GUIDE TO USE OF THE INCIDENT OR ACCIDENT REPORT – AH-223-1

GENERAL PROCEDURE FOR USE

In what circumstances? The events to be reported are those that occur in the course of providing care and services to a user. In this sense, any event, i.e. any unwanted, dreaded or undesirable situation that has or could have harmed the users' health must be reported by means of this form.

Except:

- **Work-related accidents,** which must be reported by using the form provided by the institution;
- **Foreseeable complications of the disease** (these are inherent risks related to the treatments or tests the user has accepted to undergo);
- **Nosocomial** infections, which must be reported to the Infection Prevention and Control Department according to the institution's procedures;
- **Transfusion incidents/accidents,** which must be reported by means of Form AH-520;
- **Cases of abuse, assault, harassment or intimidation** committed by **an employee against a user (HR)** or by **a user against an employee (work-related accident)**.

When? As soon as possible after recognizing the event

Who? Any employee of an institution, any person who practices his/her profession or occupation in a centre operated by the institution, any intern who performs an internship in such a centre, and any person who, pursuant to a service contract (e.g. NIR, agency personnel), provides services to the users on the institution's account.

DEFINITIONS

Incident: An action or situation that does not have consequences for the state of health or welfare of a user [...], but the outcome of which is unusual and could have had consequences under different circumstances (AHSSS, s. 183.2).

Accident: an action or situation where a risk event occurs which has or could have consequences for the state of health or welfare of the user [...] (AHSSS, s. 8).

Consequence: Impact on the state of health or welfare of the victim of the accident.

COMPLETING A FORM AH-223-1 DOES NOT COMPROMISE THE DECLARANT AND IS NOT EQUIVALENT TO MAKING AN ACCUSATION.

Event No.: Sequential number generated by the IT application. Do not enter anything.

Instructions: Do not forget to enter the name of the institution and specify the mission of the institution in which the event occurred. For events occurring in a CSSS, it is appropriate to specify the mission of the facility in which the event occurred.

Section 1: Identification of the person affected

Utility: Serves to identify the person affected by the event. However, it is possible that nobody is affected by an incident.

Instructions:
1. First identify whether a user was affected by the event by checking the appropriate box.
2. It is possible that nobody was affected. It is then sufficient to check the "Nobody" box and go to Section 2.
3. Use the addressograph to identify the user. In the absence of a user card, complete the parts of this section.

REMINDER: This form is intended to report undesirable events occurring in the course of providing care and services. The events affecting an employee (work-related accidents) must be reported by using the form provided by the institution. Events concerning visitors may be reported to the institution's security service.

Section 2: Date, time, place of the event

Utility: Serves to specify the details of the event.

Instructions:
1. Indicate the actual or presumed date and time of the event. If there is a delay between the event and its recognition, specify the details of the "Finding".
2. Specify the name of the facility or the resource (CH, CLSC, IR, NIR, etc.) or the domicile.
3. Specify, if applicable, the unit, the program or the service concerned where the event occurred.
4. Specify the precise location (room, cafeteria, stairway, parking, etc.) where the event occurred.
5. If additional information is available regarding the user and his/her situation prior to the occurrence of the event, indicate them by using the subsections provided for this purpose.

NOTE: The "Information on the user" and "Previous situation" sections are optional sections. The absence of information in this section will not prevent submission of the form at the time it is input.

Section 3: Factual, objection and details description of the event (without analysis, judgment or accusation, non-nominative)

Utility: Serves to describe the facts factually, objectively and in detail without analysis or judgment. The information contained in this section must be non-nominative.

Instructions:
1. Describe the event clearly and objectively. Do not abuse abbreviations. Give as much information as possible without making accusations.
2. If this event involves another user, do not mention his/her name or room number. Enter only his/her record number.

Section 4: Type of event *(make a choice from A to G)*

Utility: Serves to specify the nature of the event and the information in Section 3. Complete the subsection appropriate to the type of event (A, B, C, D, E, F). If the event does not correspond to any subsection A, B, C, D, E, F, then use subsection G, Other types of events.

Instructions:

A Fall: First choose the type of fall and then specify the circumstances that led to the fall.

B Medication, treatment, diet: Describe the events related to the clinical situations mentioned. Enter the required information, using the appropriate boxes and Parts a and b to determine and specify the error (identification, dose, route, time). If more than five errors are recognized concerning the events mentioned, use an attachment.
NOTE: Identification of the drug, the treatment or the diet is mandatory.

C Diagnostic test: First identify if this is an event involving laboratory or imaging tests and then specify the precise circumstances of the event according to the choices available.

D Medical Device Reprocessing (MDR): Choose the box appropriate to the situation.
NOTE: When an MDR-related event is identified, the pivot MDR practitioner must be notified, because he/she will have to complete the MDR analysis report (MDRAR: AH-223-2-MDR).

