





Submit and Copy Function for Event Form

NOTE: A **Green Asterisk (\*)** is a **Mandatory Field** and has to be completed in order to submit the form.

To submit an event: Pick the appropriate Event Form (i.e. Fall, Medication, etc.)

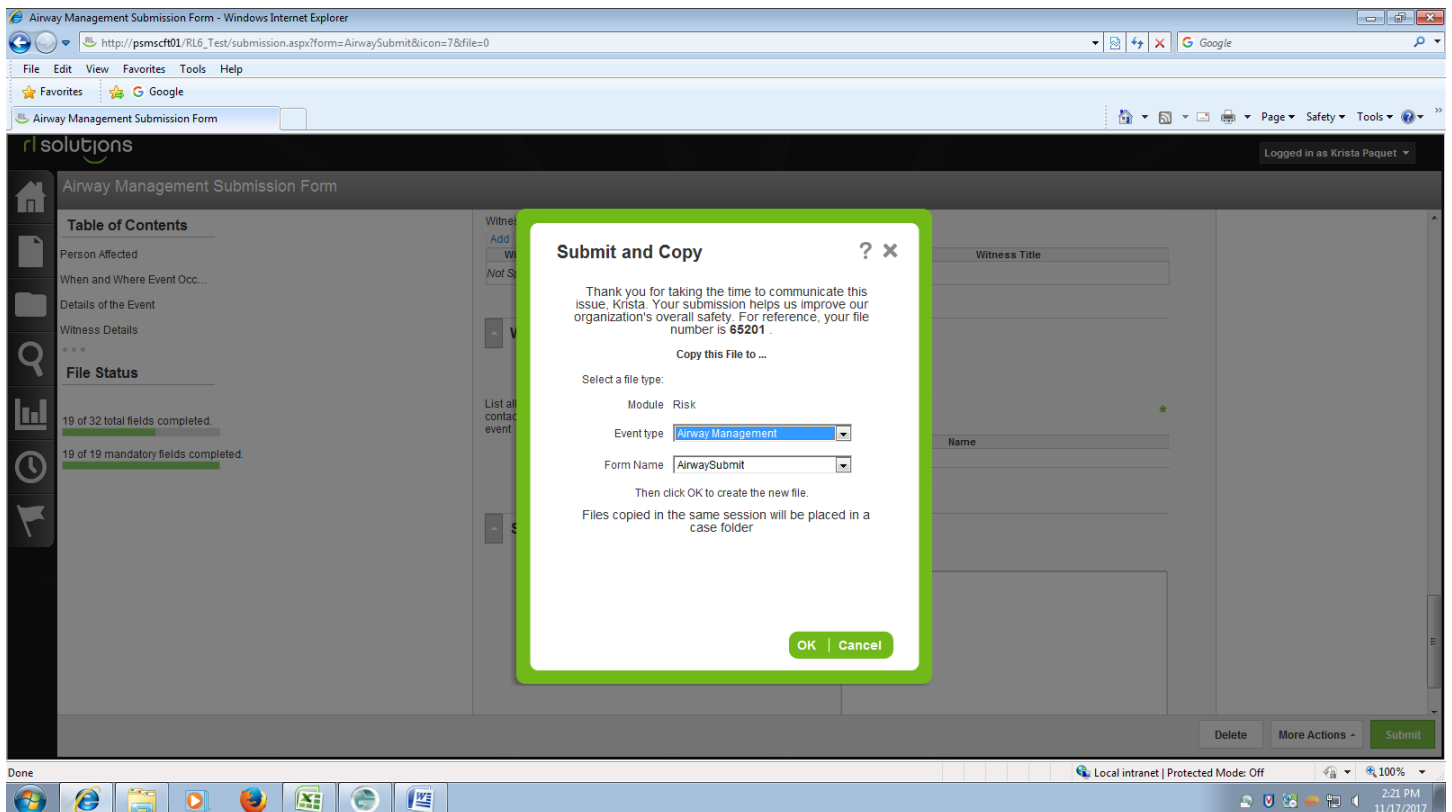
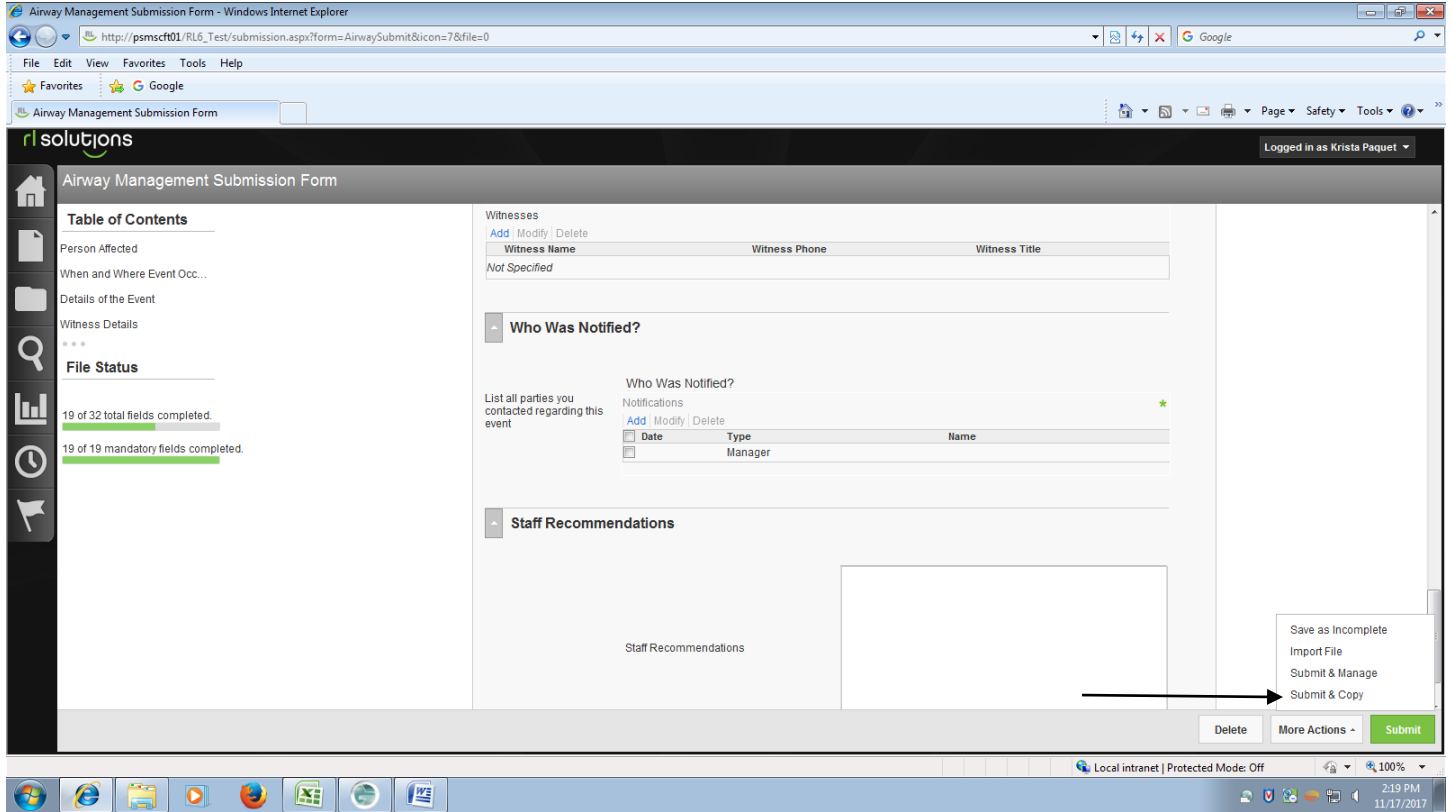
1. Beginning at the top of the form that states:  
**Type of Person Affected:** Select the grey arrow drop down menu and select from the drop down list: No Patient, Patient/Resident/Client or Visitor
2. **Entered by:** This will automatically have your name.
3. **Reported for:** Only to be used if you are unable to submit the event yourself.
4. **First and Last Name:** If **Patient** selected. Select the MRN Lookup Icon (  ) and type in patient's MRN number, then select **Search**. Patient's name should be listed. Select the round button next to Patient's name and then select **Accept**. Patient's information will then populate on the event form. **If the name does not appear OR you don't have the patient's MRN when you Search please go back to the form and put NA in MRN box. Then input patient's last name and first name.**
5. **When and Where Event Occurred: When:** Select the calendar drop down  to pick the date of event from the calendar.  
Enter the time of day the event occurred. **NOTE: This is a 24 hour clock.**  
**Where: NOTE: Please pick your drop downs based on the most appropriate Supervisor/Manager to manage the event. If Laboratory needs to see the event select under Program: Laboratory Services**  
Select the grey drop down menu to select the following:
  - 1) **Program:** Select the Program division of who best to manage the event (i.e.: Laboratory Services).
  - 2) **Site/Department:** Choose the facility of who best to manage the event (i.e.: Queen Elizabeth Hospital).
