State-approved Curriculum
NURSE AIDE I TRAINING PROGRAM
July 2019
Module N

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
NCDHHS is an equal opportunity provider and employer.
Module N – Incident Report
Teaching Guide

Objectives

• Define and describe the significance of an incident report
• Discuss the importance of accurate, detailed reporting and documentation
• Determine which incidents require a report and who is involved
• Provide guidelines for reporting and recording

Handout – Duplicate one copy each per student

• #1N Resident Incident Report

Instructional Resources/Guest Speakers

• Resident Incident Report Forms: Resident incident report forms from a variety of local health care facilities (Teaching Tip #1N)

Advance Preparation – In General

• Review curriculum and presentation materials
• Add examples or comments to Notes Section
• Set up computer/projector

Advance Preparation – Teaching Tips

• #1N Incident Report Forms: Obtain various incident report forms from facilities in the area. Make copies to distribute among students

Advance Preparation – Activities

• #1N Resident Incident Report: Determine how to divide students into small groups based on the number in class; duplicate Handout #1N, one for each student
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
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<td><strong>(S-1) Title Slide</strong></td>
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| **(S-2) Objectives** | 1. Define and describe the significance of an incident report  
2. Discuss the importance of accurate, detailed reporting and documentation  
3. Determine which incidents require a report and who is involved in reporting  
4. Provide guidelines for reporting and recording |
| **(S-3) Incident Report (1)** | • Method of documenting facts surrounding an unexpected event in healthcare setting  
• Based on factual, objective account of what occurred  
  o Explain how to documents facts through observation |
| **(S-4) Incident Report (2)** | • Are confidential and intended for use between the facility and facility legal team  
  o Explain how documentation may be used if legal action is pursued by the resident, family or facility |
| **(S-5) Incident Report – Required when (1)** | • 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  
  o Resident may not put weight on a leg because a fracture has occurred during an unwitnessed event  
• A resident is reported missing from the facility |
| **(S-6) Incident Report – Required when (2)** | • A mistake is made while providing resident care  
• An item or personal belonging breaks, becomes damaged or is missing |
| **(S-7) Incident Report – Required when (3)** | • A request is made that is outside the NA’s scope of practice  
  • The NA is made to feel uncomfortable, threatened or unsafe |
| **(S-8) Incident Report – Required when (4)** | • Inappropriate actions, sexual advances or remarks are made  
• An angry outburst occurs by family members or staff |
| **(S-9) Incident Report – Importance** | • Required by the facility based upon State and Federal guidelines  
• Completed by individuals involved at the scene, those on duty at the time, and those who observed incident |
**Module N - Incident Report**

- 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

**TEACHING TIPS #1N: Incident Report Form**
- Pass around various incident report forms obtained from facilities in the area and indicate how they differ and how they are alike.

**(S-10) Incident Report – Guidelines**
- Describe in detail what was seen or heard
- Document the time the incident occurred
- Describe the person’s reaction to the incident
- State the facts; do not include opinions
- Describe the action taken to give care
- Describe the outcomes noted from actions taken

**(S-11) Incident Report – Points to Remember**
- Complete the report as soon as possible
- Reporting and recording events of the incident is a protective rather than punitive measure
- Documentation is reviewed by management and members of the healthcare team
  - Becomes part of the resident’s records
  - Is used to track how/if the resident becomes negatively impacted from the incident
- New policies and procedures may be established to prevent future incidents
Module N - Incident Report

(S-12) Incident Report – Can Help Save a Life

- Discuss how an incident report can help save a life

Activity #1N

Return to S-10 and display it during this activity. Divide the class into small groups. Give a copy of Handout #1N, Resident Incident Report, to each student. Select one (1) scenario per group from the list below (or create your own scenarios). For each group, identify one (1) student to document the group discussion on a blank Resident Incident Report handout, and one (1) student to report responses from the group to the class. Instruct the groups to discuss and describe details of the incident from their assigned scenario using S-10 as a guide.

Scenario:
- You witness two NAs drop a resident during transfer
- You overhear a family member threaten a resident
- You are changing a resident’s gown and find a large skin tear on the right forearm that is bleeding.
- You are asked by the nurse to suction a patient, a task you have not been trained or allowed to perform.
- You are assisting residents to the dining room and are unable to locate your 5th resident. You pass by the window and see the resident walking through the parking lot toward the road.
- Allow time for discussion and documentation
- Ask each reporter to share responses
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: _________________/ 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____