



REPLACEMENT NOTICE

Saskatoon Health Region Policy: Safety Reporting (7311-50-006)

has been replaced with

**Saskatchewan Health Authority
Policy Directive:**

[Safety Reporting/Stop the Line \(SHA-02-002\)](#)

The above is a direct link.

The procedure is below.

Replacement Notice
August 17, 2018

PROCEDURE

Number: 7311-50-006

Title: Safety Reporting

Authorization

President and CEO

Vice President, People Practice and Quality

Source: Director, Safety & Wellness
Cross Index: SHA-02-003, SHA-02-004,
procedures: 7311-50-008 and 7311-50-009,
OH & S Policy & Program Manual (15-003, 15-004
and 60-004)

Date Approved: May 2002

Date Revised: April 4, 2017

Date Effective: May 1, 2017¹

Date Reaffirmed:

Scope: Former SHR and Affiliates

Any PRINTED version of this document is only accurate up to the date of printing. The former Saskatoon Health Region (SHR) cannot guarantee the currency or accuracy of any printed policy. Always refer to the Saskatchewan Health Authority or former SHR policies website for the most current versions of documents in effect. The former SHR accepts no responsibility for use of this material by any person or organization not associated with the former SHR. No part of this document may be reproduced in any form for publication without permission.

DEFINITION

Critical Incident Stress Management Debriefing means a program designed to assist individuals with any emotional reaction when they are exposed to traumatic events. It allows individuals a forum in which to talk about incident without judgment or criticism (see Occupational Health and Safety Manual [60-004](#) (*link inserted*)).

1. PURPOSE

The purpose of this procedure is to establish the process for reporting and managing of safety incidents in the former Saskatoon Health Region (SHR).

2. PRINCIPLES

2.1. Central to this process is the recognition that patient, client, resident care and staff needs will continue, or may indeed increase, following identification of the safety incident.

2.1.1 There is a professional, moral and ethical responsibility based on the principle of do no harm (non-maleficence) for staff to report safety incidents. The ultimate goal is to eliminate harm and make health care environments safer for everyone.

2.1.2 Every individual a safety inspector and has the authority to call out potentially harmful situations (*Stop the Line*) as soon as possible and trigger a process to stop the harm before it occurs. The individuals best suited to fix a problem are those closest to the problem.

¹ Updated August 17, 2018 to reflect 'former' SHR throughout and appropriate references to Saskatchewan Health Authority (SHA) Policy Directives.

- 2.1.3 Legislation, policy, safe work practices and safe care guidelines govern patient, client, resident care and staff safety.
- 2.1.4 All hazards will be identified and controlled through hazard identification and control measures, and regular workplace inspections.
- 2.1.5 All safety incidents will be reported and investigated.
- 2.2 To achieve the goal of eliminating preventable harm and injuries patients/clients/residents and staff are empowered to *Stop the Line* when potential sources of harm or injury are discovered without fear of blame or reprisal.

3. PROCEDURE

At the time of the safety incident

- 3.1 Take whatever action is necessary to stabilize the individual, mitigate any injury and prevent further harm.
 - 3.1.1 Safety incidents involving injury to patients/clients/residents and witnessed by staff will be immediately reported to the Most Responsible Physician, Manager (or designate) responsible for the area where the injury occurred and the Registered Nurse responsible for the patient, client or resident, as appropriate.
 - 3.1.2 Injured staff may be directed to an Emergency Department for appropriate treatment and reported to the Manager as soon as possible.
- 3.2 Report the safety incident (see Safety Incident Reporting Systems, Appendix B).
 - 3.2.1 When the online Adverse Event Management System (AEMS) is used automatic notification to the appropriate individuals will occur, including on-call staff.
- 3.3 Document facts about a safety incident.
 - 3.3.1 For safety incidents involving a patient/client/resident document on health record.
 - A brief statement of the safety incident regarding who, what, where and when.
 - Do not include opinions, assign blame or speculate what may have occurred. Complete ALL sections of the report to the best of your ability.
 - Describe the nature of the safety incident and extent of any injuries to the patient/client/resident family or guest or (e.g. "the patient/client/resident/guest sustained a laceration approximately four (4) cm long to the left forearm" and the treatment provided).
 - Any statements made by patient, client, resident or visitor.
 - Notification of parent/guardian/proxy/SDM/ next-of-kin as appropriate.
 - DO NOT include reference to the completion of a safety report within the health record.
 - 3.3.2 For staff safety incidents, documentation is completed at the time of the call-in report.
 - 3.3.3 For family and visitor safety incidents, documentation is completed in the safety report (e.g. Safety Response System database/Online AEMS).
- 3.4 Staff requiring critical incident stress debriefing following any safety incident, must notify their Manager/Human Resources Business Partner (HRBP), a designate or Human Resources.
 - 3.4.1 See also Occupational Health and Safety [policy](#) (*link inserted*) and [procedure](#) (*link inserted*).

Following the Safety Incident, the Manager or designate will:

- 3.5** Quarantine all equipment, medication, or supplies may have contributed to the actual or potential critical incident.
 - 3.5.1 The packaging and other components of the item will be placed in a bag and labeled "Do Not Use".
 - 3.5.2 Tagging and locking out (disable or remove from service) of equipment will occur immediately to prevent use during the investigation and identify/communicate "Do Not Use".
 - 3.5.3 Transport equipment to Facilities Management/Maintenance Services immediately if safe to do so.
 - 3.5.4 Immediately contact Clinical Engineering if biomedical equipment is involved.
 - 3.5.5 Inform Enterprise Risk Management that the item(s) have been quarantined.
 - 3.5.6 Photographs of equipment, medication and/or supplies may be necessary for documentation purposes.
- 3.6** The Manager works with an operational lead to determine level of investigation and possible disclosure (see SHA Policy: *Disclosure*).
- 3.7** Notify any other departments/individuals involved in the safety incident and provide the safety report and ensure thorough follow up.
 - 3.7.1 If the safety incident is identified as a critical incident (for patients/clients/residents) see SHA Policy: *Critical Incident Reporting*.
 - 3.7.2 If the safety incident is identified as a serious accident or dangerous occurrence (staff only) see SHR OH&S procedure: [Serious Accident](#) or [Dangerous Occurrence](#) (*links inserted*).
- 3.8** Assume responsibility for taking corrective action for a potential or actual safety incident occurs in their area(s) of responsibility.

4. PROCEDURE MANAGEMENT

The management of this procedure including policy education and implementation is the responsibility of the Regional Managers, Patient Safety and Accreditation and, Occupational Health and Safety. Monitoring is the responsibility of the Manager. Amendment is the responsibility of the Director, Safety and Wellness.

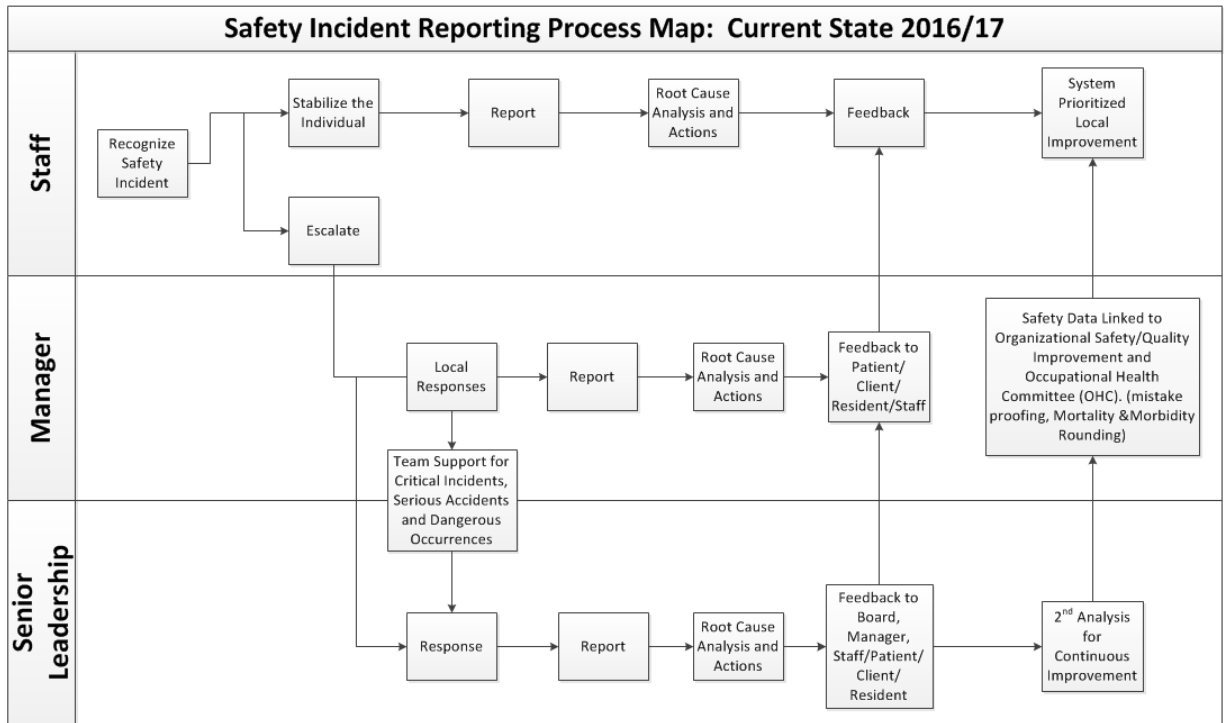
5. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action, up to and including termination of employment and/or privileges.

