



# 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

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## **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

<b>Module N - Incident Report</b>	
<p><b>(S-1) Title Slide</b>  <b>(S-2) Objectives</b></p> <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>	
<b>Content</b>	<b>Notes</b>
<p><b>(S-3) Incident Report (1)</b></p> <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 documents facts through observation</li> </ul> </li> </ul>	
<p><b>(S-4) Incident Report (2)</b></p> <ul style="list-style-type: none"> <li>• Are confidential and intended for use between the facility and facility legal team                             <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> </ul> </li> </ul>	
<p><b>(S-5) Incident Report – Required when (1)</b></p> <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>	
<p><b>(S-6) Incident Report – Required when (2)</b></p> <ul style="list-style-type: none"> <li>• A mistake is made while providing resident care</li> <li>• An item or personal belonging breaks, becomes damaged or is missing</li> </ul>	
<p><b>(S-7) Incident Report – Required when (3)</b></p> <ul style="list-style-type: none"> <li>• A request is made that is outside the NA’s scope of practice</li> <li>• The NA is made to feel uncomfortable, threatened or unsafe</li> </ul>	
<p><b>(S-8) Incident Report – Required when (4)</b></p> <ul style="list-style-type: none"> <li>• Inappropriate actions, sexual advances or remarks are made</li> <li>• An angry outburst occurs by family members or staff</li> </ul>	
<p><b>(S-9) Incident Report – Importance</b></p> <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> </ul>	

<b>Module N - Incident Report</b>	
<ul style="list-style-type: none"> <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>	
<p><b>TEACHING TIPS #1N: Incident Report Form</b></p> <ul style="list-style-type: none"> <li>Pass around various incident report forms obtained from facilities in the area and indicate how they differ and how they are alike.</li> </ul>	
<p><b>(S-10) Incident Report – Guidelines</b></p> <ul style="list-style-type: none"> <li>Describe in detail what was seen or heard</li> <li>Document the time the incident occurred</li> <li>Describe the person’s reaction to the incident</li> <li>State the facts; do not include opinions</li> <li>Describe the action taken to give care</li> <li>Describe the outcomes noted from actions taken</li> </ul>	
<p><b>(S-11) Incident Report – Points to Remember</b></p> <ul style="list-style-type: none"> <li>Complete the report as soon as possible</li> <li>Reporting and recording events of the incident is a protective rather than punitive measure</li> <li>Documentation is reviewed by management and members of the healthcare team                             <ul style="list-style-type: none"> <li>Becomes part of the resident’s records</li> <li>Is used to track how/if the resident becomes negatively impacted from the incident</li> </ul> </li> <li>New policies and procedures may be established to prevent future incidents</li> </ul>	

<b>Module N - Incident Report</b>	
<p><b>(S-12) Incident Report – Can Help Save a Life</b></p> <ul style="list-style-type: none"> <li>• Discuss how an incident report can help save a life</li> </ul> <p><b>Activity #1N</b></p> <p><b>Return to S-10 and display it during this activity.</b> 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.</p> <p><b>Scenario:</b></p> <ul style="list-style-type: none"> <li>• You witness two NAs drop a resident during transfer</li> <li>• You overhear a family member threaten a resident</li> <li>• You are changing a resident’s gown and find a large skin tear on the right forearm that is bleeding.</li> <li>• You are asked by the nurse to suction a patient, a task you have not been trained or allowed to perform.</li> <li>• You are assisting residents to the dining room and are unable to locate your 5<sup>th</sup> resident. You pass by the window and see the resident walking through the parking lot toward the road.</li> <li>• Allow time for discussion and documentation</li> <li>• Ask each reporter to share responses</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 \_\_\_\_\_