GENERAL PROCEDURE FOR USE

In what circumstances? The events to be reported are those that occur in the course of providing care and services to a user. In this sense, any event, i.e. any unwanted, dreaded or undesirable situation that has or could have harmed the users’ health must be reported by means of this form.

Except:
• Work-related accidents, which must be reported by using the form provided by the institution;
• Foreseeable complications of the disease (these are inherent risks related to the treatments or tests the user has accepted to undergo);
• Nosocomial infections, which must be reported to the Infection Prevention and Control Department according to the institution’s procedures;
• Transfusion incidents/accidents, which must be reported by means of Form AH-520;
• Cases of abuse, assault, harassment or intimidation committed by an employee against a user (HR) or by a user against an employee (work-related accident).

When? As soon as possible after recognizing the event.

Who? Any employee of an institution, any person who practices his/her profession or occupation in a centre operated by the institution, any intern who performs an internship in such a centre, and any person who, pursuant to a service contract (e.g. NIR, agency personnel), provides services to the users on the institution’s account.

DEFINITIONS

Incident: An action or situation that does not have consequences for the state of health or welfare of a user [...] but the outcome of which is unusual and could have had consequences under different circumstances (AHSSS, s. 183.2).

Accident: an action or situation where a risk event occurs which has or could have consequences for the state of health or welfare of the user [...] (AHSSS, s. 8).

Consequence: Impact on the state of health or welfare of the victim of the accident.

COMPLETING A FORM AH-223-1 DOES NOT COMPROMISE THE DECLARANT AND IS NOT EQUIVALENT TO MAKING AN ACCUSATION.

Event No.: Sequential number generated by the IT application. Do not enter anything.

Instructions: Do not forget to enter the name of the institution and specify the mission of the institution in which the event occurred.

For events occurring in a CSSS, it is appropriate to specify the mission of the institution in which the event occurred.

Section 1: Identification of the person affected

Utility: Serves to identify the person affected by the event. However, it is possible that nobody is affected by an incident.

Instructions:
1. First identify whether a user was affected by the event by checking the appropriate box.
2. It is possible that nobody was affected. It is then sufficient to check the “Nobody” box and go to Section 2.
3. Use the addressograph to identify the user. In the absence of a user card, complete the parts of this section.

REMINDER: This form is intended to report undesirable events occurring in the course of providing care and services. The events affecting an employee (work-related accidents) must be reported by using the form provided by the institution. Events concerning visitors may be reported to the institution’s security service.

Section 2: Date, time, place of the event

Utility: Serves to specify the details of the event.

Instructions:
1. Indicate the actual or presumed date and time of the event. If there is a delay between the event and its recognition, specify the details of the “Finding”.
2. Specify the name of the facility or the resource (CH, CLSC, IR, NIR, etc.) or the domicile.
3. Specify, if applicable, the unit, the program or the service concerned where the event occurred.
4. Specify the precise location (room, cafeteria, stairway, parking, etc.) where the event occurred.

NOTE: The “Information on the user” and “Previous situation” sections are optional sections. The absence of information in this section will not prevent submission of the form at the time it is input.

Section 3: Factual, objection and details description of the event (without analysis, judgment or accusation, non-nominate)

Utility: Serves to describe the facts factually, objectively and in detail without analysis or judgment. The information contained in this section must be non-nominate.

Instructions:
1. Describe the event clearly and objectively. Do not abuse abbreviations. Give as much information as possible without making accusations.
2. If this event involves another user, do not mention his/her name or room number. Enter only his/her record number.

Section 4: Type of event (make a choice from A to G)

Utility: Serves to specify the nature of the event and the information in Section 3. Complete the subsection appropriate to the type of event (A, B, C, D, E, F). If the event does not correspond to any subsection A, B, C, D, E, F, then use subsection G. Other types of events.

