The [BUSINESS NAME] believes in respect for people and will discuss incidents with patients, staff and/or their representatives. The issues that may be discussed include the impact of the incident affecting the person, how the person can be supported and corrective actions that may prevent future incidents.

This procedure consists of the following steps:

1. Incident Reporting and Follow-up;
2. Needle Stick Injury and Prevention Procedure.
3. Management Responsibilities
4. Communication

**A. Incident Reporting and Follow-up**

The employee(s) involved in the incident or good catch, or who witness and/or discover the incident or good catch, must:

1. Initiate any necessary immediate treatment or corrective action.
2. Verbally notify their immediate manager.
   * Also notify the clinic office manager, if applicable.
3. Retain equipment and/or medical devices involved in the incident.
4. Ensure that the event is recorded on the Employee Incident Form (Appendix 2).
5. If the incident involved a patient or client, document on the health record the factual and concise manner of what occurred and what was observed. Include the following, if applicable:
   * What was witnessed or discovered;
   * Clinical assessment;
   * Drug administered, dosage route and time of medication, or immunization
   * Any statements made by the patient or client;
   * Name of physician and time notified);
   * Treatment prescribed for, or performed on the patient or client;
   * Notification of representative.

If the employee is unauthorized to document on the health record, the recording responsibility is delegated to the clinician most responsible for the care of the patient and/or client.

**B. Needle Stick Injury and Prevention Procedure**

Employees must take preventive measures to avoid a needle stick injury. Prevention measures include:

1. Ensure a sharps container is available and within reach when performing an injection
2. Do not recap needles/sharps under any circumstances
3. Always use safety engineered medical sharps according to Alberta Occupational Health & Safety code, Section 525.2 (<http://www.qp.alberta.ca/documents/OHS/OHSCode.pdf>)

Employee Procedure for when a needle stick injury occurs at work:

1. Seek or perform necessary first aid
2. Contact Direct Manager for support with process
3. Call 811. Relay situation to 811 nurse and explain that the injury happened while at work. [BUSINESS NAME] employees are NON-AHS employees and the [BUSINESS NAME] does NOT have an internal department that manages needle stick injuries
   1. 811 will assess if a true needle stick has occurred (broken skin)
   2. 811 will advise employee that there may be a fee for further services. The [BUSINESS NAME] employee can agree to the fees.
4. 811 will page the Needle Stick Response Team (NRT) who will contact the employee directly within I hour
   1. The Needle Stick Response Team hours are 8:45 am - 8:00 pm, 365 days/year
   2. If outside these hours, employee may be directed elsewhere (ER)
5. Needle Stick Response Team contacts employee
   1. Employee will be asked if the needle stick injury was community acquired or if it occurred at work- answer: AT WORK
   2. Employee will be asked if their employer has WCB - answer: NO/YES
   3. Employee will be given the option to have their family doctor do the testing and follow up OR have the Needle Stick Response Team do the testing and follow up. They will be told there is a fee $500-900 for the NRT to do the testing/follow up. Employee is to choose the option for the NRT to manage all testing and follow up/family doctor do the testing and follow-up. [BUSINESS NAME] will/will not cover the cost directly.
6. Needle Stick Response Team will invoice employer ([BUSINESS NAME])
7. File [BUSINESS NAME] Employee Incident Report (Appendix 2) as early as possible

**C. Management Responsibilities**

Upon notification of an incident, the immediate manager must:

1. Request a copy of the Employee Incident Form. The manager shall immediately notify the clinic leader responsible, as appropriate, for all incidents that result in injury, death, lost work time and/or financial loss, or have the potential to cause lost work time and/or financial loss.
2. Complete any investigation, follow-up, or management of incidents.
3. The immediate manager, in consultation with others as appropriate, shall conduct an incident review and an analysis of high risk incidents.
4. Ensure that measures have been taken to prevent or minimize the severity of the incident and ensure that appropriate support has been provided to the affected employee
5. Meet with the affected employee(s) to discuss the impact of the incident; what support or assistance is required; and how similar occurrences may be prevented. The immediate manager should advise the employee of the severity rating of the incident and any further follow up that may be required:
6. Good Catch;
7. No Apparent Harm;
8. Minimal Harm;
9. Moderate Harm;
10. Severe Harm;
11. Death
12. The immediate manager will ensure that the completed Employee Incident Form is given to the Clinic leader responsible, who will de-identify the report and provide it to the [BUSINESS NAME] Health & Safety committee (if applicable) for review.
13. The [BUSINESS NAME] Health & Safety committee (if applicable) will review the incident and make additional recommendations to the employee(s), immediate manager. The name of the employee(s) involved will not be known to the committee.

*Appendix 1* **DEFINITIONS**

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| **Critical Incident** | An incident resulting in serious harm (loss of life, limb, or vital organ) to the patient, client, staff, or visitor and/or the significant risk thereof.  Incidents are considered critical when there is an evident need for immediate investigation and response.  The investigation is designed to identify contributing factors and the response includes actions to reduce the likelihood of recurrence. |
| **Good Catch near miss** | An event or circumstance which has the potential to cause an incident or critical incident, but did not actualize due to chance, corrective actions, and/or timely intervention. |
| **Health Record** | A record of diagnostic, treatment, and care information in any form, including notes, images, books, document(s), letter(s) and other information that is written, photographed, recorded or stored in any manner. |
| **Incident** | An unexpected and/or undesired incident directly associated with the care or services provided to the patient/client.  An event that occurs during the process of providing a health service and results in patient, client, employee and/or visitor injury or death.  An adverse outcome for a patient, client, employee and/or visitor, including an injury and/or complication.  Events, processes or outcomes that are noteworthy by virtue of the hazards they create, or the harms they cause patients,  clients, employees and/or visitors. |
| **Patient / Client** | Any individual who is receiving care, assessment or assistance in any manner by an employee affiliated with the [BUSINESS NAME]. |
| **Patient Safety** | The reduction and mitigation of unsafe acts within the health system as well as through the use of best practices shown to lead optimal patient/resident outcomes. |
| **Employee** | Includes all [BUSINESS NAME] staff members, contractors, volunteers, and students. |
| **Visitor** | Any individual who may be involved in some manner with a patient and/or client and is not receiving direct care. |

*Appendix 2*

EMPLOYEE INCIDENT REPORT FORM

Use this form to report accidents, injuries, medical situations, criminal activities, traffic incidents, or student behavior incidents. If possible, a report should be completed within 24 hours of the event.

Date of Report: , 20

**PERSON INVOLVED**

Full Name: Address:

Identification: ☐ Driver’s License No. ☐ Passport No.

* Other:

Phone: (\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_\_ E-Mail:

**THE INCIDENT**

Date of Incident: , 20 Time: : ☐ AM ☐ PM

Location:

Describe the Incident:

**INJURIES**

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries:

**WITNESSES**

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses’ names and contact info:

**POLICE / MEDICAL SERVICES**

Police Notified? ☐ Yes ☐ No If yes, was a report filed? ☐ Yes ☐ No

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was medical treatment provided? ☐ On site ☐ Hospital ☐ Other:

**PERSON FILING REPORT**

Signature: Date:

Print Name:

**OFFICE USE ONLY**

Report received by: Date: , 20

Follow-up action taken: