

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 | | | A4 Patient No. | A5 Patient's Consultant | A6 PCT |
|------------------------------------|---------|--------------------------------------|---------------------------|---------------|--------------------------------|------------------|------------------|----------------|-------------------------|--------|
| | | | | | A1 Ethnic Group | A2 Person Status | A3 Mental Health | | | |
| Code A | M | PATIENT | Code A | 25/12/30 | 1 | 28 | 1 | 5089594 | JUDAH | HA |
| 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 - M ROBERTSON | M | STAFF NURSE | Collingwood Wards GWMH | / | 1 | 15 | 1 | / | / | FM |
| Others involved - Code A | F | PATIENT | Collingwood | 09/09/21 | 1 | 28 | 1 | 083319 | HAGUE | |

B - When & where did the incident occur? Date: 28/07/05 Time: 18:20 hrs Site name: GWMH Area (e.g. b/rm): Ward dept: Collingwood 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): 1 For all events of assault against staff complete and attach Form B (indicate here):

MALE PT **Code A** PUT HIS HANDS AROUND FEMALE PT'S THROAT
Code A IN A STRANGLE HOLD THIS WAS A COMPLETELY UNPROVOKED ASSAULT FOLLOWING SETTLED BEHAVIOUR

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

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 £: N/A

F - How was the event dealt with? What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)
FROM **Code A** WAS RELEASED OF HIS HOLD BY STAFF AND SEPARATED FROM **Code A**

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 reoccurrence?
Urgent Review made by consultant medication change and observation due to change in behaviour

| | |
|--|----------------------------------|
| I.1 Why did it happen? | I.2 Future Risk? |
| Causes: 15 | Impact Code: MOD |
| Contributory Cause: 4 | Likelihood of re-occurrence: LUK |
| Name and Job Title of Ward/Department Manager: Code A | Date: 30/7/05 |

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

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 reoccurrence & share learning?
Appropriate action taken.

Name and Job Title of Service/Senior Manager: H. Motte CNS Date: 08.05

Please attach any Continuation Sheets