



# Risk Event Form

Can be completed by any member of staff. Use BLOCK CAPITALS and black ball-point pen. Incomplete/illegible forms will be returned.

Shaded box requires code from page opposite. UNEXPECTED DEATH OR SERIOUS INJURY MUST BE REPORTED IMMEDIATELY AS A CRITICAL INCIDENT.

Unique Form Serial No : 25492

### A. PERSON AFFECTED (Use Continuation Sheet if more than one person involved)

LAST NAME **Code A** FIRST NAME **Code A** M  F  
DATE OF BIRTH **Code A** PERSON STATUS  SERVICE **25**  
PATIENT NO : (if applicable) \_\_\_\_\_ Staff Only : STAFF GROUP \_\_\_\_\_  
NAME OF PATIENT'S CONSULTANT/CLINICIAN DR. GOHIL

### B. PROPERTY/EQUIPMENT AFFECTED (Use Continuation Sheet if necessary)

\* DAMAGE/THEFT/LOSS/FAILURE of/to \_\_\_\_\_ (item/s)  
\* Delete those not applicable  
ESTIMATED TOTAL COST OF REPAIR/REPLACEMENT £ \_\_\_\_\_  
Consult Information Services, Estates, NHS Supplies, etc as appropriate

### C. WHEN & WHERE

DAY Sunday DATE 10/8/03 TIME (24 hour clock) 11:35am  
WHERE DID THE INCIDENT HAPPEN? (e.g. name of Trust site + ward/department...patient's home address...details of non-Trust property, etc)  
**Code A**  
LOCATION (e.g. bedroom, bathroom, hall, kitchen, etc)  
GARDEN

### D. INJURY

FRACTURED  
ARM  
NATURE OF INJURY FALL IN WHEELCHAIR  
WHERE ON BODY \_\_\_\_\_ If Staff, was shift completed Y / N

### E. WITNESSES & INVOLVED PEOPLE

NAME **Code A** NAME **Code A**  
ADDRESS 334 Copner Rd ADDRESS 64 Station Rd  
Plymouth PL3 5EL Drayton PL6 1PS  
PERSON STATUS  PERSON STATUS

### F. DETAILS OF THE INCIDENT (Brief description of events. Facts only, not opinion. BLOCK CAPITALS. Use Continuation Sheet only if absolutely necessary)

**Code A** WAS SITTING IN THE CABIN. **Code A** AND I CAME INSIDE TO **Code A** DRINKS AND HEARD **Code A** **Code A** HAD TOPPLED FORWARD ONTO HER FACE. **Code A** AND I MANAGED TO TURN HER ONTO HER SIDE AND THEN COMPLETELY UPRIGHT AND CHECKED FOR INJURIES, RE-ASSURED HER

### G. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT (e.g. treatment given, taken to hospital, names of attending clinicians, etc)

WE TOOK HER TO HER BEDROOM, CONTACTED ON-CALL AND TOOK ADVICE. WE ALSO CONTACTED HER GP TO REQUEST A HOME VISIT, PUT REBECCA OUT OF HER BED, CHECKING ON HER CONSTANTLY.

### H. NAME (IN CAPITALS) OF PERSON REPORTING

**Code A** DATE 10th Aug 2003  
15 Aug 2003

### I. WARD/AREA/DEPARTMENT MANAGER'S ACTION

ACTION TAKEN TO PREVENT RE-OCCURENCE  
Appropriate treatment, Critical incident review to be called.

STAFF ACCIDENTS ONLY : Tick to confirm copied to Occ Health & Personnel

NAME IN CAPITALS **Code A** DATE 13/8/03  
JOB TITLE Team Manager

### J. SENIOR/SERVICE MANAGER'S ACTION

SEVERITY CODE III RIDDOR ACTION TAKEN : N/A  YES   
NAME IN CAPITALS Wilson DATE 13/ Aug 2003  
JOB TITLE **Code A**

Top copy to Risk Event Data Entry Clerk (send to Clinical Effectiveness Dept, St James Hospital) via Dept Manager and Senior Manager

Bottom copy stays in book

~~INCIDE~~ EVENTS LEADING UP TO THE INCIDENT ON 10.8.03  
AS CLEARLY AS I CAN REMEMBER THEM.

