Portsmouth HealthCare NHS
NHS Trust

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 : **38728**

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

LAST NAME **READ**   FIRST NAME **SUE**   M / (F)

DATE OF BIRTH **16/11/54** PERSON STATUS **1** SERVICE **8**

PATIENT NO : (if applicable) _____ Staff Only : STAFF GROUP **3**

NAME OF PATIENT'S CONSULTANT/CLINICIAN **DR. JANET ANDERSON**
WORKS FOR BNA.

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

[stamp: FAREHAM AND GOSPORT 26 JUL 2002 PCT]

C. WHEN & WHERE

DAY **TUES** DATE **16/7/02** TIME (24 hour clock) **2000hrs**

WHERE DID THE INCIDENT HAPPEN? (e.g. name of Trust site + ward/department, patient's home address, details of non-Trust property, etc)
SULTAN WARD GWMH

LOCATION (e.g. bedroom, bathroom, hall, kitchen, etc)
BATHROOM OPPOSITE ROOM 10

D. INJURY

NATURE OF INJURY **SMALL GASH RIGHT EYEBROW**

WHERE ON BODY **RIGHT EYEBROW** If Staff, was shift completed (Y) / N

E. WITNESSES & INVOLVED PEOPLE

NAME _____   NAME _____

ADDRESS _____   ADDRESS _____

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)

PULLED TOILET ARMREST DOWN ON TO RIGHT SIDE HEAD, CATCHING EYEBROW WITH EDGE OF POLE, SUSTAINED GASH (R) EYEBROW. INFORMED STAFF NURSE.

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

COLD COMPRESS APPLIED BY S/N AYLING. BLOOD PRESSURE AND NEURO OBS TAKEN. STERISTRIPS x1 APPLIED. SUE STATED HAPPY TO DRIVE HOME - HUSBAND AT HOME TONIGHT.

H. NAME (IN CAPITALS) OF PERSON REPORTING

BRIDGET AYLING   DATE **16/7/02**

I. WARD/AREA/DEPARTMENT MANAGER'S ACTION

ACTION TAKEN TO PREVENT RE-OCCURRENCE
Suggest that poles are not raised but left in down position.

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

NAME IN CAPITALS **V F MANN**   DATE **19/7/02**

JOB TITLE **SSM.**

J. SENIOR/SERVICE MANAGER'S ACTION

SEVERITY CODE **L**   RIDDOR ACTION TAKEN : N/A ☑ YES ☐

NAME IN CAPITALS **A J SCAMMELL**   DATE **22/7/02**

JOB TITLE **Senior Nurse**

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