E Material, equipment, building, personal effects: Choose the appropriate box, depending on whether this is an event concerning a user and related to material, equipment, the building or personal effects. Use the "Description" part and the boxes located below to describe the nature and the circumstances of the problem.
NOTE: Consult the institution's policy for situations that do not concern a user.

F Abuse, assault, harassment, intimidation: Choose the box appropriate to the situation.
NOTE: This form is used only when a situation of abuse, assault, harassment or intimidation occurs between users. In other cases (employees against users and users against employees) consult the institution's policy.

G Other types of events: This subsection combines the most frequent events. If no box corresponds to the situation, use the "Other" box.

Section 5: Immediate consequence(s) observed for the person affected *(check the appropriate box or boxes)*

Utility: Serves to specify the consequences suffered by the person affected by the event.

Instructions: Indicate all the immediate consequences observed at the time of the finding, including a detailed description of any consequence for the health of the person concerned (body part, intensity of pain, laceration, abrasion, bruise, fracture, difficulty eating, seeing or hearing, fear, anxiety, etc.).

Section 6: Intervention(s) made, measure(s) taken and person(s) contacted or warned

Utility: Serves to describe the interventions made and the measures taken to avoid, reduce or limit the damage or control the situation. Also allows identification of the persons contacted or warned.

Instructions:
1. Describe the evaluation (physical examination, tests, X-rays, etc.) and the care provided or measures taken (dressing, drug, transfer, etc.).
2. List all the persons (professional, family member, mandatary, tutor, curator), specifying their name, function and connection with the person concerned. Specify the time of communication and whether there has been a visit.

NOTE: The fact of warning the user's close relation is not a disclosure in itself. The information contained in this section is not proof that the disclosure was made. See Section 13 for the information required at the time of disclosure.

Section 7: Name of the declarant *(only one person)*

Utility: Serves to identify the name of the person who recognized the event and who produced the report, and to indicate the date of the report.

Instructions: Indicate the full name (and the telephone number where it is possible to reach the declarant.

Section 8: Declarant's recommendation(s) or suggestions *(the declarant must complete this part)*

Utility: Allows the declarant to propose measures that could prevent a recurrence. The declarant must complete this part.

Instructions: Describe the measures to be taken to prevent the recurrence of a similar event.

Section 9: Witness(es) of the event *(the declarant must complete this part)*

Utility: Allows the name(s) of the other witness(es) of the event to be specified.

Section 10: Possible causes *(the manager responsible for follow-up must complete this part)*

Utility: Allows the manager responsible for follow-up to specify the possible causes of the event.
NOTE: When a drug error is identified in Section 4B, the step of the medication circuit must be specified.

Instructions: Consult the table on the back of this user guide for the categories of causes identified, and the description of the steps of the medication circuit.

Section 11: Recurrence prevention measures adopted by the manager responsible for follow-up *(the manager responsible for follow-up must complete this part)*

Utility: Allows the manager to propose measures that could prevent a recurrence. The manager or the person responsible for follow-up must complete this part. The manager's contact information is required.

Instructions: Describe the measures taken or to be taken to prevent the recurrence of a similar event.

Section 12: Severity *(the manager responsible for follow-up must complete this part)*

Instructions:
1. Indicate the severity level of the event in accordance with the severity scale presented in the details for Section 12.
2. Consult the table on the back of this user guide to identify the severity level appropriate to the event reported, accounting for the recognized consequences.

NOTE: Levels A and B correspond to an "incident" and levels C, D, E, F, G, H, I and "indeterminate" correspond to an "accident".

Section 13: Disclosure (mandatory from E1 to I) *(the manager responsible for follow-up must complete this part)*

Instructions: Specify whether the disclosure is inapplicable or whether it has been made. Then specify where it was documented (user record or disclosure report – AH-223-3). Specify to whom the disclosure was made, choosing from the proposed choices.

NOTE: Disclosure is mandatory for any accident with consequences. The realization of the consequences must be certain, even they are not yet apparent or manifest at the time of disclosure. In this sense, the obligations related to disclosure only concern accidents with a severity between E1 and I.

