

Recipient of unsafe occurrence

1. Who received injury? *(select one)*
 - Patient
 - Visitor
 - Student
 - Faculty
 - Staff
 - Other
2. Gender *(select one)*:
 - Male
 - Female
 - Unknown
3. English is predominant language *(select one)*:
 - Yes
 - No
 - Unknown
4. Status of patient/individual *(select one)*:
 - Harm
 - No harm
 - Death
 - Other
5. Age *(select one)*:
 - <15
 - 15-20
 - 21-25
 - 26-30
 - 31-35
 - 36-40
 - 41-45
 - 46-50
 - 51-55
 - 56+
 - Unknown

Occurrence information

6. Date *(enter date of occurrence using the following format):* mm/dd/yyyy
7. Time *(enter time of occurrence):* _____
8. Category of occurrence *(select one)*:
 - Error [Defined as: Incident or occurrence that had the potential to place a patient at risk for harm or resulted in actual harm]
 - Near miss [Defined as: An event or situation that could have resulted in an accident, injury, or illness, but did not, whether by chance or through timely intervention. (Ebright et al., 2004)]
9. Type of occurrence *(select one)*:
 - Medication Error
 - Needle stick
 - Inadequate preparation for providing patient care
 - Blood/pathogen exposure
 - Fall event
 - Outside scope of practice
 - Injury to body
 - Change in patient condition
 - Deviation in protocols
 - Equipment or medical device malfunction
 - Environmental safety – for self, patient or others
 - Inappropriate or inadequate communication by: Faculty, preceptor, other student, health care team, patient or visitor
 - Breach of confidentiality
 - Other
10. Occurrence description *(optional: enter additional details about the unsafe occurrence)*:

11. Location of occurrence (*select one*):

- Classroom
- Clinical Setting
- Simulation Lab
- Learning Lab
- Other

12. Who is completing the report (*select one*):

- Faculty
- Student/Faculty Dyad
- Other (preceptor, etc.)

Follow up action

13. Who is alerted (*select one*):

- Faculty
- School of Nursing (SON) Administration
- Patient/Family
- Other
- Unknown

14. Inform clinical agency (*select one*):

- Yes
- No
- Unknown
- N/A

15. Agency occurrence report completed (*select one*):

- Yes
- No
- Unknown
- N/A

16. Changes occurring as a result of occurrence (*select one*):

- System Changes
- Policy Changes
- Practice Changes
- Curriculum Changes
- Nothing at Present

17. Follow up actions (*optional: enter additional details about any follow up action*)

Student information

18. Current semester or quarter number (*enter number between 1-16*): _____

19. Total number of semesters or quarters in program (*enter number between 1-16*): _____

20. Student age (*select one*):

- 15-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56+
- Unknown

21. Type of program (*select one*):

- LPN
- Associate
- Diploma
- BSN
- 2nd Degree BSN
- Masters – Non-APRN
- Masters – APRN

Final remarks

22. Do you wish to share anything else relevant to this report? (*optional: enter any additional comments*)

References

Ebright, P. R., Urden, L., Patterson, E., & Chalko, B. (2004). Themes surrounding novice nurse near-miss and adverse-event situations. *JONA*, 34(11), 531-538.