

Form no. 6051

12 MAY 2005

Fareham and Gosport  
Primary Care Trust

# 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				
<b>Code A</b>	M	Retired	<b>Code A</b>	3/10/20	1	U	MA	Q29970	Dr Logan	F T G	
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 - Y. ASTRIDGE	F	WARD MANAGER	ORMAN GUMPT		1	5	MA	-	-	F T G	
Others involved -											
B - When & where did the incident occur?		Date	Time	Site name	Area (e.g. b/rm)						
		Unknown	10/05/05	GUMPT	WIA.						
			am/pm	Ward dept	Service		Independent Practice				
				ORMAN	8						
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) <u>45</u> For all events of assault against staff complete and attach Form B (indicate here)									
		Patient GP wrote to Dr Logan following his discharge home stating that the medication he was given belonged to another patient. The name of the patient whose medication he was taking had never been a patient on Orman ward									
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					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Description/Nature of injury and affected area		Degree of Harm/Damage None <input checked="" type="checkbox"/> Action Prevented Harm/Damage <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unexpected Death/Catastrophic event <input type="checkbox"/>									
		If Staff, did they complete their shift? <input type="checkbox"/> YES <input type="checkbox"/> 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 £ <input type="text"/>									
F - How was the event dealt with?		What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)									
		Dr Logan has asked for patient notes. Pharmacist ceased with Chemist medications returned to for destruction. The medications were dispensed from Hasler Pharmacy. It is unknown how									
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			
		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			

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?

See above + Form B

#### I.1 Why did it happen?

Causes

7

Contributory Cause

Name and Job Title of Ward/Department Manager

Y. ASTRIDGE  
WARD MANAGER

Date 9/5/05

#### I.2 Future Risk?

Impact Code

NH

Likelihood of re-occurrence

RA

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 recurrence & share learning?

Name and Job Title of Service/Senior Manager

**Code A**

Medical Manager

Date 10/5/05

Top Copy to: Risk Department

Bottom Copy to be returned and kept securely by Ward/Dep Manager

Please attach any Continuation Sheets

Form no. 1

12 MAY 2005

Fareham and Gosport  
Primary Care Trust

# Adverse Event Report Form B

**G - Medication adverse events**

Stage of Treatment

7

Description of event (Eg. Allergy, formulation)

3

See section G of code guidance for relevant codes

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**

They came to be in **Code A** possession  
 had training has been undertaken around checking  
 medications against prescription both when they arrive on  
 the ward and at discharge.  
 There was no report of any harm to **Code A**  
 in the GP's letter

**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