What is reported?	For additional details, refer to the network guidelines (Lignes directrices à l'intention du réseau, MSSS, November 2011).
Home care	In the course of providing home care or services, any event **occurring in the presence of an intervener** must be the subject of a report by means of Form AH-223-1. In any other situation, the information is brought to the care team's attention by a note in the record.
Repetitive events	For example: assaults between users, self-mutilation, repetitive falls, running away, etc. **In these situations, the following must be done in advance:** 1) assessment of the risk for the user; and 2) an intervention plan produced on the basis of this risk. **The MSSS suggests** that a report be made only when the intervention plan has not been followed or the consequences are different or more severe than those usually arising from this type of event. However, a note must be made in the user's record justifying the application of the invention plan.
Self-medication in an institution	The user is under the institution's responsibility. Therefore, the staff must ensure that self-medication is taken according to prescription. All events related to non-compliance with self-medication must be reported on the same basis as drug administration or omission errors by staff.
When the person's condition generates the situation	For example: state of health is instable or development of a complication. The MSSS considers that events related to a preexisting condition or not directly related to provision of care or services (act performed or omitted) should not be transmitted to the national registry. The same is true of complications that are not accidents and that do not have to be reported.
During application of control measures	The fact of having to apply a control measure is not an accident in itself. It is a clinical response to a clinical situation. The only events related to control measures that must be reported in the SISSS are physical or psychological injuries resulting from the application of control measures (isolation, physical, mechanical or chemical restraints).
When an event involves partners	For example: community pharmacies, paratransit, ambulance transportation, etc. Every event must be reported, by means of Form AH-223-1, when it is recognized by the institution that awarded the service contract. The **original** must be placed in the user's record if the user is affected by the event. The **yellow copy** must be sent to the risk manager. When no user is affected by the event, both copies of the report are kept by the risk manager. Since this information is **confidential**, any copy of the AH-223-1 report must remain within the institution and should not be sent to the partner. However, the institution must ensure the partner is informed of the event and that preventive measures will be deployed to avoid a recurrence.
When a sentinel event involves more than one institution	Each institution must report its own incidents and accidents. Each institution must perform an in-depth analysis of the failure of its internal processes and implement the appropriate corrections. **The MSSS recommends:** 1) that a joint analysis be performed of the interfaces and factors that contribute to the breach of the continuum of care or services (communications, transfers, etc.) by all the institutions involved; 2) that following this analysis, a joint action plan be drafted and that preventive measures agreed between the parties be implemented to avoid such a breach of continuum and the repetition of such events.
Coroner's reports	When a coroner's report concludes that a death is attributable to a dysfunction of the institution's processes or to an action or omission, it is appropriate to produce an AH-223-1 report, if this has not already been done. The results of the investigation and the analysis must translate into preventive measures intended to correct the deficiencies detected.
Events that effect several users, but with unknown potential consequences	For example, problems with equipment and computer systems, alerts and recalls by Health Canada, manufacturers and other suppliers, etc. **The MSSS recommends:** 1) that the event be reported as a risky situation and that only one overall AH-223-1 be completed and retained by the risk manager; 2) that a register, including the list of users (record number) potentially affected be constituted to ensure traceability, follow-up and effective management of this event; 3) that an AH-223-1 report be completed and placed in the record of each user exhibiting consequences arising from this event. **Attention:** The date of the report then must be different from the date of the event (date of the overall AH-223-1). Pay special attention to the "finding" of Section 2 of the form. See the Guide to Use of the Accident or Incident Report – AH-223-1.

USER GUIDE – DEFINITIONS AND EXAMPLES – AH-223-1

Section 4: Type of event *(make a choice from A to G)*

A- Fall

- **Near fall:** User on the verge of falling in the presence of staff or supported by staff to the chair or the floor.
- **During activity:** Recreation or sports activity, daily activity, job training activity.
- **Found on the floor:** No witness to the event, circumstances of the event not identified.
- **Other:** Any other event not corresponding to one of the proposed types of falls.

B- Error concerning administration of a drug, a treatment/intervention or a diet

- **Known allergy:** An allergy is known or documented regarding a drug, a substance or a food, and the users comes into contact with this product, it was administered to the user or it was intended for the user. If the allergy was unknown or it occurs, there is no report, because this is a complication and the event was unavoidable.
- **Conservation/Storage:** A drug, a product or a food was stored in the wrong place or under the wrong conditions (for example, wrong temperature).
- **Disappearance/Count:** Finding that the drug or the product is missing/absent inexplicably: dosette lost, disappearance of narcotic.
- **Dose/Flow:** Error related to the dose or concentration of the drug or the product. Thus, the dosage or flow is higher or lower than expected. Check the box corresponding to the error and complete subsections a and b to detail what was administered or drawn (a) instead of what should have been (b). As needed, use the "Other information" box or attach the list of medications.
- **Time/Date of administration:** Error related to the time or timing of administration of the drug, the product or the diet according to the prescription.
- **Identity of the user:** Drug, treatment or diet intended for or administered to the wrong user.
- **Infiltration/Extravasation:** This occurs during the administration of intravenous drugs. In some special cases (administration of antineoplastic substances, electrolytes antibiotics, etc.), this type of event can cause pain, redness, tumefaction and even necrosis.
- **Non-compliance with the procedure/protocol:** Applies to clinical or non-clinical procedures related to administration of the drug, a treatment/ intervention or a diet (such as: identity bracelet not installed, person lift not used although prescribed by the multidisciplinary team, non-compliance with drug preparation rules).
- **Omission:** Error related to the omission to administer a drug, a treatment/ intervention or a diet. Explain in section (b) what should have been administered or done.
- **Expired:** Expired drug or food that was intended for or administered to the user.
- **Found:** Drug found on the floor or in the user's bed.
- **Type/Sort/Texture:** Nature of the drug/treatment/diet: wrong drug administered, texture of the diet not adapted to the indications given or treatment contraindicated due to a known state of health.
- **Route of administration:** Error related to the route of administration of the drug (should be administered intravenously when it is administered intramuscularly or subcutaneously).
- **Availability:** The drug/treatment/intervention/diet prescribed to a user is unavailable.

