



**CONFIDENTIAL**

**APPENDIX B**

**FIRST NATIONS AND INUIT HEALTH BRANCH OCCURRENCE REPORT**

**Identification:** Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ Tel: \_\_\_\_\_ Province/Region: \_\_\_\_\_

Zone/Health Authority: \_\_\_\_\_ Report Sent: d/m/y \_\_\_\_\_ Faxed No. \_\_\_\_\_

HCP Involved: check (T) all that apply:  CHN  CHR  HCC  Doctor  Dentist  NADAAP  Mental Health  Other \_\_\_\_\_

**Names of HCP Involved:** \_\_\_\_\_

If Client involved: Age(s): \_\_\_\_\_ Community: \_\_\_\_\_

**Description of Occurrence check (T) all that apply**

-1-Security Violation	-2-Self Harm	-3-Community	-4-Process Issues	-6-Substance Use Related
<input type="checkbox"/> Violence/Assault/ Threats to Nurse <input type="checkbox"/> Threats to Other HCP in Community <input type="checkbox"/> Security Guard Issues <input type="checkbox"/> Policing Issues <input type="checkbox"/> Theft <input type="checkbox"/> Damage to Property <input type="checkbox"/> Other _____	<input type="checkbox"/> Suicidal Ideation Recurrent: ____ <input type="checkbox"/> Attempted Suicide No° of Attempts: ____ <input type="checkbox"/> Completed Suicide <input type="checkbox"/> Self Destructive Behaviours <input type="checkbox"/> Other _____	<input type="checkbox"/> Vehicular <input type="checkbox"/> Death <input type="checkbox"/> Environmental <input type="checkbox"/> CDC Outbreak <input type="checkbox"/> Political issues <input type="checkbox"/> Violence to client <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Evacuation <input type="checkbox"/> On-Call /receiving <input type="checkbox"/> Workforce <input type="checkbox"/> Other _____ <b>-5-Nursing Practice</b> <input type="checkbox"/> Policy <input type="checkbox"/> Scope of Practice <input type="checkbox"/> Intervention <input type="checkbox"/> Medication <input type="checkbox"/> Good Catch/Near Miss <input type="checkbox"/> Other _____	<input type="checkbox"/> Alcohol <input type="checkbox"/> Narcotic and controlled substance <input type="checkbox"/> Solvents <input type="checkbox"/> Drugs OTC / illicit <input type="checkbox"/> Unknown <input type="checkbox"/> Other : _____

**Brief description of occurrence:**  
  
\_\_\_\_\_

**How the occurrence effects the ability to deliver health services:**  
  
\_\_\_\_\_

**Actions taken by Nurse (CHN) or other health care personnel check (T) all that apply**

Consultation	Intervention	Notification		
<input type="checkbox"/> Physician <input type="checkbox"/> CHN <input type="checkbox"/> NIC <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Child Care Services <input type="checkbox"/> Police <input type="checkbox"/> Community Program Staff _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Medical Evacuation by: <input type="checkbox"/> Land <input type="checkbox"/> Air to: _____ <input type="checkbox"/> Observation _____ hrs <input type="checkbox"/> Discharged to: _____ <input type="checkbox"/> Accompanied by: _____ Date: _____ Time: _____	<input type="checkbox"/> ZNO / manager <input type="checkbox"/> Facilities / Maintenance <input type="checkbox"/> Regional Security Manager <input type="checkbox"/> Other _____	<input type="checkbox"/> Health Director <input type="checkbox"/> Chief / Councilor <input type="checkbox"/> Other _____	<input type="checkbox"/> CISM <input type="checkbox"/> Coroner <input type="checkbox"/> Police <input type="checkbox"/> EHO <input type="checkbox"/> Other _____

**Follow-up required at community level:**  
  
\_\_\_\_\_

**B** Prepared by(Print name) : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Actions taken by Management**

Zone/Area /Health Authority \_\_\_\_\_ Date Received: \_\_\_\_\_

**C** Forwarded:  Regional Director  CISM  Facilities  Regional Security  Health Director  Chief  Coroner  Police  EHO  Other

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

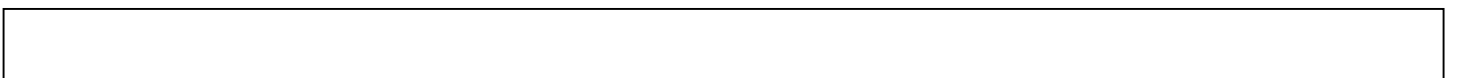
Region- RNO/Manager/Director \_\_\_\_\_ Date Received: \_\_\_\_\_

**D** Forwarded:  Regional Director  Facilities  Regional or Corporate Security  Health Director  Chief  CISM  Coroner  Police  EHO  ONS  Other

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

**Completed Report Forwarded to Source of Occurrence** \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_





**CONFIDENTIAL**

**FIRST NATIONS AND INUIT HEALTH BRANCH OCCURRENCE REPORT**

**Page 2 optional if more room needed to describe Occurrence and Implications for nurses**

**Identification:** Date of occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ Tel: \_\_\_\_\_

Province/region: \_\_\_\_\_ Zone/area/health authority: \_\_\_\_\_ Community: \_\_\_\_\_

