Report Of Incident/Injury

AKA: Unusual Incident Report
What Is It Called?

- The terms Unusual Incident report and Report of Incident/Injury are synonymous.

- The actual form used is called Report of Incident/Injury and is SF 46009 (R3/10-11).

- It was slightly revised in late 2011 and is being implemented 2-1-2012.

- A copy of the revised form can be found on the Intranet, but please use the preprinted copies found on the units and in the Health Clinic.
• The Unusual Incident Report is a tool to gather data on various events that may occur.
• Information on this form is used by Quality Management and Human Resources to track and monitor incidents.
• This form is a legal document and should not be copied.
• Hospital Policy 1220.35 details how to fill out this form and gives the standard definitions used.
Unusual Incident Report

- This report should be a brief, complete accounting of the incident.
- The form is initiated by the witness to the event, the staff member the patient reported the incident/injury to or the staff member who experienced the injury.
- This form is **NOT** to be placed in the patient’s chart.
- Filling out the Form is **NOT** to be mentioned in the patient’s chart.
The Report of Incident/Injury is completed when:

- An incident occurs which falls within one of the 27 categories listed on the form

  OR

- An event occurs which is not classifiable but falls outside the norm i.e an unusual incident.
Why complete the report?

- Quality Management tracks the data involving patient incidents to see trends and show improvement.
Human Resources needs staff injury reports. Staff injuries require the packet in the Health Clinic to be completed to enable the Workman’s Compensation process to begin. This is in addition to the Incident Report. This is done by the Health Nurse on duty.
LIABILITY

- It is essential that Unusual Incident Reports be filled out completely.
- The Unusual Incident Report should be able to speak for you in a court of law.
- The RN signing the Nursing Comment section becomes responsible for all information preceding their signature, including the front of the form.
- The Description of the Incident section needs to answer the questions Who, What, Where, and How.
- The entry in the patient/client’s record must agree with the account of the incident on the report.
Details of the Form

• Patient name label in top right corner, if applicable

• INCIDENT INFORMATION:
  • Date of Incident
  • Time of Incident
  (Military Time Please)

If the date or time is not known, the approximate date/time is entered with (Approx) in parenthesis. The description of the incident should indicate the circumstances of the approximation.

• Unit/Department/Location

This is where the patient lives, or the staff member’s department

• Date of Report
• Time of Report
  (Military Time)
Incident Location

- There are 28 choices to describe the exact location of the incident.
- If none of these seem to fit, choose ‘Other’ and fill in the location on the lines provided.
- If you or the patient is unable to tell where the incident occurred, choose ‘Unknown’.
- Choices not used at RSH:
  - Playground/Yard
  - Timeout/Observation
Incident Location

No Playground/Yard at RSH. This option is only used at Evansville Children’s Center
Incident Type (alleged)

• There are 27 choices in this section of the Report.
• The definitions for each choice are detailed in Hospital Policy 1220.35. Read these!
• The following slides are illustrations of some of those choices.
AWOL/Elopement

A person is absent or missing from the facility without permission of physician if not found after a grounds search is completed.
Contact Intentional

Used only when a patient assaults another patient or staff with their hands or an object.
Contraband

Anything that can be used as a weapon to harm anyone.
Equipment Failure

Injury resulting from improper use of or failure of equipment.
Fall

Patient and/or employee is unable to maintain presence in previous position, striking the floor/ground.
Self Injurious Behavior

Any deliberate act which results in an injury to the person. Examples include:

- Deliberately swallowing any inedible or harmful object i.e. batteries, spoons, money, pens, plants, etc.
- Cutting or scratching self, self mutilation
- Hitting or striking objects, walls, doors etc
- Inserting or embedding foreign objects into the body or body cavities
- Throwing objects which results in injury to self
Unauthorized Items

Any item which is not permitted by rule of the institution or unit. The campus is tobacco free so cigarettes and all other tobacco products are prohibited. Any visual or vocal recording device is not allowed. Alcohol is also banned on the campus.
Information Regarding Individuals Involved In Incident

- This section identifies the people involved in the reported incident, their categories and their roles in the incident.
- ID numbers are the patient’s medical record number or;
- The last 4 digits of the staff’s social security number.
- It is important that both patients (or patient and staff) names/numbers are filled in completely in the event of Contact Intentional.
Information Regarding Individuals Involved In Incident

- *It is important to indicate the role of the patient whose name is at the top of the report.*

- Quality Management tracks victims and perpetrators of Contact Intentional (assault).

