



Accidents and Incidents – Investigating and Reporting

Highlights	Policy Statement
<p>Initiation of Investigation</p> <p>Data Included on Report of Incident/Accident Form</p>	<p>All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator.</p> <p style="text-align: center;">Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. The Nurse Manager, Charge Nurse and/or the Director of Nursing promptly initiate and document investigation of the accident or incident. 2. The following data, as applicable, shall be included on the <i>Incident Report</i>. <div style="text-align: center;"><u>(See Next Page for Investigation Reminders)</u></div> <ol style="list-style-type: none"> a. The date and time the accident or incident took place; b. The nature of the injury/illness (e.g., bruise, fall, nausea, etc.); c. The circumstances surrounding the accident or incident; d. Where the accident or incident took place; e. The name(s) of witnesses and their accounts of the accident or incident; f. The injured person's account of the accident or incident; g. The time the injured person's Attending Physician was notified, as well as the time the physician responded and his or her instructions; h. The date/time the injured person's family was notified and by whom; i. The condition of the injured person, including his/her vital signs; j. The disposition of the injured (i.e., transferred to hospital, put to bed, sent home, returned to work, etc.); k. Any corrective action taken; l. Follow-up information; m. Other pertinent data as necessary or required; and n. The signature and title of the person completing the report.
<p>Documentation Protocols</p>	<ol style="list-style-type: none"> 3. The Nurse Manager, Charge Nurse and/or the Director of Nursing shall complete an <i>Incident Report</i> in PCC. <p style="text-align: right;"><i>Continues on next page</i></p>

Questions that should be asked/answered at the time of the fall:

1. Ask the Resident: "Are you OK?"
2. Ask the Resident: "What were you trying to do?"
3. Position of the Resident:
 - a. Did they fall near a bed, toilet or chair? How far?
 - b. On left side, on right side?
 - c. Position of arms & legs?
4. What was the surrounding area like?
 - a. Lighting condition?
 - b. Position of furniture & equipment?
 - c. Cluttered? Noisy?
 - d. If in a bathroom, contents of toilet?
5. What was the floor like?
 - a. Wet floor? Urine on floor?
 - b. Shiny floor?
 - c. Uneven floor?
 - d. Carpet or tile?
6. What was the resident's footwear?
 - a. Shoes?
 - b. Socks? (non skid?)
 - c. Slippers?
 - d. Bare foot?
7. Was the resident using an assistive device?
 - a. Cane?
 - b. Walker?
 - c. Wheelchair?
 - d. Other?
8. Did the resident have glasses and /or hearing aides on?
9. Who was in the area when the resident fell?
 - a. Staff?
 - b. Residents?
 - c. Visitors?

References	
OBRA Regulatory Reference Numbers	483.13(c); 483.25(h)(2)
Survey Tag Numbers	F226; F323
Related Documents	First Aid Treatment Report of Incident/Accident (Appendix B)
Policy Revised	Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____ Date: _____ By: _____

Nursing Department – Accidents and Incidents, Investigating & Reporting

Questions that should be asked/answered at the time of the fall

Resident Name: _____ Location: _____

1. Ask the resident, "Are you OK?" & "Did you hit your head?"
2. Ask the Resident, "What were you trying to do?"
3. Position of the resident:
 - a) Did they fall near a bed, toilet, chair? How far?
 - b) On their left or right side?
 - c) Position of arms and legs?
4. What was the surrounding area like?
 - a) Lighting conditions?
 - b) Cluttered? Noisy?
 - c) Position of furniture & equipment?
 - d) If in a bathroom, content of toilet?
5. What was the floor like?
 - a) Wet or dry? Urine/water on floor?
 - b) Uneven floor?
 - c) Carpet or tile?
6. What was the resident's footwear?
 - a) Shoes on?
 - b) Slippers?
 - c) Bare foot?
 - d) Regular socks or gripper socks?
7. Was the resident using an assistive device?
 - a) Cane?
 - b) Wheelchair?
 - c) Walker?
 - d) Other?
8. Did the resident have glasses and/or hearing aides on?
9. Who was in the area when the resident fell? Any witnesses?
 - a) Any staff?
 - b) Any residents?
 - c) Any visitors?
10. Did anyone hurt you? (if resident is cognitively appropriate to answer question)

**Immediate Intervention
reminders on the back**

** Remember to change the time on the report to the actual incident time, not the time the report was started **

Nursing Department – Accidents and Incidents, Investigating & Reporting

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Immediate Interventions

- ✓ Toilet? Assist to the toilet or change incontinent product if need be
- ✓ Hungry/Thirsty? – Assist them with a snack and/or drink
- ✓ Pain? Are they in pain? Ask, assess and ADDRESS the pain
- ✓ Alarm? Is there alarm on and functioning properly
- ✓ Footwear? Is the current foot wear appropriate?
- ✓ Room? Does it need to be cleaned up? Is there clutter that is causing a danger?
- ✓ Blood Glucose? Are they diabetic? Check their blood glucose?
- ✓ Reach? Do they need something moved within their reach?
- ✓ 1 to 1? Mental Status? Is there more confusion? Keep them in eye sight?

**** Remember that an immediate intervention must be done immediately after the fall and it must relate directly to this fall****
DOCUMENT what you have done to prove that an immediate intervention was done. Take credit for your actions.
An immediate intervention is something that you put in place that will keep the resident safe if you left them alone.

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