Having finished the housework, shortly after 11.00 am **Code A** and I decided that as the patio was still in the shade it would be nice to have a cold drink with **Code A**, **Code A** and **Code A** outside. **Code A** and I fetched the sun-tan lotion from their rooms and we put it on them all while we were still sitting in the lounge. We put the lotion away and then I got the inside ramp out and put it in its place. Whilst **Code A** took **Code A** and **Code A** outside I went to the kitchen and started getting the drinks ready. During this time I also put a pile of clean washing away in their rooms. **Code A** was in the kitchen with me. I suggested she had some of the chocolates her Dad gave her - so I got them out of the fridge and she chose what she wanted from the bag. **Code A** came into the kitchen to help. I went to **Code A** room to get a couple of marshmallows from her jar. I went outside with the bowl of chocolates and saw that **Code A** and her wheelchair had toppled forward onto the grass. **Code A** was making a moaning sound. I called for **Code A**. As **Code A** was still strapped into her wheelchair we moved both the chair and **Code A** to the left side and then back into an upright position. When we came to move the chair backwards onto the patio I released the brake that was closest to me. **Code A** was crying by this time and we tried to comfort and reassure her. **Code A** went to get some tissues to clean **Code A** face - blood had come from her nose and her bottom gums - but there

was no continuous bleeding, She had no immediately obvious injuries as far as we could judge. We took her inside and **Code A** rang on-call while I stayed with **Code A**. We then put **Code A** on her bed to rest and relax as advised by on-call and asked for her GP to make a home-visit.

**Code A** was happy and cheerful before the incident with no sign of distress or discomfort.

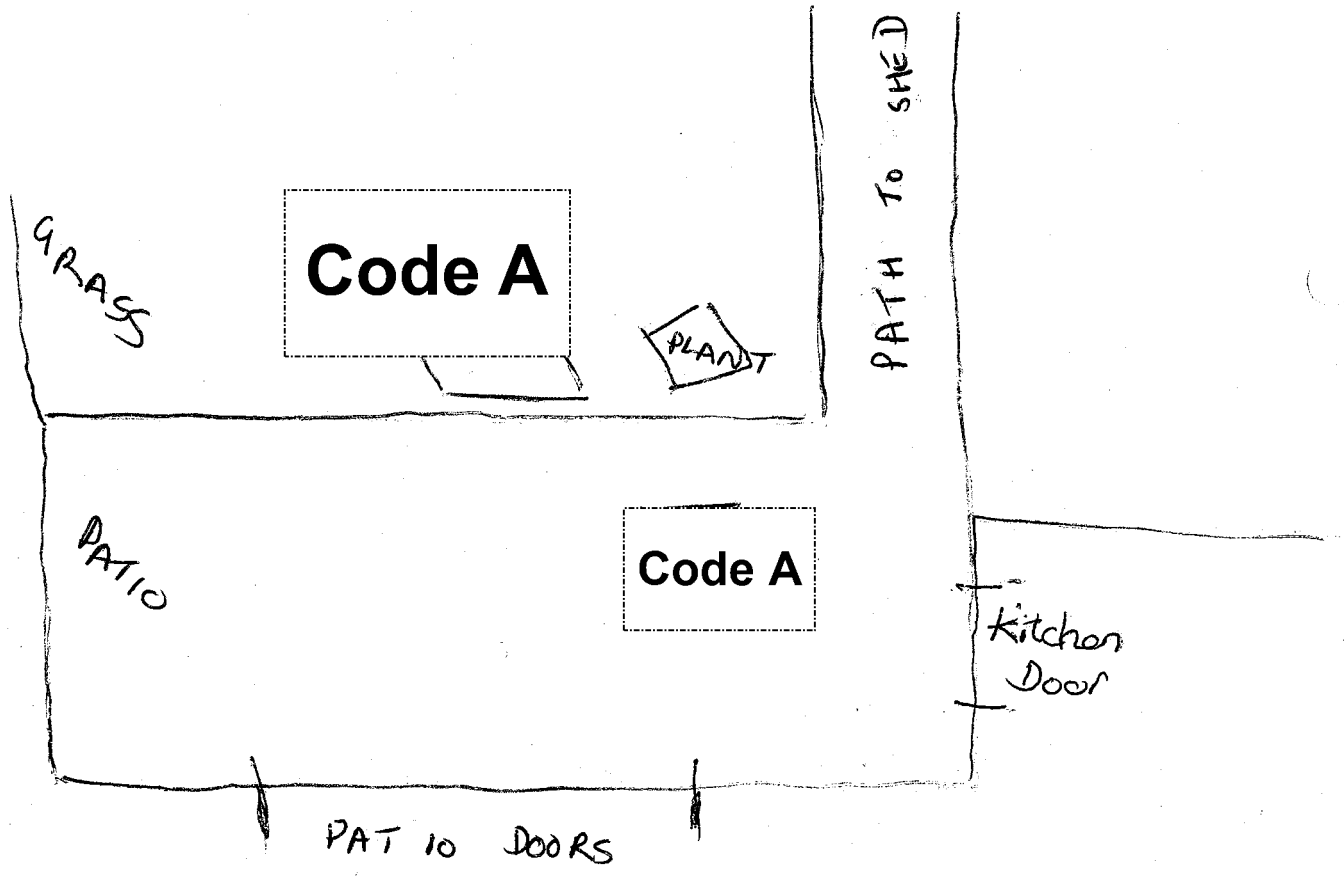
As far as I was aware the wheelchair was in good working order before the incident occurred - and there was no <sup>apparent</sup> damage to the chair afterwards.

