

Collaborative Nursing Program Safety Incident Report Form

This form is not meant to be a substitute to the health agency's incident reporting.

The purpose of this form is to assist with the identification and management of adverse events and near misses; and minimize risks and potential injury to patients/clients. This form will NOT be used for student evaluation.

A Patient Safety Incident is an event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. There are three types of patient safety incidents:

Harmful Incident: A patient safety incident that resulted in harm to the patient.

Near Miss (or Close Call): A patient safety incident that did not reach the patient and therefore no harm resulted.

No-harm incident: A patient safety incident that reached the patient, but no discernible harm resulted.

Patient Safety Incidents may occur when nursing students provide direct patient care. This form is designed to identify and manage Patient Safety Incidents, and to minimize risks and potential injuries to patients and nursing students.

Please submit completed form to: nursingprogram@ontariotechu.ca

Student's Name:	Year:
Practicum Agency:	Clinical Instructor/Faculty Advisor:
Date of Event:	
Identify the time of day the event occurred: ☐ Morning (0700-1200 hours) ☐ Afternoon (1200-1900 hours) ☐ Evening (1900-2400 hours) ☐ Night (2400-0700)	
Date of Report:	
Course Code and Name:	
Individual Reporting: ☐ Student ☐ Faculty ☐ Clinical Instructor ☐ Faculty Advisor ☐ Preceptor	
Year in Program: ☐ 1 st Year BScN ☐ 2 nd Year BScN ☐ 3 rd Year BScN ☐ 4 th Year BScN ☐ 1 st Year Advanced Entry ☒ 2 nd Year Advanced Entry	

Semester:

☐ Fall Semester ☐ Winter Semester ☐ Spring/Summer Semester

Describe the incident in detail: (What occurred, be specific)**Describe immediate action taken to prevent further harm (if known):****How would you categorize this event?**

- ☐ No Harm Incident
☐ Near Miss or Close Call
☐ Harmful Incident
☐ Other: _____

Relevant Doctor's Orders:**Patient's Age and Diagnosis:****Individuals Notified Regarding Incident: (date & time)**

Agency incident report completed:

☐ Yes ☐ No

Incident documented on chart:

☐ Yes ☐ No

Client/family notified of incident:

☐ Yes ☐ No

