

# State-approved Curriculum Nurse Aide I Training Program

## MODULE N Incident Reporting

### Student Manual 2024 Version 2.0



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation



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North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
North Carolina Education and Credentialing Section

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## **Module N – Incident Report Definition List**

**Gait** - a manner of walking or moving on foot

**Incident** – any event that has harmed or could harm a resident, visitor, or staff member

**Incident Report** – documentation of facts surrounding any unexpected event in healthcare setting; also called an *occurrence*, *accident* or *event report*.

**Punitive** - inflicting, involving, or aiming at punishment

Module N - Incident Report	
<b>(S-1) Title Slide</b> <b>(S-2) Objectives</b> <ol style="list-style-type: none"> <li>1. Define and describe the significance of an incident report</li> <li>2. Discuss the importance of accurate, detailed reporting and documentation</li> <li>3. Determine which incidents require a report and who is involved in reporting</li> <li>4. Provide guidelines for reporting and recording</li> </ol>	
Content	Notes
<b>(S-3) Incident Reporting</b> <ul style="list-style-type: none"> <li>• Method of documenting facts surrounding an unexpected event in healthcare setting</li> <li>• Based on factual, objective account of what occurred               <ul style="list-style-type: none"> <li>— Explain how to document facts through observation</li> </ul> </li> </ul>	
<b>(S-4) Incident Report</b> <ul style="list-style-type: none"> <li>• Confidential and intended for use among the facility staff, management and legal team</li> <li>• Not part of the resident's record               <ul style="list-style-type: none"> <li>— Explain how documentation may be used if legal action is pursued by the resident, family or facility</li> <li>— Follow facility policy</li> </ul> </li> </ul>	
<b>(S-5) When is an Incident Report Required? (1)</b> <ul style="list-style-type: none"> <li>• A resident falls, verbalizes or shows fear or signs of harm, develops unusual signs of pain, has a visible misalignment of an extremity or develops a noticeable change in gait               <ul style="list-style-type: none"> <li>— Resident may not put weight on a leg because a fracture has occurred during an unwitnessed event</li> </ul> </li> <li>• A resident is reported missing from the facility</li> </ul>	
<b>(S-6) When is an Incident Report Required? (2)</b> <ul style="list-style-type: none"> <li>• A mistake is made while providing resident care (it could be something as simple as feeding the resident the wrong meal – i.e. regular diet vs pureed diet)</li> <li>• An item or personal belonging is damaged, broken or missing</li> </ul>	
<b>(S-7) When is an Incident Report Required? (3)</b> <ul style="list-style-type: none"> <li>• The nurse aide performs a task that is outside the nurse aide's range of function</li> <li>• The nurse aide is threatened and feels unsafe</li> </ul>	
<b>(S-8) When is an Incident Report Required? (4)</b> <ul style="list-style-type: none"> <li>• Inappropriate actions, sexual advances or remarks</li> <li>• An angry outburst occurs by family members or staff</li> </ul>	
<b>(S-9) Incident Report – Importance</b>	

<b>Module N - Incident Report</b>	
<ul style="list-style-type: none"> <li>• Required by the facility based upon State and Federal guidelines</li> <li>• Completed by individuals involved at the scene, those on duty at the time, and those who observed incident</li> <li>• Detailed accurate account of who was involved, what, when and where the incident occurred, what immediate actions and additional steps were taken to prevent recurrence</li> </ul>	
<b>(S-10) Incident Report – Guidelines (1)</b> <ul style="list-style-type: none"> <li>• Describe in detail what was seen or heard; do not make assumptions</li> <li>• Document the time the incident occurred</li> <li>• Details should be recorded in sequence</li> <li>• Describe the person’s reaction to the incident</li> <li>• If subjective information is documented, it should include <i>exactly</i> what the resident or involved party said</li> </ul>	
<b>(S-11) Incident Report – Guidelines (2)</b> <ul style="list-style-type: none"> <li>• State the facts; do not include opinions or place blame</li> <li>• Describe the action taken to give care and whether the injury was a direct result of the incident</li> <li>• Describe the outcomes noted from actions taken</li> </ul>	
<b>(S-12) Incident Report – Points to Remember</b> <ul style="list-style-type: none"> <li>• Complete the report as soon as possible to ensure details are not forgotten</li> <li>• Reporting and recording events of the incident is a protective rather than punitive measure</li> <li>• Never try to hide an injury or mistake</li> <li>• Documentation is reviewed by management and members of the healthcare team to look for trends</li> <li>• New policies and procedures may be established to prevent future incidents</li> </ul>	
<b>(S-13) Incident Report – Can Help Save a Life</b> <ul style="list-style-type: none"> <li>• Discuss how an incident report can help save a life</li> </ul>	

