Form no. 2047

East Hampshire NHS
Primary Care Trust

Adverse Event Report Form A

For guidance see 'How to complete the Form' information sheet and when completing the blue tinted columns refer to the 'Code Guidance' sheet.

To be completed by any member of staff in BLOCK CAPITALS using a black ballpoint pen. Incomplete or illegible forms will be returned. Serious untoward Incidents such as unexpected death must be reported IMMEDIATELY to your PCT HQ regardless of the day or time. A **Critical Incident** is a serious, untoward event i.e. accident or incident, which has caused severe harm or injury to PCT services, premises or property, the organisation as a whole or in particularly upsetting cases staff, patients, volunteers or members of the public.

A - Who was involved in the incident?

Please complete details of all those involved in the incident - the persons affected, witnesses etc. (See Section A guidance for further information). If necessary use Form B for continuation.

Name of Person Affected	Sex M/F	Occupation (as applicable)	Home Address	Date of Birth	See Section A of Code Guidance: A1 Ethnic Group	A2 Person Status	A3 Mental Health	A4 Patient No.	A5 Patient's Consultant	A6 PCT
Code A	F	PATIENT	ARK ROYAL WARD GOSPORT WAR MEMORIAL	11.09.35	1	30		088168	DR MANI	EH

Names of:	Sex M/F	Job Title/Occupation (as applicable)	Base/Home Address	Date of Birth	A1 Ethnic Group	A2 Person Status	A3 Mental Health	A4 Patient No.	A5 Patient's Consultant	A6 PCT
Person reporting - Code A	F	STAFF NURSE	Code A		13	4				
Others involved - Code A	F	HCSW	ARK ROYAL WARD GOSPORT WAR MEMORIAL		1	3				EH

B - When & where did the incident occur?

Date 14/11/05 Time 22:15 am/pm

Site name GOSPORT WAR MEMORIAL Area (e.g. b/rm) BEDROOM

Ward dept ARK ROYAL Service 14 Independent Practice

C - What happened?

In CAPITALS, please describe briefly what happened, stating only facts and not opinion (Please use Continuation Sheet if required)

What type of incident (see codes) 74 For all events of assault against staff complete and attach Form B (indicate here)

CALLED BY A FELLOW PATIENT TO SAY Code A WAS ON THE FLOOR. NOT HEARD OR SEEN FALLING. FOUND LYING ON HER BACK NEXT TO HER BED

D - Impact on person affected/Impact on PCT?

(See Section D guidance for further information) - PLEASE USE FORM B TO DETAIL EFFECTS ON OTHERS INVOLVED

Physical - Eg. Musculoskeletal, Unexpected deterioration ☐ Psychological ☐ Social ☐ Unknown ☑ N/A ☐

Description/Nature of injury and affected area LOWER BACKACHE.

Degree of Harm/Damage None ☐ Action Prevented Harm/Damage ☐ Low ☑ Moderate ☐ Severe ☐ Unexpected Death/Catastrophic event ☐

If Staff, did they complete their shift? ☐ YES ☐ NO

E - What property was affected?

DAMAGE/THEFT/LOSS/FAILURE OF/TO *Delete as appropriate. (Please include details of property on Continuation Sheet). (See Section B guidance for further information)

Approx Value £

F - How was the event dealt with?

What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)

EXAMINED Code A OVER AND NO APPARENT INJURIES FOUND. SHE HOWEVER COMPLAINING OF SEVERE LOWER-BACKACHE. ASSISTED ONTO THEIR BED. DUTY DOCTOR INFORMED AND SUGGESTED PARACETAMOL 1G STAT, THEN TO OBSERVE OVERNIGHT FOR REVIEW IN THE MORNING IF NO FURTHER COMPLA

G - Medication adverse events

Please tick and complete Form B ☐

H - Medical device/equipment incidents

Any defective equipment should be detained for inspection

Please tick and complete Form B ☐

This section MUST be completed by the Ward/Area/ Department Manager before passing the form to the Senior Manager

I - Ward/Area/Department Managers action

What action will be taken immediately and longer term to prevent reoccurence?

NO FURTHER CONCERNS OVERNIGHT, PATIENT FULLY MOBILE NEXT MORNING STAFF ON DUTY TO HANDOVER TO ONCOMING SHIFT ABOUT EVENT

I.1 Why did it happen?		I.2 Future Risk?	
Causes	15	Impact Code	MIN
Contributory Cause	15	Likelihood of re-occurrence	UN

Name and Job Title of Ward/Department Manager J CRASBY SENIOR NURSE Date 16/11/05

This section to be completed by the service/senior manager (See Section J guidance for further information)

J - Service/Senior Managers action

Who else has been informed? (PLEASE TICK RELEVANT BOXES)

Copies of forms relating to staff accidents must be sent to Occupational Health and Human Resources

☐ Occupational Health	☐ Medicines & Healthcare Products Regulations Agency (MHRA)
☐ Human Resources	☐ Health and Safety Executive (RIDDOR)
☐ Agency/Bank Co-ordinator	☐ Emergency Services called
☐ Complaints Manager	

What other action will be taken to prevent reoccurence & share learning?

Appropriate action taken.

Name and Job Title of Service/Senior Manager L. Hatter CNS Date 18.11.05

Top Copy to: Risk Department
Bottom Copy to be returned and kept securely by Ward/Dep Manager

Please attach any Continuation Sheets