C- Diagnostic test

NOTE: Form AH-223-1 must not be used to report non-compliances, which must continue to be reported in the institution's non-compliance register.

LABORATORY

- **Pre-analytical:** The error occurs during the medical analysis (the phase of drawing, labelling the drawn samples and recording the analysis requests).
- **Analytical:** The error occurs during processing of the specimens (identification of the germ).
- **Post-analytical:** The error occurs during the phase of technical validation, biological validation and interpretation of the outcome.
- **Error related to identification:** Identification of the specimen or the tube (user information on the specimens).
- **Description:** The description of the outcome is not representative of the outcome.

IMAGING

- **Prescribed examination:** The examination administered is not the one that was prescribed.
- **Clinical image quality:** The clinical image quality is poor and the examination must be repeated (additional exposure).
- **Protocol administered:** The protocol administered is not the one that was prescribed.

D- Medical Device Reprocessing (MDR) problem

A medical device (MD) is defined as any instrument, device, equipment, appliance or other item, intended by the manufacturer for use in humans for the purposes of:

- diagnosis, prevention, control, treatment or mitigation of a disease;
- diagnosis, control, treatment, mitigation or compensation of an injury or a handicap;
- study or replacement or modification of the anatomy or of a physiological process;
- control of design.

- **Medical Device Reprocessing:** All the steps of preparation of a medical device for its reuse: pre-cleaning, cleaning, disinfection or sterilization, inspection, packaging, labelling or storage.
- **Use of a critical or semi-critical single-use device (SUD) reprocessed by the institution:**
  - **Critical medical device:** Instruments that penetrate the sterile tissues of the organism, particularly the vascular tract, and therefore require cleaning before sterilization.
  - **Semi-critical medical devices:** Instruments that come into contact with the non-intact skin or mucous membranes and therefore require cleaning followed by high-level disinfection.

E- Problem with material, equipment, building or personal effects

NOTE: Only events that could have or have had an impact on the provision of care and services to the users must be reported (e.g. computer failure that has an impact on takeover of the user).

Material: Material includes tools, supplies and instruments used by the institution (dressing, hemostats, bandage scissors, etc.).

Equipment: Medical equipment includes apparatus intended to assist the professionals' work, diagnosis and treatment of medical problems (person lift, defibrillator, etc.).

- **Breakage/defect:** (for example, a denture dropped by the staff and broken in three pieces that must be replaced, defective electrotherapy equipment used in physiotherapy and causing a burn).
- **Computer failure:** (for example, a shutdown of the computer system used in one of the steps of the medication circuit occurs and delays the distribution of medication in the units).
- **Telecommunications system failure:** (for example, in a remote region, the pager system used to notify physicians is out of order. This situation could have an impact on takeover of a user).

F- Problem of abuse, assault, harassment or intimidation

Two users engaged in an altercation are injured or suffered consequences. One user financially abuses another user.

- **Abuse:** Abuse is defined as any form of physical, emotional or sexual mistreatment or lack of care resulting in physical injury or causing an emotional problem for a person. All forms of abuse regarding a person are manifested as an abuse of power or authority or an abuse of trust.
- **Assault:** Assault means a behaviour or opposition with force and hostility. It may occur with or without provocation.
- **Harassment:** Harassment is a form of discrimination, abuse of power or violence which may be manifested, in particular, by speech (remarks, insults, jokes, nicknames, insinuations, persistent questions, etc.), threats or gestures of a discriminatory nature (racist, sexist, homophobic, etc.). Harassment may be physical, verbal, sexual or emotional.
- **Intimidation:** Intimidation is intentional behaviour causing an individual psychological fear of being injured.

