**Patient Safety Incident Management Planning**

**Sample 2: Burns**

*This is a sample for consideration only and has not been approved by the College.*

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| Patient Safety Incident Identifier (Near Miss, No-harm or harmful) | Harmful burns occurring as a result of use of a TENS machine |
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| Purpose – identify the risk of burns with TENS | There is a risk of burns to the skin underneath the TENS electrodes if a patient has:   * Decreased cutaneous sensation * Medicated creams/ointments on skin * Previous burns in the area * Not been provided with a method to contact the physiotherapist in case they are feeling uncomfortable * There is a risk of burns to the skin underneath the TENS electrodes if the machine:   + Has not been serviced according to manufacturer’s recommendations   + Has any loose connections or malfunctioning parts |
| Equipment (type and location) | First Aid Kit (located in staff kitchen) and cool compress (located in fridge of staff kitchen) |
| Immediate Management | Before using a TENS machine, perform the following tasks:   * Ask whether any lotions or topical medications have been applied to the treatment area and consider if they may impact the ability to use the TENS machine * Conduct sensation testing * Follow the manufacturer’s instructions * Check and record the device settings * Set a timer * Monitor the treatment   If leaving the room during any treatment, you should inform the patient:   * How long you will be gone and how to reach you * How to reach another qualified staff member if you are not immediately accessible * To alert you during the treatment if there is anything that may indicate a problem. (e.g., discomfort, burning sensation, etc.) * How to turn down/off or disconnect the device if there is a problem |
| Personnel Involved | Physiotherapistswith first aid training:   * Inform the patient that you suspect they have suffered a burn and identify the suspected cause. * Show the patient the suspected burn area, apologize for the incident, and check in with the patient. * Mitigate any harm by providing first aid to the area (if you are qualified and the patient consents) like applying a cool compress. * Recommend that the patient seek (immediate, if necessary) medical attention. * Check the settings on the electrophysical machine and record/photograph for the clinical record (preferably in the presence of the patient) and explain to the patient why you are doing this. (Document settings to be able to test device later) * Request the patient’s permission to contact them later by telephone or email to follow up. If they agree, check in with the patient to see how they are doing until the situation has resolved. * Make a written record of your initial coversation and any follow-up conversations with the patient regarding the incident. |
| Patient/Family Role | * Consider asking the patient if they would like the area photographed and included in their clinical record. * Recommend that they seek medical attention, and how urgently it might be needed. * Provide the patient with information regarding the use of a cool compress. * Monitor area of burn for signs of infection (redness, swelling, pus). |
| Recommended Follow-up Actions | * If consented to, the physiotherapist to contact the patient to follow-up on medical advice received and how they are feeling. * All communication with patients is to be included in the patient record. * Review alternate treatment to area that would not exacerbate burns but could help with original symptoms/goals of PT treatment. * Monitor area of burn for signs of infection (redness, swelling, pus) * Review PT treatment plan/home exercises to ensure no positions or treatments could aggravate burn area. * Have the device checked/tested and do not use it again until you have results confirming that it is operating within proper parameters. |
| Date of Next Review | Review Management of Burn protocol yearly, or earlier if another incident occurs before one year. |
| Training Frequency & Date(s) Completed | First Aid training is mandatory for all PTs who use electrophysical agents in their treatments. |
| Confirmation of Training (Optional) | Names and signatures of individuals who have successfully completed training. |