From Chorters

11.8.03

**Code A**

(HEALTH CARE SUPPORT WORKER)



I can't be exactly sure of **Code A** position because I was concentrating on **Code A** when I saw what happened.

# HealthCare

TRUST

## HANDLING PROFILE

Name	<b>Code A</b>	Date of Birth	<b>Code A</b>
Hosp. No		Location	74 - Central Rd
Care Group	LEARNING DISABILITIES		Weight 8 stone 6lb.
Diagnosis			

PATIENT/CLIENT RISK FACTORS eg	EFFECTS OF RISK FACTORS ON ABILITIES/HANDLING NEEDS
COMMUNICATION	Has no verbal communication.
COMPLIANCE	Non-weight bearing.
PAIN	Shows no pain.
SKIN INTEGRITY	Tendency to bruise easily.
CLIENT/CARER PREFERENCE	

ENVIRONMENTAL RISK FACTORS	
EG. PRESSURE RELIEVING MATTRESSES	<p>Uses Dextra Hoist at all times -                      No manual lifting. Requires two members of staff when using hoist.                      Uses Arjo commode/Bath Hoist.                      Has got the use of High/Low bed.                      New wheelbed tracking system installed</p>

ADDITIONAL HANDLING CONSTRAINTS	
EG. I.VI, URINARY CATHETER	Called Sunrise Hoist

Date of Assessment	January 1999	RE-EVALUATION
Name of Assessor	Tish Cones + Jenny Clarke	
Signature of Assessor		
Designation of Assessor		