G- Other types of events

- **Unauthorized access (premises, equipment, etc.):** User found in an unusual place in the institution (for example, boiler room, roof of the building).
- **Self-mutilation:** Injury intentionally self-inflicted by a user.
- **Injury of known origin:** The user exhibits an injury for which the cause is known (for example: he hit his head on a shelf)
- **Injury of unknown origin:** The user exhibits an injury for which the cause cannot be identified.
- **Breach of confidentiality:** Information regarding the user (for example, medical record) left unsupervised in an unsecure location; discussion about confidential information held in an inappropriate place; loss of nominative documents.
- **Inaccurate/omitted surgical count:** Surgical count not performed (for example, due to the urgency of the situation) or incomplete count after the operation.
- **Failure to wear protective equipment/clothing:** When engaging in a sports activity, for example.
- **Behavioural disorganization (with injury):** Behavioural disorganization is part of a user's clinical picture. A report must be made only when the intervention plan was not followed or the consequences are different from or more severe than those usually resulting from this type of event.
- **Error related to the record:** Missing section in the record, information filed in the wrong record, record reported missing.
- **Escape (closed custody):** User under custody in the institution, ordered by the court or under a specific law, who leaves the care environment without prior authorization.
- **Event related to an activity:** During a daily recreational, sport or occupational training activity, for example.
- **Event related to transportation:** Event related to transportation provided by the institution.
- **Running away/disappearance (intensive supervision):** User who leaves the unit or the institution without medical authorization. User with cognitive or psychological disorders who disappears beyond usual outings or leaves, depending on his/her specific condition.
- **Related to identification:** An identification bracelet was installed on a user, but the name is wrong, the health insurance card used is not the user's card, another user has the same name and the right record is not retrieved.
- **Poisoning after drug/alcohol or hazardous substance consumption:** It is recognized that a residential care user is poisoned when he consumed a drug. Poisoning after unauthorized consumption of alcohol, drugs or hazardous substances occurring in the institution or in the course of provision of services.
- **Consent-related:** Absence of consent, incomplete consent or consent not signed in the record.
- **Related to control measures (restraint and isolation):** Application of control measures not in compliance with the institution's clinical directives or not in accordance with the user's condition. Injury related to use of restraint.
- **Airway obstruction:** Respiratory stoppage triggered by obstruction of the airway by food, an object or another substance.
- **Pressure or positioning sore:** Appearance of new sores (Stage 2 and higher) after admission.
- **Sexual relations in the residential care environment:** This type of event must be reported when it occurs in a psychiatric unit or a youth centre, for example.
- **Suicide attempt/suicide:** Deliberate act by the user to kill himself/herself.
- **Found in possession of dangerous objects (firearm, edged weapon, etc.):** At the time of a room inspection, a case worker finds a homemade weapon.
- **Other:** Any event not corresponding to the categories described above.

Section 10: Possible causes

Environmental causes
- Defect/equipment/material
- Inadequate maintenance of equipment or a facility
- Hygiene, sanitation, sterility
- Deficiencies/layouts
- Unavailability/equipment
- Other facts related to the environment; specify

Causes related to human factors
- User's insufficient knowledge
- Distraction
- Non-compliance with the therapeutic nursing plan (TNP)
- Non-compliance with the intervention plan (IP), the TNP or the care plan
- Non-compliance with a procedure
- Non-compliance with a clinical protocol
- Other situations related to human factors; specify

Causes related to the person affected
- Deficiency or limitation
  - Auditory
  - Cognitive
  - Language or speech
  - Esthetic
  - Intellectual
  - Motor
  - Organic
  - Mental or emotional
  - Visual
- Condition previous to the event. Person:
  - Aggressive, violent, agitated
  - Comatose
  - Confused
  - With diminishing autonomy (PADL, DADL)
  - Other behavioural disorders; specify
- Non-compliance with the IP, the TNP or the care plan, instructions, directives or prescriptions
- Under the influence of alcohol or drugs
- Other factors related to the person concerned; specify

Causes related to work organization
- Deficiency/communication
- Deficiency/training
- Deficiency/procedures, policies
- Deficiency/programming
- Deficiency/organization of services
- Deficiency/supervision, guidance
- Inexperienced staff
- Insufficient staff
- Untrained staff
- Unqualified staff
- Other factors related to work organization; specify

Causes related to a supplier (specify)

Other types of causes (specify)

Unknown cause

When a drug error is identified in Section 4B, the step of the medication circuit must be specified

Procurement (Steps 1 to 9):

Procurement means: Evaluation for addition to the local list of medications. Decision on addition or change to the local list and drafting of rules for use. Approval of the decision for addition/change by the Council of Physicians, Dentists and Pharmacists. Mandate, call for tenders and agreements, storage at the pharmacy.

