SSR

Safe Student Reports

New Occurrence Worksheet

Use this worksheet to assist in gathering details of the new occurrence prior to entering the data on www.safestudentreports.org.

Recipient of unsafe occurrence

1. Who received injury? *(select one)*
   - ☐ Patient
   - ☐ Visitor
   - ☐ Student
   - ☐ Faculty
   - ☐ Staff
   - ☐ Other

2. Gender *(select one)*:
   - ☐ Male
   - ☐ Female
   - ☐ Unknown

3. English is predominant language *(select one)*:
   - ☐ Yes
   - ☐ No
   - ☐ Unknown

4. Status of patient/individual *(select one)*:
   - ☐ Harm
   - ☐ No harm
   - ☐ Death
   - ☐ Other

5. Age *(select one)*:
   - ☐ <15
   - ☐ 15-20
   - ☐ 21-25
   - ☐ 26-30
   - ☐ 31-35
   - ☐ 36-40
   - ☐ 41-45
   - ☐ 46-50
   - ☐ 51-55
   - ☐ 56+
   - ☐ Unknown

Occurrence information

6. Date *(enter date of occurrence using the following format)*: mm/dd/yyyy

7. Time *(enter time of occurrence)*:_____

8. Category of occurrence *(select one)*:
   - ☐ Error [Defined as: Incident or occurrence that had the potential to place a patient at risk for harm or resulted in actual harm]
   - ☐ Near miss [Defined as: An event or situation that could have resulted in an accident, injury, or illness, but did not, whether by chance or through timely intervention. (Ebright et al., 2004)]

9. Type of occurrence *(select one)*:
   - ☐ Medication Error
   - ☐ Needle stick
   - ☐ Inadequate preparation for providing patient care
   - ☐ Blood/pathogen exposure
   - ☐ Fall event
   - ☐ Outside scope of practice
   - ☐ Injury to body
   - ☐ Change in patient condition
   - ☐ Deviation in protocols
   - ☐ Equipment or medical device malfunction
   - ☐ Environmental safety – for self, patient or others
   - ☐ Inappropriate or inadequate communication by: Faculty, preceptor, other student, health care team, patient or visitor
   - ☐ Breach of confidentiality
   - ☐ Other

10. Occurrence description *(optional: enter additional details about the unsafe occurrence)*:

11. Location of occurrence *(select one)*:
    - ☐ Classroom
    - ☐ Clinical Setting
    - ☐ Simulation Lab
    - ☐ Learning Lab
    - ☐ Other

12. Who is completing the report *(select one)*:
    - ☐ Faculty
    - ☐ Student/Faculty Dyad
    - ☐ Other (preceptor, etc.)

Follow up action

13. Who is alerted *(select one)*:
    - ☐ Faculty
    - ☐ School of Nursing (SON) Administration
    - ☐ Patient/Family
    - ☐ Other
    - ☐ Unknown

14. Inform clinical agency *(select one)*:
    - ☐ Yes
    - ☐ No
    - ☐ Unknown
    - ☐ N/A

15. Agency occurrence report completed *(select one)*:
    - ☐ Yes
    - ☐ No
    - ☐ Unknown
    - ☐ N/A

16. Changes occurring as a result of occurrence *(select one)*:
    - ☐ System Changes
    - ☐ Policy Changes
    - ☐ Practice Changes
    - ☐ Curriculum Changes
    - ☐ Nothing at Present

17. Follow up actions *(optional: enter additional details about any follow up action)*

Student information

18. Current semester or quarter number *(enter number between 1-16)*: _____

19. Total number of semesters or quarters in program *(enter number between 1-16)*: _____

20. Student age *(select one)*:
    - ☐ 15-20
    - ☐ 21-25
    - ☐ 26-30
    - ☐ 31-35
    - ☐ 36-40
    - ☐ 41-45
    - ☐ 46-50
    - ☐ 51-55
    - ☐ 56+
    - ☐ Unknown

21. Type of program *(select one)*:
    - ☐ LPN
    - ☐ Associate
    - ☐ Diploma
    - ☐ BSN
    - ☐ 2nd Degree BSN
    - ☐ Masters – Non-APRN
    - ☐ Masters – APRN

Final remarks

22. Do you wish to share anything else relevant to this report? *(optional: enter any additional comments)*

References
Ebright, P. R., Urden, L., Patterson, E., & Chalko, B. (2004). Themes surrounding novice nurse near-miss and adverse-event situations. *JONA*, 34(11), 531-538.