PORISMOOUTH  
**HealthCare**  
TRUST

**EVALUATION**

MOVEMENT	EVALUATION		
	RAG	AT BEST	AT WORST
1. Turning/Rolling	R	Requires 2 staff	As before Dislikes being rolled on to left side
2. Up/down Bed	R	Requires 2 staff to be present + use of hoist	As before
3. In to bed	R	Requires 2 staff to be present.	<b>Code A</b> has a new sling from Silvalca to be used with overhead tracking system. Sling do be left in wheel chair all the time
4. Out of bed	R	Requires 2 staff to be present.	
5. Sit to Stand/Standing	N/A	/	/
6. On/Off Toilet/Commode	R	Requires 2 staff at all times	as before
7. In/Out of Chair	R	Requires 2 staff	with new wheelchair there is a difficulty in getting sling behind <b>Code A</b> New sling purchased.
8. Walking	N/A	/	/
9. Bath/Shower	R	Requires 2 staff at all times	Does not have shower as no access for as before. commode shower chair.
Vehicle	R	None No tail lift.	Limited use of vehicle due to weight of wheel chair. access to back entry + k.
Signature of Assessor Print Name Designation Date of Assessment	<b>Code A</b> PAT. WARWICK Nurse Manager 20.1.2003		<b>Code A</b> Team Leader 7.3.02 evaluated 13/5/03 P. Warwick

**Red** = Much assistance required      **Amber** = Some help      **Green** = Independent



INVESTOR IN PEOPLE

# Teekew Care & Support

Care Homes & Domiciliary Support for People with a Learning Disability

Teekew House  
6 The Potteries  
Wickham Road  
Fareham  
Hants  
PO16 7ET

Tel  
Fax

**Code A**

**With Compliments**

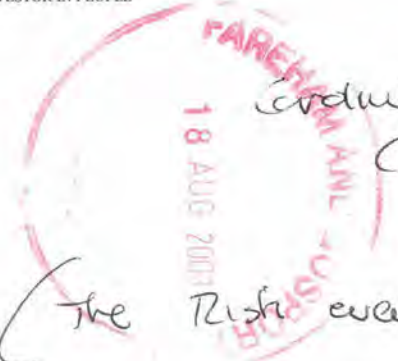
Part of

Fareham and Gosport



Learning Disability Service

Primary Care Trust


  
 Evidence - Copies as promised  
 Parent  
 (The Risk event is the original)

11<sup>th</sup> August 2003

**Code A**

**Code A** was invited into the garden for a cool drink **Code A** responded, smiling and vocalising cheerfully. I put on her sun protection and

**Code A** (Resident) **Code A** put on **Code A**

(Resident). Then **Code A** put the indoor ramp up by the lounge patio doors. I took **Code A** outside and positioned her beside the garden table, in full shade. (Underneath the kitchen window.) I put the right hand brake on and invited

**Code A** outside. He was a little reluctant, due to

**Code A** mobility I moved a garden chair closer, beside the outdoor ramp. I then positioned

**Code A** next to the chair so they could enjoy each other's company. I put right hand brake

on and summoned **Code A** outside. He sat down next to **Code A** and as I went into the kitchen

to help organise drinks they both appeared happy, vocalising **Code A** suggested **Code A** could have

some of her sweets, and **Code A** might enjoy some of her marshmallows, Fran left the

kitchen to collect them. I suddenly heard crying, and **Code A** calling "**Code A** come quickly

**Code A** tipped in her chair." I ran into the garden and saw **Code A**, who was still

strapped in her chair face down on the grass in front of the patio. I summoned to Fran

we needed to turn **Code A** and the chair firstly onto its side. We turned it onto its

left side completely. **Code A** was very upset but could now see us and we re-assured her

calmly and continuously. We then lifted the entire wheelchair and **Code A** upright

back onto the patio area.