1. Creation of the item in the different information systems
2. Purchasing of the drug via wholesaler or manufacturer
3. Receiving of the drug and traceability
4. Management of control drugs and narcotics according to the regulations in force
5. Storage at the pharmacy
6. Data entry of receiving
7. Batch packaging, when required (non-sterile preparations)
8. Batch packaging, when required (sterile)
9. Labelling if packaging or preparation

Issuing the prescription (Steps 10 to 12):

10. Data collection
11. Writing a prescription
12. Transmitting the prescription

Processing the prescription at the pharmacy (Steps 13 to 25):

13. Receiving the prescription and ranking by priority
14. Data entry in the pharmacological record
15. Validation of the prescription (age, weight, height, duplication, allergy, intolerance, duplication, interaction, relevance, dose)
16. Intervention of the pharmacist, when required
17. Sending the intervention
18. Management of exceptions (off-list, special access program, clinical research)
19. Individual preparation, when required
20. Individual packaging, when required
21. Labelling, when required
22. Verification of container/contents
23. Shipping of first drug doses
24. Daily or variable frequency drug re-servicing
25. Packaging and preparation for user's temporary releases or for self-administration

Management of medication in the care unit (Steps 26 to 41):

26. Receiving drugs in the care unit
27. Storage of drugs in the care unit
28. Planning the doses to administer
29. Preparation, when required
30. Labelling, when required
31. Administration of the drug to the user
32. Checking the identity of the drug, the schedule and the dose to administer
33. Recoding the doses administered
34. Monitoring the user
35. Management of drug waste
36. Management of documentation, including narcotics, controlled drugs and targeted substances
37. Printing reports
38. Communication with the pharmacy
39. Filling the night cabinet
40. Resupply of emergency trays and resuscitation carts
41. Refilling floor reserves (common drug)

Section 12: Severity of the event

INCIDENT		A	**Circumstance or situation at risk of triggering an undesirable event or having consequences for the user.** • Broken floor tile, water pooling in the ceiling. • Unlocked drug cart in the corridor. An instrument forgotten on a cart (for example: scissors). • During a room inspection, a case worker finds a homemade weapon. • Label on container or packet of medication that is unstuck or not in good condition. • Defective bed rails.
		B	**An undesirable event occurred, but the user was not affected (close call).** • The pharmacy delivered the wrong drug and the nursing staff notices the error before a user is affected. • Defect in the transfer lever detected before use. • A laboratory test must be repeated due to misidentification of the tube.
ACCIDENT	Optional disclosure	C	**An undesirable event occurred and affected the user, without causing consequences for the user. Presence of inconveniences not requiring any specific additional intervention (no first aid, no monitoring, no tests or examinations to verify the absence of consequences, no change to the intervention plan).** • A user received the wrong drug dose (e.g. acetaminophen 250 mg instead of 500 mg), but this had no consequences. • A user slipped out of his chair. No pain or injury is recognized. • A youth is playing soccer and falls down. A bruise is recognized. The youth returns to the game.
		D*	**An undesirable event occurred and affected the user, and additional verifications (monitoring, tests or physical examinations, change to the intervention plan, accompaniment) had to be done to verify the presence of appearance of consequences.** • A user received the wrong insulin dose. Blood glucose tests are required to ensure that blood glucose remains within the normal limits. • A user is found on the floor. A physical examination is conducted to ensure there is no injury. • A user falls during a physical rehabilitation exercise. An examination is conducted and the frequency of the sessions that had been scheduled is changed. • Two youths bump heads while engaging in a sport. No injury is recognized. Monitoring is established to ensure there is no concussion.
	Mandatory disclosure	E1	**An undesirable event occurred, affected the user and is at the origin of minor and temporary consequences requiring only unspecialized interventions (first aid, dressing, ice, disinfection, Heimlich manoeuvre).** • During a physiotherapy intervention, a defect in the electrotherapy equipment causes superficial burns. • A user scrapes his hand on his wheelchair. The wound is disinfected and a dressing is applied. • A youth mutilates himself and inflicts superficial injuries with a paper clip. Disinfection is performed. • Heimlich manoeuvres are performed after suction.
		E2	**An undesirable event occurred, affected the user and is at the origin of temporary consequences necessitating specialized care, services, interventions or treatments that go beyond common services (prescription, consultation, laboratory tests), but do not have any impact on the necessity/duration of hospitalization or of the care episode.** • A user had a fall, causing a deep scalp laceration. Stitches are necessary. • A user is bitten by his foster family's dog. Blood tests are necessary and a vaccine is administered. • Following a medication-related error, side effects are recognized and an antidote must be administered. • A user's denture is broken during cleaning by a staff member. A consultation is necessary to replace the denture.
		F	**An undesirable event occurred, affected the user and is at the origin of temporary consequences that have an impact on the necessity/duration of hospitalization or of residential care.** • A user suffered a fracture by falling. Surgery and follow-up in rehabilitation were necessary. • Prescription overdose necessitating monitoring in intensive care and consultation in internal medicine. • After being in contact with a substance to which he was allergic, a user is hospitalized to ensure monitoring. • A youth attempts suicide by swallowing toxic products. He is transferred to the hospital where he is kept under observation for a few days.
		G	**An adverse event occurred, affected the user and is at the origin of permanent consequences for his physiological, motor, sensory, cognitive or psychological functions (alteration, reduction or loss of function or autonomy).** • After administration of too large a quantity of drugs (overdose), the user exhibits permanent sequellae (e.g. deafness). • Anti-runaway bracelet not functional. User disappeared two hours ago. Found outdoors in his pajamas when it is minus 25°C. Hypothermia and frostbite to the feet. Hospitalization required and amputation of two toes. • A user loses two fingers during a carpentry class. • A user falls and fractures a hip. Surgery is necessary and results in a loss of mobility.
		H	**An undesirable event occurred, affected the user and is at the origin of consequences necessitating life support interventions (intubation, assisted ventilation, cardiorespiratory resuscitation).** • During a diagnostic medical imaging test, the intravenous contrast solution was replaced by error with another substance, which caused irreversible brain damage. Transfer to intensive care, assisted ventilation. • A PCA pump is defective and a user receives a higher dose of narcotic, triggering severe respiratory distress. Assisted ventilation and administration of a dose of Narcan are necessary.
		I	**An undesirable event occurred, affected the user and is at the origin of consequences that contributed to his death.** • User fell in the stairway. Multiple traumas resulting in death. • Narcotic overdose triggering cardiorespiratory arrest and death. • A user known for a severe food allergy was in contact with one of the foods to which he was allergic. He was subsequently found dead.
	Indeterminate		**An undesirable event occurred and affected the user, but the consequences or their severity level are unknown at the time of the report.**

