

Reporting to Prevent Client Harm

Public trust in Nursing is maintained when registered nurses (RNs) and nurse practitioners (NPs) exercise judgement and practise in accordance with relevant legislation, regulatory requirements and employer policies.

RNs and NPs are expected to recognize situations where client safety is potentially or actually at risk.¹ Once an adverse event has occurred or a risk to client safety is identified, the RN or NP is then required to intervene. RNs and NPs are responsible for knowing when there is a duty to report and how to do this. Employers should have policy to guide reporting practices.

On Dec. 16th, 2019, the Food and Drugs Act will change requiring hospitals to report serious adverse drug reactions (ADRs) and medical device incidents (MDIs), to Health Canada. This new regulation is commonly known as ‘Vanessa’s Law’ and is titled [*Protecting Canadians from Unsafe Drugs Act*](#).

When RNs and NPs report, it contributes to client safety in multiple ways: potential mitigation of actual harm to the current client and the prevention of harm to clients in similar situations; policy changes at the local level or as a national guideline; and/or safety education. In some instances, reporting can lead to the removal of drugs or other products that are shown to cause harm.

RNs and NPs are employed throughout the healthcare system and play a crucial role in identifying and reporting any incidents, drug reactions, adverse events and/or ‘near misses’ (an adverse event that almost happened but did not). The primary focus of identifying and reporting should always be with the lens to improve client safety. For more information regarding the mandatory reporting of serious ADRs and MDIs to Health Canada, please visit <https://www.patientsafetyinstitute.ca/en/toolsResources/Vanessas-Law/Pages/default.aspx>.

¹Nurses Association of New Brunswick. (2019). *Standards of practice for registered nurses*. Fredericton: Author.