Instructions:
A: Fall: First choose the type of fall and then specify the circumstances that led to the fall.
B: Medication, treatment, diet: Describe the events related to the clinical situations mentioned. Enter the required information, using the appropriate boxes and Parts a and b to determine and specify the error (identification, dose, route, time). If more than five errors are recognized concerning the events mentioned, use an attachment.
C: Diagnostic test: First identify if this is an event involving laboratory or imaging tests and then specify the precise circumstances of the event according to the choices available.
D: Medical Device Reprocessing (MDR): Choose the box appropriate to the situation.
E: Material, equipment, building, personal effects: Choose the appropriate box, depending on whether this is an event concerning a user and related to material, equipment, the building or personal effects. Use the “Description” part and the boxes located below to describe the nature and the circumstances of the problem.
F: Abuse, assault, harassment, intimidation: Choose the box appropriate to the situation.
G: Other types of events: This subsection combines the most frequent events. If no box corresponds to the situation, use the “Other” box.

Section 5: Immediate consequence(s) observed for the person affected (check the appropriate box or boxes)

Utility: Serves to specify the consequences suffered by the person affected by the event.

Instructions: Indicate all the immediate consequences observed at the time of the finding, including a detailed description of any consequence for the health of the person concerned (body part, intensity of pain, laceration, abrasion, bruise, fracture, difficulty eating, seeing or hearing, fear, anxiety, etc.).
Section 6: Intervention(s) made, measure(s) taken and person(s) contacted or warned

Utility:
Serves to describe the interventions made and the measures taken to avoid, reduce or limit the damage or control the situation.

Instructions:
1. Describe the situation in which the intervention was required and the measures taken (therapy, analgesics, transfer, etc.).
2. List all the persons (professional, family member, mandatory, tutor, curator) who were present at the time of the intervention, including the person concerned. Specify the time of communication and whether there was a visit.

NOTE: The fact of warning the user’s close relation is not a disclosure in itself. The information contained in this section is not proof that the disclosure was made. See Section 13 for the information required at the time of disclosure.

Section 7: Name of the declarant (only one person)

Utility:
Serves to identify the name of the person who recognized the event and who produced the report, and to indicate the date of the report.

Instructions:
1. Indicate the full name (and the telephone number where it is possible to reach the declarant.

Section 8: Declarant’s recommendation(s) or suggestions (the declarant must complete this part)

Utility:
Allows the declarant to propose measures that could prevent a recurrence. The declarant must complete this part.

Instructions:
1. Describe the measures to be taken to prevent the recurrence of a similar event.

Section 9: Witness(es) of the event (the declarant must complete this part)

Utility:
Allows the name(s) of the other witness(es) of the event to be specified.

Section 10: Possible causes (the manager responsible for follow-up must complete this part)

Utility:
Allows the manager responsible for follow-up to specify the possible causes of the event.

NOTE: When a drug error is identified in Section 4B, the step of the medication circuit must be specified.

Instructions:
1. Consult the table on the back of this guide for the categories of causes identified, and the description of the steps of the medication circuit.

Section 11: Recurrence prevention measures adopted by the manager responsible for follow-up (the manager responsible for follow-up must complete this part)

Utility:
Allows the manager responsible for follow-up to specify measures that could prevent a recurrence. The manager or the person responsible for follow-up must complete this part. The manager’s contact information is required.

Instructions:
1. Describe the measures taken or to be taken to prevent the recurrence of a similar event.

Section 12: Severity (the manager responsible for follow-up must complete this part)

Instructions:
1. Indicate the severity level of the event in accordance with the severity scale presented in the details for Section 12.
2. Consult the table on the back of this user guide to identify the severity level appropriate to the event reported, accounting for the recognized consequences.

NOTE: Levels A and B correspond to an “incident” and levels C, D, E, F, G, H, I and “indeterminate” correspond to an “accident”.

Section 13: Disclosure (mandatory from E1 to I) (the manager responsible for follow-up must complete this part)

Utility:
Allows the manager responsible for follow-up to disclose the event and the related information.

Instructions:
1. (the manager responsible for follow-up must complete this part)
2. (the manager responsible for follow-up must complete this part)
3. (the manager responsible for follow-up must complete this part)

What is reported?
For additional details, refer to the network guidelines (Lignes directrices à l’intention du réseau, MSSS, November 2011)

Home care
In the course of providing home care or services, any event occurring in the presence of an intervenor must be the subject of a report by means of Form AH-223-1. In any other situation, the information is brought to the care team’s attention by a note in the record.

Repetitive events
For example: assaults between users, self-mutilation, repetitive falls, running away, etc.