* From the time it is necessary to perform tests or proceed with examinations, the user's informed consent must be obtained. The user must therefore be informed of the reasons justifying these unexpected interventions.

INCIDENT/ACCIDENT
DECLARATION REPORT

Name of institution

☐ CH

Section 1: Identification of the Person Affected

Category of person affected:
☐ None (**if none, skip to Section 2)** ☐ Patient

Addressograph

Section 2: Date, Time, Location of the Event

	Date	Time	☐ Actual ☐ Estimated ☐ Undetermined
Event	Year/Month/Day	Hour/Minutes	
Discovery	Year/Month/Day	Hour/Minutes	

Location of event (Specify the site, department, program, unit and specific area)

Information on the Patient

Curatorship: ☐ No ☐ Yes
If yes: ☐ Private ☐ Public

Type of deficit: ☐ None ☐ Hearing ☐ Cognitive ☐ Intellectual ☐ Language ☐ Motor ☐ Multiple ☐ Physical ☐ Visual

Pre-existing situation

State of the person: ☐ Normal ☐ Agitated ☐ Somnolent ☐ Unknown ☐ Disoriented/confused ☐ Aggressive/violent ☐ Comatose

Mobility:
Autonomy: ☐ Total ☐ Partial ☐ Totally dependent ☐ Unknown

Supervision required:
☐ Usual ☐ Strict ☐ Continual ☐ Unknown

Section 3: Factual, Objective & Detailed Description of the Event (*no* analysis, judgment, accusation, nominative details)

Section 4: Type of Event *(Please check the appropriate box from A to G)*

A-Fall: ☐ Fall ☐ Near fall *(Describe the specific circumstances – check the appropriate box)*

☐ Bath/shower ☐ Chair/wheelchair ☐ Stretcher ☐ While moving about ☐ Stairs ☐ Lift ☐ Bed ☐ During activities
☐ During a transfer ☐ Toilet ☐ Found on floor ☐ Other (specify): _____

B-Error involving: ☐ Medication ☐ Treatment/Intervention ☐ Diet

☐ Known allergy ☐ Conservation/storage ☐ Disappearance/Count ☐ Availability ☐ Dose/Rate
☐ Hour/date of administration ☐ Identity of patient ☐ Infiltration/extravasation ☐ Noncompliance with procedure/protocol ☐ Omission
☐ Expired ☐ Found ☐ Type/texture ☐ Route
☐ Other (specify): _____

Medication/treatment/intervention/diet **that was administered**				Medication/treatment/intervention/diet **that should have been administered**			
Identification	Dose	Route	Hour	Identification	Dose	Route	Hour

Other information:

C-Diagnostic test

☐ **Laboratory**
☐ Pre-analysis ☐ Analysis ☐ Post-analysis ☐ Description ☐ Error in transcription of order
☐ Identification error ☐ Noncompliance with procedure ☐ Other (specify): _____

Identification

AH223-1 **INCIDENT/ ACCIDENT DECLARATION REPORT** **Patient's file**

SECTIONS RESERVED FOR SUMMARY ANALYSIS

(The Reporter must complete sections 8 and 9)

Section 8: Recommendations or Suggestions of the Reporter

Specify the measures/actions to be taken to prevent the recurrence of such an event:

Section 9: Witness(es) to the Event:

Name and telephone number (address if necessary):