  - 3) **Service Area:** Choose the area of who best to manage the event (i.e.: Laboratory).
  - 4) **Location:** Choose the location of who best you want to manage the event (i.e.: Lab. Med- Central Accessioning).
  - 5) **Specific Location:** where did the event specially occurred (i.e.: Patient/resident/client room).
6. **Details of the Event:**  
**Injury/Damage Incurred?** Select from drop down menu either: **Yes, No or Unknown**  
(NOTE: If **NO** is selected your severity level option is: Severity Level 1 or 2. If **YES** is selected: Severity Level option will be 3, 4 or 5. If **UNKNOWN** is selected: Severity Level options will be 1 through to 5)  
**Equipment Involved?** Select from the drop down menu either: **Yes, No or Unknown**  
**Reported Incident Severity:** Select from drop down menu the **Severity Level** options  
i.e.: Severity Level 1 or 2 for **NO**. Severity Level 3, 4 or 5 for **YES**. Severity Level 1 – 5 for **UNKNOWN**.  
**Describe the Event:** Please type the **brief factual description** in this text box.  
**Contributing Factors:** Select **Add/Modify** – Check the contributing factors to the event (select more than one option if applicable) and then select **OK**  
**Actions Taken:** Select **Add/Modify** - Check the actions taken at the time of the event (select more than one option if applicable) and then select **OK**  
**WCB Completed?** Select from the drop down menu either: **Yes or No**
7. **If YES to Injury/Damaged Incurred, Complete 'Injury Details' Portion:**  
**Nature of the Injury:** Select **Add/Modify** – check the nature of the injury (select more than one if applicable) then select **OK**  
**Injury Location:** Select **Add/Modify** - check the injury location (select more than one if applicable) then select **OK**  
**Injury Side of the Body:** Select from drop down menu one of the options: **Left, Right, Both, Not Applicable**  
**X-ray Taken?