- If no one is injured skip the Injury section and complete the Description of Incident. This would include incidents resulting in Property Destruction, Contraband, Theft, or Unauthorized Objects.
INJURY (Check applicable boxes)

- Check the box which best describes the injury.

- If the injury does not fall into any of the listed categories, check Other, i.e. swallowing a foreign object.

- If there is no injury, check No Injury.
Body Part Affected

- Check the box which corresponds to the body part affected by the injury.
- Elbows, wrists and shoulders are included in the section labeled Arm/Hand, Left or Arm/Hand, Right.
- Hips, knees and ankles are included in the section labeled Leg/Foot, Left or Leg/Foot, Right.
- Fingers (FI) and Toes (TO) do not need right or left designation in this section.
Apparent Cause

- Check the box which best describes the cause of the injury.
- The Apparent Cause of the injury should agree with the Incident Type.
- For example Incident Type *Lifting* should have Lifting marked as the Apparent Cause. *Equipment Related* can have Equipment, Furnishings or Medical Devices marked as Apparent Cause. *Injury of Unknown Origin* should have Unknown/Unknown Origin. *Contact Intentional* will have either Other Patient or Staff Person marked. *Self Injurious Behavior* requires Self Intentional as the Cause.
Treatment Given

• First Aid is anything that the nurse can do/does without a Doctor’s order. **ASSESSMENT IS NOT FIRST AID.**

• More than First Aid is anything requiring a Doctor’s order including transporting to hospital.
Diagnostic/Examinations/Test

- To be used if the patient is sent to the Emergency Room; or
- X-Ray; or
- Other i.e. Surgery.
Treatment Location

- Indicates where *Treatment* occurred. The patient may be sent to the Emergency Room and only receive an evaluation but no treatment. If First Aid was given while here, then On Grounds Facility is marked.
Treatment Given By

- Indicates who treated the patient.
- FP is our facility Physician.
- FS is our facility Nurse.
- NF is anyone not from our facility, as in the ER physician or nurse.
Description of the Incident

• A brief, complete, description of What happened and Who it happened to, Where it happened and How it happened.

• “See nurses’ notes” or “see below” is not acceptable. The incident must be described.

• No opinions or guesses may be included. The facts and only the facts go on this form.

• If you do not know what or when it happened - Say it.

• This is a report to the facility’s Risk Manager and must be able to stand alone.
Nursing Comments

- This section is for the nurse to document assessment of the injury and actions taken to treat that injury.
- “See above” is not acceptable.
- If there was no injury, the nurse must say that in this section.
- A RN MUST sign this section. An LPN may fill out the form and document assessment and aid given, but an RN must co-sign.
- The RN signing is responsible for the information on this form up to this point. If the information is incorrect, the RN is responsible to correct it.
NURSING COMMENTS

- When the nurse notifies the doctor and receives orders for treating the injury, those actions are recorded in this section.
- Assessed injuries are described in this section as well as treatment given to the patient.
- When injuries are not present and the nurse is taking action based on an incident such as theft, contraband or property destruction, this section is used to describe those actions.
Physician’s Comments

- Physicians must sign, date and time all Incident Reports.
- Actions taken by the physician i.e. assessment, treatment, orders to local hospital, are documented in this section.
Routing: Patient Injuries

- Nurse Managers are notified of major incidents.
- They will initial the form adding date and time of their initials.
- Reports are taken to the Timekeepers’ office.
- Quality Management pick the reports up for review.
Routing: Staff Injuries

- Staff are to be seen in the Health Clinic by the assigned Health Nurse on duty. Anything requiring more than First Aid is addressed by Occupational Health at Reid Hospital.
- First Report of Injury and OSHA Report are filled out in addition to the Report of Injury by the Health Nurse on duty.
- Workman’s Compensation cannot be started without the completion of these forms.
- Staff returning from Reid are to report to Human Resources during business hours. After hours they must report to the supervisor on duty for evaluation of ability to return to work.
Unusual Incident Form

- Click the link below to view the form. This is just for reference. The actual form to be used is available in your area.

[Unusual Incident Form]
Congratulations

- You have completed the inservice on unusual incident reporting. Please fill in your name and date. Return this page to Nursing Admin.

- Name: ____________________   Date: ____________