## Handout #1N for Activity #1N

### RESIDENT INCIDENT REPORT

Resident: \_\_\_\_\_ MR# \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

Witness/1st Responder/Other: \_\_\_\_\_ Title: \_\_\_\_\_

Was resident performing independent activity as usual? Y\_\_ N\_\_ Staff assist\_\_

Was equipment involved? Y\_\_ N\_\_ Specify \_\_\_\_\_

Was equipment in proper working condition? Y\_\_ N\_\_ NA\_\_ Explain: \_\_\_\_\_

Resident stated, " \_\_\_\_\_ "

#### Discovery/Assessment:

Alarm activation\_\_ Passing door\_\_ Routine care entry\_\_ Alerted by another person\_\_ Heard noise\_\_

Alerted by resident: Called out\_\_ Call bell used\_\_ NA\_\_

Location when alerted: Room\_\_ BR\_\_ Hall\_\_ DR\_\_ Lounge\_\_ Other \_\_\_\_\_

Location PRIOR to incident: Ambulating\_\_ In bed\_\_ In WC\_\_ In chair\_\_ On toilet\_\_ Other \_\_\_\_\_

Location AFTER incident: Sitting\_\_ Lying\_\_ Back\_\_ Abdomen\_\_ Right side\_\_ Left side\_\_

Extremities: Legs: Extended\_\_ Abducted\_\_ Adducted\_\_ / Arms: Extended\_\_ Abducted\_\_ Adducted\_\_

ROM change: Y\_\_ N\_\_ / Weight bearing as usual: Y\_\_ N\_\_ Right\_\_ Left\_\_

#### Assessment:

Change in Consciousness: Y\_\_ N\_\_ / Change in speech: Y\_\_ N\_\_ / PERRLA: Y\_\_ N\_\_

Head trauma: Y\_\_ N\_\_ Undetermined\_\_ Obvious\_\_ Location \_\_\_\_\_

Pain verbalized: Y\_\_ N\_\_ Undetermined\_\_ Obvious\_\_ Location \_\_\_\_\_ Scale 1-10 \_\_\_\_\_

Resident states, " \_\_\_\_\_ "

Pulse: \_\_\_\_\_ / BP: \_\_\_\_\_ / Respirations: \_\_\_\_\_

Skin trauma: Y\_\_ N\_\_ Undetermined\_\_ Location \_\_\_\_\_

Skin tear: Y\_\_ N\_\_ Abrasion: Y\_\_ N\_\_ / Size \_\_\_\_\_ cms / Location \_\_\_\_\_

Color: Red\_\_ Bruising\_\_ Discoloration\_\_ Bleeding\_\_ Amount: Slight\_\_ Moderate\_\_ Large\_\_

Breaks: Y\_\_ N\_\_ None visible\_\_

Did resident use call light for assistance: Y\_\_ N\_\_ NA\_\_

WC: wheels locked: Y\_\_ N\_\_ NA\_\_

Bed: Locked: Y\_\_ N\_\_ NA\_\_ / Position: Low: Y\_\_ No\_\_ NA\_\_ / Side rails up\_\_ down\_\_ NA\_\_

Alarm in use: Y\_\_ N\_\_ Type \_\_\_\_\_ / Restraint in use: Y\_\_ N\_\_ Type \_\_\_\_\_

Precipitating factors: Lighting: Y\_\_ N\_\_ NA\_\_ / Footwear: Y\_\_ N\_\_ NA\_\_

Other factors: Explain: \_\_\_\_\_

#### Treatment:

Wound cleaned / bandaged: Y\_\_ N\_\_ NA\_\_ / Ice: Y\_\_ N\_\_ NA\_\_ Other: \_\_\_\_\_

MD called: Y\_\_ N\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

Ambulance called: Y\_\_ N\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

Responsible party called: Y\_\_ N\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_ / Name: \_\_\_\_\_

Transferred to hospital: Y\_\_ N\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_ / Private vehicle: Y\_\_ N\_\_

Witness/responder signature: \_\_\_\_\_ Title: \_\_\_\_\_

Comments: \_\_\_\_\_

Review by DON: Date \_\_\_\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

Review by Administrator: Date \_\_\_\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