6. REFERENCES

Accreditation Canada Standards 2016
Canadian Patient Safety Institute
Labour Relations and Workplace Safety (LRWS)
Regional Health Authority Accountability Agreement
The Provincial Health Authority Act
The Canadian Patient Safety Dictionary (CPSD), October 2003.
The Saskatchewan Employment Act , PART III, 2014
The Saskatchewan Occupational Health and Safety Regulations 1996
Saskatchewan Critical Incident Regulations, 2016

Appendix A



Safety Incident Reporting Systems and Forms

The goal is to move towards a paperless safety reporting system. Currently there are three (3) accepted safety reporting systems in use within the former SHR and Affiliates:

- **Safety Response System** is used in Royal University Hospital (RUH), Saskatoon City Hospital (SCH), St. Paul's Hospital (SPH); used for **all** Safety Incidents;
- **Online AEMS** is used in all **other** former SHR owned and operated facilities and Affiliates (excludes RUH, SCH, SPH); used for **patient/client/resident** safety incidents only;
- **Incident Report Line** used in all **other** former SHR owned and operated facilities and Affiliates; (excludes RUH, SCH, SPH) used for **staff** Safety Incidents only.

Location of Safety Incident	Patient, Client, Resident Safety Incidents	Staff Safety Incidents
RUH, SCH, SPH	Safety Response System (306) 655-1600 or 1-866-655-1600	Safety Response System (306)655-1600
All other locations ² including Affiliates (excluding RUH, SCH, SPH)	AEMS	Incident Report Line (306)655-0820 or 1-866-966-0820
Additional Form Requirements Post-Safety Report		
Medication Safety Incidents *Rural Acute Only	Medication Occurrence Form #101305 (see directions on form)	N/A
Patient/Client/Resident Falls *All locations	Fall Record/Form#101853 <ul style="list-style-type: none"> • FOR RUH/SCH/SPH Fax legible completed form to 306-655-6105 • All forms filed in health record/chart. 	N/A
Product Concerns Report *All locations	Form #101274 Forward to Supply Chain Management, RUH	

1. The **Safety Response System** is accessible to patients/clients/residents, families, guests and Staff from any phone: 306-655-1600 or 1-866-655-1600.
 - Access to the [Safety Response System](#) also is located on the *InfoNet* under 'Applications'.

² Population and Public Health currently use the Confidential Community Unusual Occurrence Report, currently in transition (February 2017).

- Safety incidents may be submitted anonymously or by continuing with log-in with your name populated as 'Reporter'.
2. The **Online AEMS** is accessible to staff from designated computer terminals in each facility/home. It is also accessible on the *InfoNet* under ["Feature Links"](#) (*link inserted*)
- E-learning of the procedure required to create and review a safety incident is located on the login screen under "Help".
 - Safety incidents may be created anonymously or by logging on to the computer with your username/password.
 - Click on "Create Event" and complete the online form. Information included must be factual and descriptive. Do not include opinions or assign blame when making comments on the report form. Refer to the user manual or online help for assistance in completing the safety report.

If for any reasons that AEMS is not accessible (e.g. system upgrades, a safety report form is to be used to document the Safety Incident. The form is available on the *InfoNet* under [Patient Safety](#) (*link inserted*).

3. The **Incident Report Line** is available by calling 306-655-0820 or 1-866-655-0820.

Additional Form Requirements

Medication Occurrence Form

- RUH, SCH and SPH will report medication safety incidents by calling 306-655-1600.
- Rosthern and Humboldt Hospitals will report medication safety incidents using the paper Medication Occurrence Report form and submit to Pharmacy, RUH.
- All other sites and services, including LTC will use the online AEMS to report medication occurrences or Medication Safety Reports for their sector.

Falls Form

The *Falls Record Form* is part of the patient/client/resident chart and has assessment follow up required by nursing. It is a required form in patient/client/resident charts as per former SHR policy and Accreditation requirements.

- Reports occurring in RUH, SCH, SPH can be made by calling 306-655-1600 or by fully completing the paper chart copy, fax in the report directly to the Safety Centre at fax #: 306-655-6105 to submit the safety report.
- Reports occurring in all other sites and services, including LTC, can be made on online AEMS or by fully completing the paper chart copy, fax in the report directly to the Safety Centre at fax #: 306-655-6105 to submit the safety report.