In these situations, the following must be done in advance: 1) assessment of the risk for the user; and 2) an intervention plan produced on the basis of this risk. The MSSS suggests that a report be made only when the intervention plan has not been followed or the consequences are different or more severe than those usually arising from this type of event.

However, a note must be made in the user’s record justifying the application of the invention plan.

Self-medication in an institution
The user is under the institution’s responsibility. Therefore, the staff must ensure that self-medication is taken according to prescription.

All events related to non-compliance with self-medication must be reported on the same basis as drug administration or omission errors by staff.

When the person’s condition generates the situation
For example: state of health is instable or development of a complication. The MSSS considers that events related to a preexisting condition or not directly related to provision of care or services (act performed or omitted) should not be transmitted to the national registry. The same is true of complications that are not accidents and that do not have to be reported.

During application of control measures
The fact of having to apply a control measure is not an accident in itself. It is a clinical response to a clinical situation. The only events related to control measures that must be reported in the SIISSS are physical or psychological injuries resulting from the application of control measures (isolation, physical, mechanical or chemical restraints).

When an event involves partners
Every event must be reported, by means of Form AH-223-1, when it is recognized by the institution that awarded the service contract. The original must be placed in the user’s record if the user is affected by the event. The yellow copy must be sent to the risk manager. When a user is affected by the event, both copies of the report are kept by the risk manager. Since the information is confidential, any copy of the AH-223-1 report must remain within the institution and should not be sent to the partner. However, the institution must ensure the partner is informed of the event and that preventive measures will be deployed to avoid a recurrence.

When a sentinel event involves more than one institution
Each institution must report its own incidents and accidents. Each institution must perform an in-depth analysis of the failure of its internal processes and implement the appropriate corrections. The MSSS recommends:
1) that a joint analysis be performed of the interfaces and factors that contribute to the breach of the continuum of care or services (communications, transfers, etc.) by all the institutions involved;
2) following this analysis, a joint action plan be drafted and that preventive measures agreed between the partners be implemented to avoid such a breach of continuum and the repetition of such events.

Coroner’s reports
When a coroner’s report concludes that a death is attributable to a dysfunction of the institution’s processes or to an action or omission, it is appropriate to produce an AH-223-1 report, if this has not already been done. The results of the investigation and the analysis must translate into preventive measures intended to correct the deficiencies detected.

Events that effect several users, but with unknown potential consequences
For example, problems with equipment and computer systems, alerts and recalls by Health Canada, manufacturers and other suppliers, etc.

The MSSS recommends:
1) that the event be reported as a risky situation and that only one overall AH-223-1 be completed and retained by the risk manager;
2) that a register, including the list of users (record number) potentially affected be constituted to ensure traceability, follow-up and effective management of this event;
3) that an AH-223-1 report be completed and placed in the record of each user exhibiting consequences arising from this event.

Attention: The date of the report then must be different from the date of the event (date of the overall AH-223-1).

Pay special attention to the ‘finding’ of Section 2 of the form. See the Guide to Use of the Accident or Incident Report – AH-223-1.

Pay special attention to the ‘finding’ of Section 2 of the form. See the Guide to Use of the Accident or Incident Report – AH-223-1.
A- Fall

- Near fall: User on the verge of falling in the presence of staff or supported by staff to the chair or the floor.
- During activity: Recreation or sports activity, daily activity, job training activity.
- For the floor: No witness to the event, circumstances of the event not identified.
- Other: Any other event not corresponding to one of the proposed types of falls.

