

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.

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

1st Year RPN-Bridger 2nd Year RPN-Bridger

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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interventions implemented to manage client/patient outcomes;	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Reporter (e.g., preceptor, faculty, clinical instructor):	Date:
Student Signature:	Date:

For Office Use Only	
Is further action required:	
<input type="checkbox"/> Yes. Describe: <input type="checkbox"/> No	
Was this incident reviewed by the Student Affairs Committee?	
<input type="checkbox"/> Yes. Date: _____ <input type="checkbox"/> No	
How should student learning be improved to prevent future occurrence:	
Describe follow-up with nursing student:	