

Form no. 6935

Copy to EW

EAST HANTS
 PRIMARY CARE TRUST NHS
 East Hampshire Primary Care Trust
 22 NOV 2005

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	F	N/A	Code A	18/10/30	1	30	N	0558221	Dr Hogg	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
Code A	F	DSN	FAW			15				EH
Code A	F	HCSW	FAW			3				EH

B - When & where did the incident occur? Date 9/11/05 Time 07:30 am Site name SJH Area (e.g. b/rm) Broom
 Ward dept FAW 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) 31 For all events of assault against staff complete and attach Form B (indicate here)

Code A found in her bed unresponsive. Signs of life checked, no pulse, no breath sounds, body stiff and cold to touch.

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)

2222 medical emergency call placed, duty dr contacted. Ambulance called. All attended and decision taken not to resuscitate due to rigidity, blood pooling, no breathing.

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 recurrence?
 ALL SUDDEN DEATH PROCEDURES FOLLOWED.
 ALL STAFF DE-BRIEFED AND REMINDED ABOUT CORE-CARE SERVICES.
 DUTY MANAGER/CNS/GENERAL MANAGER INFORMED. - UNEXPECTED DEATH CANNOT BE PLANNED FOR

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	CAT
Light ions - Keithes	RA
Date 9/11/05	

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 Consultant + file

What other action will be taken to prevent recurrence & share learning?
 AER faxed to SUSAN LAWES BY WARD STAFF. LOCAL REVIEW OF PROCEDURES FOR CHECKING PATIENTS AT NIGHT TO BE REVIEWED.

Name and Job Title of Service/Senior Manager	Date
A O'Brien CNS	9/11/05

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 code

Approved Name	Proprietary Name	Form	Manufacturer	Batch No	Dose	Frequency	Route

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

and no defeculation. Duty dr certified death at 07-50. Police informed and sudden death procedure carried out. Duty manager, consultant and Nok informed.

Acts of violence against PCT staff

1. Please state why the assailant was on the premises.
2. Please detail any relevant information about the assailants condition prior to the assault.
3. Please include any relevant details about the environment at the time of the incident (noise levels, lighting etc.)
4. Please provide specific detail of the assault i.e. A struck B...how hard etc.

Were the police called? 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

£

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