B- Error concerning administration of a drug, a treatment/intervention or a diet

- Known allergy: An allergy is known or documented regarding a drug, a substance or a food, and the user comes into contact with this product, it was administered to the user or it was prescribed for the user. If the allergy was unknown or it occurs, there is no report, because this is a complication and the event was avoidable.
- Conservation/Storage: A drug, a product or a food was stored in the wrong place or under the wrong conditions (for example, wrong temperature).
- Dose/Flow: Error related to the dose or concentration of the drug or the product. Thus, the dosage or flow is higher or lower than expected. Check the box corresponding to the error and complete subsections a and b to detail what was administered or drawn (a) instead of what should have been (b). As needed, use the “Other information” box or attach the list of medications.
- Time/Date of administration: Error related to the time or timing of administration of the drug, the product or the diet according to the prescription.
- Identity of the user: Drug, treatment or diet intended for or administered to the wrong user.
- Infiltration/Extravasation: This occurs during the administration of intravenous drugs. In some special cases (administration of antineoplastic substances, elastomeric syringes, antibiotics, etc.), this type of event can cause pain, redness, tumefaction and even necrosis.
- Non-compliance with the procedure/protocol: Applies to clinical or non-clinical procedures related to administration of the drug, a treatment/intervention or a diet (such as: identity bracelet not installed, patient lift not lifted although prescribed by the multidisciplinary team, non-compliance with drug preparation rules).
- Omission: Error related to the omission to administer a drug, a treatment/intervention or a diet. Explain in section b what should have been administered or done.
- Expired: Expired drug or food that was intended for or administered to the user.
- Found: Drug found on the floor or in the user’s bod.
- Type/Sort/Texture: Nature of the drug/administration diet; wrong drug administered, texture of the diet not adapted to the indications given or treatment not indicated due to a known state of health.
- Route of administration: Error related to the route of administration of the drug (should be administered intravenously when it is administered intramuscularly or subcutaneously).
- Availability: The drug/treatment/intervention/diet prescribed to a user is unavailable.

D- Medical Device Reprocessing (MDR) problem

An medical device (MD) is defined as any instrument, device, equipment, appliance or other item, intended by the manufacturer for use in humans for the purpose of:
- diagnosis, prevention, control, treatment or mitigation of a disease;
- diagnosis, control, treatment, mitigation or compensation of an injury or a health-related functional impairment;
- study or replacement or modification of the anatomy or of a physiological function;
- control of design.
- Medical Device Reprocessing: All the steps of preparation of a medical device for reuse: pre-cleaning, cleaning, disinfection or sterilization, inspection, packaging, labelling or storage.
- Use of critical or semi-critical single-use device (SU) reprocessed by the institution:
  - Critical medical device: Instruments that penetrate the sterile tissues of the patient. They need to be sterilized the very day they are used, and they need to be cleaned and disinfected before sterilization.
  - Semi-critical medical devices: Instruments that come into contact with the non-intact skin or mucous membranes and therefore require cleaning followed by high-level disinfection.

E- Problem with material, equipment, building or personal effects

NOTE: Only events that could have or have had an impact on the provision of care and services to the users must be reported (e.g., computer failure that has an impact on the on-time delivery of the care).

Material: Includes tools, supplies and instruments used by the institution (dressing, hosiery, bandage scissors, etc.).

Equipment: Medical equipment includes apparatus intended to assist the professionals’ work, diagnosis and treatment of medical problems (person lift, defibrillator, etc.).

- Breakage/defect: (for example, a denture dropped by the staff and broken in three pieces that must be replaced, defective electrotherapy equipment used in physical therapy and causing a burn).
- Computer failure: (for example, a shutdown of the computer system used in one of the treatment units that the medication circuit occurs and delays the distribution of medication in the units).
- Telecommunications system failure: (for example, in a remote region, the paper system used to notify physicians is out of order. This situation could have an impact on a takeover of a user).

F- Problem of abuse, assault, harassment or intimidation

Two users engaged in an altercation were injured or suffered consequences.

- Abuse: Abuse is defined as any form of physical, emotional or sexual mistreatment (lack of care resulting in physical injury or causing an emotional problem) or a form of abuse (for example: domestic violence or verbal violence). These events are manifested as an abuse of power or authority or an abuse of trust. It may occur with or without provocation.
- Harassment: Harassment is a form of discrimination, abuse of power or violence which may be manifested, in particular, by speech (remarks, insults, jokes, nicknames, insinuations, persistent questions, etc.), threats or gestures of a discriminatory nature (racist, sexist, homophobic, etc.). Harassment may be physical, verbal, sexual or emotional.
- Intimidation: Intimidation is intentional behaviour causing an individual psychological fear of being injured.

G- Other types of events

Unauthorized access (premises, equipment, etc.): User found in an unusual place in the institution (for example, boiler room, roof of the building).

Self-made weapon: Self-made or self-inflicted by a user.

Injury of unknown origin: The user exhibits an injury for which the cause is unknown (for example: he hit his head on a shelf).