Report sent: d/m/y \_\_\_\_\_ Faxed to No. \_\_\_\_\_

**Description of Occurrence cont...**

**How the occurrence affects the ability to deliver health services:**

<b>Prepared by (print name):</b>	<b>Signature:</b>	<b>Date:</b>
----------------------------------	-------------------	--------------

**Compliances:** The Following occurrences will be mandatorily completed by FNIHB health personnel or transferred health authorities/societies when an occurrence takes place. Occurrences include but are not limited to the following:

**1.0 Security Violation**

- 1.1 Violence/Assault/Threats Against Nurse: refers to physical assault, stabbing, rape etc.
- 1.2 Threats to Health Care personnel: verbal abuse, harassment, etc.
- 1.3 Security Guard Issues: does not follow post order re, regulations, does not report for duty etc
- 1.4 Policing Issues: police did not respond to call, slow to respond to calls, insufficient presence in community etc.
- 1.5 Theft: of government, personal property, break-in, etc
- 1.6 Damage to Property: damage or destruction directed toward equipment in the health facility, health facility building(s), the nurses' residences and/or personnel property, FNIHB or equivalent vehicles,
- 1.7 Other: any occurrences affecting reduction or changes in pattern of service deemed significant by staff.

**2.0 Self Harm:**

- 2.1 Suicidal ideation: “cry for help” (i.e. communicating intention to commit suicide, etc)  
Recurrent suicidal ideation: this refers to repeated suicidal ideation and should be checked ✓ if ideation is recurrent
- 2.2 Attempted Suicide: identify total number of actual attempts (i.e. medication overdose)
- 2.3 Completed Suicide: intentionally killing oneself
- 2.4 Self Destructive Behaviours: violence toward self (i.e. inflictions to physical body)
- 2.5 Other: any occurrences affecting reduction or changes in pattern of service deemed significant by staff.

**3.0 Community**

- 3.1 Vehicular: any type of motor vehicle accident (MVA) e.g. ATV, snow mobile, boat, plane, etc.
- 3.2 Death: expected/unexpected death (drowning, terminal illness, etc), occurrence.
- 3.3 Environmental: such as toxic spills, chemical exposure, natural disasters such as floods and forest fires
- 3.4 CDC Outbreak: communicable diseases outbreak -
- 3.5 Political issues: any political occurrences affecting reduction or changes of services
- 3.6 Violence to client: individual violence from one to another, physical assault, spousal / child abuse, rape, etc.
- 3.7 Other: any occurrences affecting reduction or changes in pattern of service deemed significant by staff (i.e. gang related violence in the community).

**4.0 Process Issues**

- 4.1 Medical Evacuation: any occurrences /procedures related to the medical evacuation of a client
- 4.2 On-call Facility: any professional/process issues related to the on-call facility (e.g. availability for telephone consultations)
- 4.3 Workforce: any workforce issues (i.e. staff shortage)
- 4.4 Other: any occurrences affecting reduction or changes in pattern of service deemed significant by staff (e.g. failure of equipment).

**5.0 Nursing Practice**

- 5.1 Policy: any occurrences or variances from current policy or standards.
- 5.2 Scope of Practice: occurrences related to RN competencies or skills required to health care services in FN & I clients, (clinical assessment, health protection, prevention and promotion)
- 5.3 Intervention: care delivery, referral, consultation, language, culture, client safety issues, communication
- 5.4 Medication: any occurrence or variances from current standards of administration, documentation, dispensing, known allergy, drug, count, intravenous infusion, medication order related.
- 5.5 Good Catch (near miss or close call): a situation or event that could have occurred, but did not because of chance or interception (i.e. dispensed wrong medication, but caught before it being administered to the client)
- 5.6 Other: any occurrences or variances in nursing practice not covered by the above.

**6.0 Substance Use Related**

- 6.1 Substance use Related: occurrences related to the ingestion/inhalation of alcohol or use of recreational, over the counter (OTC) and / or controlled drugs (e.g. controlled substances, solvents such as gas, glue, white-out liquid paper, etc)” to “Substance use Related: occurrences related to the ingestion/inhalation of alcohol or use of recreational, over the counter (OTC) illicit (e.g. steroids) and / or controlled drugs (e.g. narcotics), solvents such as gas, glue, white-out liquid paper, etc). Refer to the Policy and Procedures on Controlled Drugs and Substances in FNIHB Health Care Facilities for missing counts, lost or stolen controlled drugs and substances.

**Abbreviations:**

CHN – Community Health Nurse	CS – Health Canada, Corporate Security	ATV – all-terrain vehicle
RNO Regional Nursing Officer	EHO – Environmental Health Officer	NIC – Nurse-in-Charge
CHR – Community Health Representative	RSM – Regional Security Manager	ZNO – Zone Nursing Officer or manager
HCC – Home and Community Care	HCP – Health Care Personnel	DON – Director of Nursing
OTC – over-the-counter	CISM – Critical Incident Stress Management	
NADAAP– Native Alcohol, Drugs and Addictions Program		