# Code A

11<sup>th</sup> August 2003

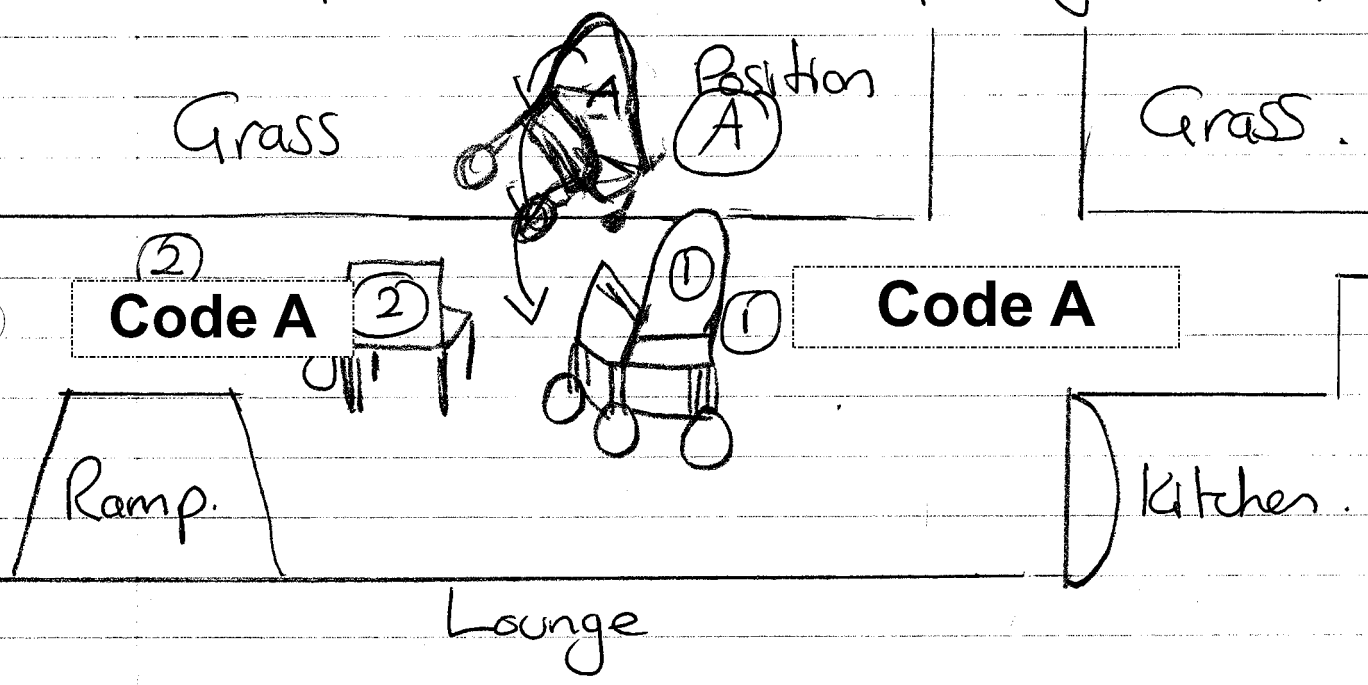
Code A and I were checking Code A but could see no cuts, bruising. Code A did appear to be quite a way down in the wheelchair. We noticed some blood around Code A nose/mouth. I went indoors to fetch a cool wet flannel to clean/soothe Code A, while Code A stayed re-assuring her. I noticed the lever at the back of the chair was fully forward and reached down to correct its position. This lever is used to "tilt" the chair. Code A and I agreed I would go upstairs to Staff room and contact on-call. Code A brought Code A indoors towards her bedroom. I contacted on-call and while waiting for the return call which came within minutes checked on Code A. By this time Code A had calmed down, although appeared a little in shock. On-call rang and I reported the whole incident to Team leader, Code A. It was decided in the best interests for Code A for us to transfer her onto her own bed and request a GP home visit as there were no obvious/apparent injuries. I contacted the GP practice and immediately requested a home visit. Code A and I then transferred Code A onto her bed, put on her fan, and her favourite music and video. We constantly observed Code A. The GP practice rang and we were told a call would be sent out to the car and someone would be with us as soon as possible. Code A and I continued to talk, observe and re-assure Code A who appeared to just want quiet. Code A and I completed a risk event form



# Code A

11<sup>th</sup> August 2003.

**Code A** and I completed a risk event form and fully handed over the incident to staff coming on duty. **Code A** did accept two drinks and still managed to raise a couple of smiles despite her experience before I went off duty at 2.00pm.



Above is a diagram of approximate position of **Code A** and **Code A** prior to the incident. When I arrived in the garden to see **Code A** face down on the grass she was directly in front of where I had left her, as positioned above. When **Code A** and I turned her and the chair onto its left side the chair was in position (A) approximately. The dotted lines approximately show the angle from and I followed to completely upright the wheelchair back onto the patio area. This is indicated by arrows.