Injury of unknown origin: The user exhibits an injury for which the cause cannot be identified.

Breach of confidentiality: Information regarding the user (for example, medical record) left unattended in an insecure location; discussion about confidential information held in an inappropriate place; loss of nominative documents.

Inaccurate/incomplete surgical count: Surgical count not performed (for example, due to the urgency of the situation) or incomplete count after the operation.

Failure to wear protective equipment/clothing: When engaging in a sports activity, for example.

Behavioural disorganization (with injury): Behavioural disorganization is part of a user’s clinical picture. A report must be made only when the intervention was not followed or the consequences are different from or more severe than those usually resulting from this type of event.

Error related to the record: Missing section in the record, information filed in the wrong record, report recorded missing.

Escape (closed custody): User under custody in the institution, ordered by the court, who leaves the care environment without prior authorization.

Event related to transport: During a daily recreational, sport or occupational training activity, for example.

Event related to transportation: Event related to transportation provided by the institution.

Running away/disappearance (intensive supervision): User who leaves the unit or the institution without medical authorization. User with cognitive or psychological disorders who disappears beyond usual outings or leaves, depending on his/her specific condition.

Related to identification: An identification bracelet was installed on a user, but the name is wrong, the health insurance card used is not the user’s card, another user has the same name and the record is not right.

Poisoning after drug/alcohol or hazardous substance consumption: It is recognized that a residential care user is poisoned when he consumed a drug. Poisoning may also be due to the unauthorized consumption of alcohol, drugs or hazardous substances occurring in the institution or in the course of provision of services.

Consent-related: Absence of consent, incomplete consent or consent not signed in the record.

Related to control measures (restraint and isolation): Application of control measures in compliance with the institution’s clinical directives or not in accordance with the user’s condition. Injury related to use of restraint.

Airway obstruction: Respiratory stagnation triggered by obstruction of the airway by an object or an airway substance.

Pressure or positioning sore: Appearance of new sores (Stage 2 and higher) after admission.

Sexual relations in the residential care environment: This type of event must be reported when it occurs in a psychiatric unit or a youth centre, for example.

Suicide attempt/suicide: Deliberate act by the user to kill him/herself.

Found in possession of dangerous objects (firearm, edged weapon, etc.): At the time of a room inspection, a case worker finds a homemade weapon.

Other: Any event not corresponding to the categories described above.
From the time it is necessary to perform tests or proceed with examinations, the user’s informed consent must be obtained. The user must therefore be informed of the reasons justifying these unexpected interventions.

When a drug error is identified in Section 4B, the step of the medication circuit must be specified.

Procurment (Steps 1 to 9):
Procurment means: Evaluation for addition to the local list of medications. Decision on addition or change to the local list and drafting of rules for use. Approval of the decision for addition/change by the Council of Physicians, Dentists and Pharmacists, Mandate, call for tenders and agreements, storage at the pharmacy, creation of the 3 files in the different information systems, purchasing of the drug via wholesaler or manufacturer, receiving of the drug and traceability, management of the drugs and narcotics according to the regulations in force, storage of the pharmacy, data entry of receiving, batch packaging, when required (sterile/non-sterile preparations), batch packaging, when required, data entry of receiving, batch packaging, when required (sterile), labelling if packaging or preparation, issuing the prescription (Steps 10 to 12):
- Data collection
- Writing a prescription
- Transmitting the prescription
- Processing the prescription at the pharmacy (Steps 13 to 25):
- Receiving the prescription: pre-flight screening
- Data entry in the pharmaceutical record
- Validation of the prescription (age, weight, height, duplication, allergy, intolerance, previous use, interaction, relevance, dose)
- Intervention of the pharmacist, when required
- Sending the intervention
- Management of exceptions (off-list, special access program, clinical research)
- Individual packaging, when required
- Individual packaging, when required
- Labelling, when required
- Labelling, when required
- Certification of container/contents
- Shipping of first drug doses
- Daily or variable frequency drug re-administration
- Packaging and preparation for user’s temporary releases or for self-administration
- Management of medication in the care unit (Steps 26 to 41):
- Receiving drugs in the care unit
- Storage of drugs in the care unit
- Planning the doses to administer
- Management of exceptions (off-list, special access program, clinical research)
- Administration of a dose of Narcotic
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