Position or relation to patient

(The manager responsible for the follow up must complete sections 10 to 13)

Section 10: Possible Causes

☐ Unknown ☐ Environmental causes ☐ Related to the organization of work ☐ Related to the person affected ☐ Related to a supplier
☐ Related to human factors ☐ Other (specify): _____

Specify:

For medication errors indicate the step in the medication circuit

☐ Supply ☐ Prescription writing ☐ Prescription processing
☐ Management of medication of unit/service/resource

Section 4: Type of Event *(Make a choice from A to G)*

C- Diagnostic Test

☐ **Imaging**

☐ Angiography ☐ Echography ☐ Fluoroscopy ☐ MRI (magnetic resonance) ☐ Mammography ☐ Bone density
☐ X-ray ☐ Single photon emission computed tomography ☐ Stereotaxis ☐ PET Scan (Positron Emission Topography)
☐ CT Scan ☐ Other test (specify):_____

Type: ☐ Dose ☐ Exam prescribed ☐ Identity of patient ☐ Quality of clinical image ☐ Protocol administered
☐ Undesirable reaction ☐ Other (specify)_____

D-Problem related to the processing of medical equipment

☐ Processing of medical equipment ☐ Processing of critical or semi-critical single use medical equipment by the establishment

E-Problem of: ☐ Material ☐ Equipment ☐ Building ☐ Personal effects

Description of the material/equipment/building/personal effects in question:

☐ Damage/defect ☐ Water damage ☐ Disappearance/loss ☐ Availability ☐ Fire ☐ Elevator failure
☐ Electrical failure ☐ Computer failure ☐ Telecommunication failure ☐ Programming ☐ Cleanliness ☐ Sterility/Breach of sterility
☐ Inappropriate use ☐ Other (specify): _____

F-Problem of abuse, aggression, harassment or intimidation

☐ Abuse ☐ Agression ☐ Harassement ☐ Intimidation **Type :** ☐ Physical ☐ Psychological/verbal ☐ Sexual ☐ Financial

G-Other type of events *(check the appropriate box)*

☐ Unauthorized access (area, equipment, etc)	☐ Self injury	☐ Injury of known origin	☐ Injury of unknown origin
☐ Breach of confidentiality	☐ Surgical Count Inaccurate – Omitted	☐ Failure to wear personal protective equipment	☐ Behavioural decompensation (with injury)
☐ Error related to the chart	☐ Escape from confinement	☐ Event related to an activity	☐ Event related to transport
☐ AWOL/disappearance	☐ Drug/alcohol/substance Intoxication	☐ Consent related	☐ Related to Identification
☐ Related to control measures (isolation and restraint)	☐ Respiratory obstruction	☐ Pressure sore	☐ Sexual relationship in long term care
☐ Attempted suicide/suicide	☐ Found in possession of a dangerous object (gun, knife, etc)		

☐ Other (specify): _____

Section 5: Immediate Consequence (s) for the Person Affected *(please check the appropriate box(es)*

☐ None ☐ Psychological ☐ Physical ☐ Other (specify): _____

Describe the consequences, physical, (part of the body, pain, bruises, fractures, etc), psychological or other for the person affected:

Section 6: Intervention(s) Carried out, Measure(s) Taken and Person(s) Contacted or Notified

Describe the measures taken:

Persons Notified				
	Name:	Position or relation:	Time:	☐ Visit made
	Name:	Position or relation:	Time:	☐ Visit made
	Name:	Position or relation:	Time:	☐ Visit made

Section 7: Name of Reporter *(one person only)*

Name of Reporter (in capital letters)::	Title or position:	Phone extension:	Signature:	Date(year,month,day):

INCIDENT/ACCIDENT
AH223-1 **DECLARATION REPORT** **Patient's file**

SECTIONS RESERVED FOR SUMMARY ANALYSIS

(The Reporter must complete sections 8 and 9)

Section 11: Preventive Measures Taken or Planned by the Manager Responsible for the Follow-up

☐ Related to the user ☐ Related to personnel ☐ Related to a contractual worker
☐ Other (specify): _____

Other preventive measures:

Name of manager or person responsible:	Title or position:	Phone extension:	Signature:	Date(year,month,day) :

Section 12: Severity

Incident	Accident	Sentinel Event
☐ A ☐ B	☐ C ☐ D ☐ E1 ☐ E2 ☐ F ☐ G ☐ H ☐ I ☐ Undetermined	☐ Yes ☐ No

Section 13: Disclosure (obligatory for E1 to I)

Disclosure: ☐ N/A ☐ Done **Documentation**: ☐ In chart ☐ On Disclosure Report Form

Person(s) to whom disclosure was made:	Name and first name of the person responsible for the disclosure	Date(year,month,day)
☐ Patient ☐ Curator ☐ Legal Representative ☐ Family/friends ☐ Other		