Code A

10/8/2003

Came on Duty 2pm to be informed of an incident involving Client **Code A**. Read the Risk Event Form No 25492. Waiting for Doctor 2 arrive. Came approx 14.45 she checked **Code A** all over, I explained **Code A** was very uncomfortable when touching her right arm. Doctor checked this out and said she needs to have this X-rayed and gave **Code A** two Painkillers. Staff Ann S. then took **Code A** to A+E phoned me 18.45<sup>ish</sup> to say **Code A** has had fracture just above where she broke her arm last time and was waiting for <sup>another</sup> X-ray to be taken. **Code A** phoned back approx 1hr later to say they are going to plaster **Code A** arm and she would be staying in over night on ward D.I. and they would like stay to stay with **Code A**. **Code A** said she would stay if I could not get anyone else. Phoned on-call spoke to **Code A** explained everything and permission was given for **Code A** to work if required. Also informed **Code A** I would be phoning **Code A** Grandparents as **Code A** are away on Holiday. Also left message on Pats (House manager) answer phone as I no pat would like to be informed. P.T.O. →

Phoned Grandparents - explained to Dierke the whole situation up to the present time approx 20-15 hrs and she said she would not phone viv at this present time ~~and~~ I will inform her tomorrow of any changes in **Code A** Condition as and when I receive the information she will then decide whether to inform viv or not.

**Code A** has phoned again 21 obs approx to say **Code A** calm, relaxed and if goes to sleep before 12 midnight she will bring the house vehicle back and go home. The Sling attachments what we use on the old DEXTRA Hoist are required when staff go to hospital in morning. This will be more compatible with the lifting equipment they use at the Hospital. Also request that staff take m.o.c.

11-8-03.

1-20 AM Phone Rang, **Code A** asked to be let in, brought House Vehicle back, and then went home.

Hospital phoned 7.45 AM requesting A.M. medication be taken up. Bank Staff **Code A** has gone to Hospital with medication, change cloths + taken m.o.c., will be staying with **Code A**

**Code A**

**Code A**

- Central Rd

V. disabled. (1 other child)  
 In wheelchair in garden, flat surface.  
 2 Staff → went into use.

~~Brakes~~ Brakes were on

Heard scream - RF on ~~the~~ ground,  
 face down, still strapped in wheelchair  
 on her back.

Broke ~~arm~~ <sup>arm</sup> a while ago

? re-broken arm. at QA Hosp.

R.E. form + RIDDOR Form.

Witness Statements.

Gina informed, parents away.

Health & Safety Executive – Improvement Notice

**The Extractor  
incidents by client name**

<u>Form No.</u>	<u>Incident Date</u>	<u>Cause 1</u>	<u>Incident Description</u>
22361	19/08/2002	Med. Error - Wrong Dose	Misread MAR's sheet and client's medication was increased 3 days before due date.  After realising mistake, contacted Team Leader Code A Code A
22369	31/01/2003	Medication (Not Available)	Unable to give medication as 4pm tablet is missing from blister pack.
22370	02/02/2003	Manual Handling (Person)	Client was being transferred via mobile hoist from commode to bath seat when the lower left tab became disconnected from the hoist causing client to jolt and drop to one side.
22375	25/04/2003	Found with injury (cause unknown)	No recorded history of injury. Found with injury.
22379	08/05/2003	Equipment (Causing Injury)	On return from Day services, client was positioned in her chair poorly and pushing herself out of it. 2 staff members had tried to get her sling behind her but it was impossible. We had to physically lift her back in her chair and attempt again. It was quite a struggle and strain on staff's backs. Eventually managed but client was distressed and crying and bruised her knee.
25489	09/04/2002	Equipment Failure	When attaching wheels to commode, one side didn't slot in causing commode to collapse on one side and break.
25490	29/06/2002	Door Injury (caught/trapped/shut on)	Client was being taken from lounge into kitchen for her dinner, her arms were raised and bent back in between the door frame and her chair.  Client was distressed and taken to QA by 2 members of staff.