** Select from drop down menu one of the options: **Yes, No, or Unknown**  
**Medical Examination?** Select from drop down menu one of the options: **Yes, No, Declined or Unsure**
8. **If YES to Equipment Involved:** Select **Add** - specify '**Type of Equipment Involved**' (i.e.: wheelchair, etc.) then select **OK**
9. **Witness Details:** **IF** there was a witness to the event select **Add** then put the witness name, etc and select **OK**
10. **Who was Notified?**  
Select **Add** then under '**Type of Person Notified**' select the drop down list and pick the position of the person notified i.e.: **Manager, etc.**  
Specify/type their name and then select the calendar drop down to choose the date they were notified and select **OK.**  
**NOTE: If there was more than one person notified of the event you would then select Add again and complete the same process.**
11. **Staff Recommendations:** If you would like to make a recommendation on how the incident could have been prevented, etc. please type it in the text box.



## Submit and Copy Function for Event Form

12. If this event involves more than one person(s) or general event type, please select under **MORE ACTIONS**: **Submit and Copy** (all your information will be copied over into the other form you choose). See below.

Figure 1: Screenshot showing **Submit and Copy** button under "More Actions".



13. A window will open (see above) and give you the option to pick which form you are copying the information too. (i.e.: employee form, fall form, etc.) Select the event form from the drop down list and then select **OK**.

14. Complete the copied form. (Note: If name of person affected is different from the original form be sure to change). Please make any necessary changes to the copied form. When copied form is completed select **SUBMIT**.