

Adverse Event Report Form A

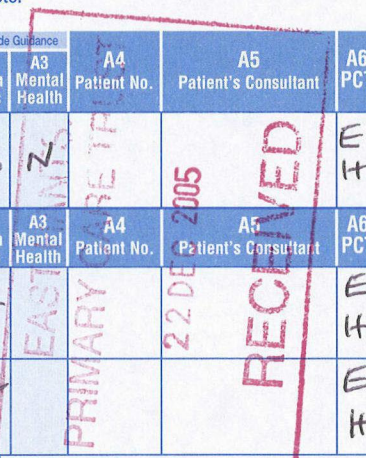
For guidance see 'How to complete the Form' information sheet and when completing the blue tinted columns refer to the 'Code Guidance' sheet.

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		Code A				30			E H
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 - JERRY CHASBY	M		ARK ROYAL UNIT, GWMU			15				E H
Others involved - Code A	F		ARK ROYAL UNIT, GWMU			15				E H



B - When & where did the incident occur?

Date 02/12/05 Time 08:15 am/pm Site name GWMU Area (e.g. b/rm) 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) For all events of assault against staff complete and attach Form B (indicate here)

PATIENT GIVEN 20mg DEPICAL INJECTION, AFTER BOTH TRAINED STAFF HAD CHECKED ~~IN~~ IN THE MEDICAL NOTES, DIARY AND MEDICINE CARD THAT IT HAD NOT BEEN GIVEN PREVIOUSLY - WHEN WARD DOCTOR CAME IN AT 0900 HE SAID IT HAD BEEN GIVEN ON 30/12/05. ON RECHECKING NOTES PREVIOUS MEDICINE CARD FOUND WITH RECORD OF INJECTION GIVEN.

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 £

F - How was the event dealt with?

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

WARD DOCTOR, PATIENTS CONSULTANT, CLINICAL NURSE SPECIALIST MADE AWARE. PATIENT OBSERVED, BLOOD PRESSURE REGULARLY CHECKED

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?

STAFF TO BE SEEN - ENSURE MEDICATION GIVEN IS RECORDED APPROPRIATELY IN THE MEDICAL NOTES
CRITICAL INCIDENT REVIEW DATE MADE

I.1 Why did it happen?	I.2 Future Risk?
Causes	Impact Code
Contributory Cause	Likelihood of re-occurrence
Name and Job Title of Ward/Department Manager	Date

J CHASBY SENIOR NURSE Date 2/12/05

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 reoccurrence & share learning?

PE, appears to have suffered no ill-effects. C.I. reviews date set for 15.12.05.

Name and Job Title of Service/Senior Manager H. Hotta C.N.S. Date 2.12.05

Form no.

2051

East Hampshire
Primary Care Trust

Adverse Event Report Form B

G - Medication adverse events		Stage of Treatment	Description of event (Eg. Allergy, formulation)				See section G of code guidance for relevant codes				
Approved Name	Proprietary Name	Form	Manufacturer	Batch No.	Dose	Frequency	Route				
FLUPENTHIXOL	DEPIXOL	INJECTION			20mg		1/M				
H - Medical device/equipment incidents		Any defective equipment should be detained for inspection									
Type of device (see H codes)	Location	Product Name	Model	Manufacturer	Supplier	Catalogue Number	Serial Number	Batch Number	Expiry Date	Date Manufactured	Quantity Defective
Any further information relating to the incident and the affect on people involved											
<p>PATIENT Code A GIVEN 20mg FLUPENTHIXOL INJECTION IN ERROR, STAFF GIVING IT UNAWARE NEW MEDICINE CARD HAD BEEN WRITTEN UP, AS IT APPEARED TO THEM THAT THE INJECTION WAS REQUIRED - NO RECORD OF PREVIOUS INJECTION HAD BEEN ENTERED IN PATIENTS NOTES WHEN THESE WERE CHECKED PRIOR TO INJECTION. PATIENT HAD INFORMED STAFF SHE HAD PREVIOUS INJECTION THE COMMUNITY.</p>											
Acts of violence against PCT staff											
<p>1. Please state why the assailant was on the premises.</p> <p>2. Please detail any relevant information about the assailants condition prior to the assault.</p> <p>3. Please include any relevant details about the environment at the time of the incident (noise levels, lighting etc.)</p> <p>4. Please provide specific detail of the assault i.e. A struck B...how hard etc.</p>											
Were the police called? <input checked="" type="checkbox"/> YES / NO (delete as appropriate)											
If Police were called, please detail the following:											
1. Time of call: _____ Date: _____											
2. Name of person reporting _____											
3. a) If police attended: name, station and contact number _____											
b) If police did not attend explain why not _____											
4. Police action to be taken - none, prosecution, not known, verbal warning, other (please state) _____											
5. Has a staff member taken any sick leave as a result of the incident? - estimated cost of staffing due to absence, estimated cost of replacement staff											
										YES / NO	£
6. Estimated cost of damage to equipment											
										YES / NO	£
7. Have you / do you intend to provide assailant with written warning?											
										YES / NO	
8. Have you / do you intend to withhold treatment to the assailant?											
										YES / NO	
9. Any other relevant information / comments											