Grand Total : 7

Time Printed : 11/08/2003 11:19

Extraction Criteria

Name/Subject : REBECCA FOWLER

Site : Central Rd, 74

Incident Type : Patient Incident

Incident Date From 01/01/2002 To 11/08/2003



Health and Safety at Work etc Act 1974  
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

# Report of an injury or dangerous occurrence

## Filling in this form

This form must be filled in by an employer or other responsible person.

### Part A

#### About you

1 What is your full name?

PAUL WILSON

2 What is your job title?

RESIDENTIAL SERVICE MANAGER

3 What is your telephone number?

Code A

#### About your organisation

4 What is the name of your organisation?

Fareham & Gosport NHS Primary Care Trust

5 What is its address and postcode?

6 The Potters  
Wickham Road  
Fareham PO16 7ET

6 What type of work does the organisation do?

Care and support. (NHS).

### Part B

#### About the incident

1 On what date did the incident happen?

10 / 08 / 2003

2 At what time did the incident happen?  
(Please use the 24-hour clock eg 0600)

11.35am

3 Did the incident happen at the above address?

Yes  Go to question 4

No  Where did the incident happen?

elsewhere in your organisation – give the name, address and postcode

at someone else's premises – give the name, address and postcode

in a public place – give details of where it happened

74 CARVER RD DRAYTON  
PORTSMOUTH

If you do not know the postcode, what is the name of the local authority?

—

4 In which department, or where on the premises, did the incident happen?

Back Garden —

### Part C

#### About the injured person

If you are reporting a dangerous occurrence, go to Part F.

If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

1 What is their full name?

Code A

2 What is their home address and postcode?

Code A

3 What is their home phone number?

Code A

4 How old are they?

27y.

5 Are they

male?

female?

6 What is their job title?

Service user / client

7 Was the injured person (tick only one box)

one of your employees?

on a training scheme? Give details:

on work experience?

employed by someone else? Give details of the employer:

self-employed and at work?

a member of the public?

### Part D

#### About the injury

1 What was the injury? (eg fracture, laceration)

Fracture to Right upper arm

2 What part of the body was injured?

Right upper arm

## 3 Was the injury (tick the one box that applies)

- a fatality?
- a major injury or condition? (see accompanying notes)
- an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
- an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

## 4 Did the injured person (tick all the boxes that apply)

- become unconscious?
- need resuscitation?
- remain in hospital for more than 24 hours?
- none of the above.

## Part E

## About the kind of accident

Please tick the one box that best describes what happened, then go to Part G.

- Contact with moving machinery or material being machined
- Hit by a moving, flying or falling object
- Hit by a moving vehicle
- Hit something fixed or stationary
- Injured while handling, lifting or carrying
- Slipped, tripped or fell on the same level
- Fell from a height
- How high was the fall?
- metres
- Trapped by something collapsing
- Drowned or asphyxiated
- Exposed to, or in contact with, a harmful substance
- Exposed to fire
- Exposed to an explosion
- Contact with electricity or an electrical discharge
- Injured by an animal
- Physically assaulted by a person
- Another kind of accident (describe it in Part G)

## Part F

## Dangerous occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the notes which accompany this form)

## Part G

## Describing what happened

Give as much detail as you can. For instance

- the name of any substance involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people.

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.

Service user was strapped into wheel chair - moulded seat. wheeled out to patio. 2 staff on duty - one went to make drinks - one went into main part of house. Heard a scream returned to garden to find service user on her face on the lawn - wheel chair on top of her. Brakes on wheel chair were on. One other service user in the garden - not suspected of tripping the wheel chair. Cut to lip. GP contacted. visit to casualty. Fracture to right upper arm. hospital considering need for operation to pin the fracture. Note + appropriate authorities aware. Statements from staff.

## Part H

## Your signature

Signature

Date

## Where to send the form

Please send it to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to the nearest HSE office.

## For official use

Client number

Location number

Event number

INV  REP  Y  N