

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				
SULTAN WARD			GOSPORT WARD MEMORIAL HOSPITAL							F & 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 -											
Code A	F	STAFF NURSE	SULTAN WARD GWMH			15					
Others involved -											
B - When & where did the incident occur?		Date	Time	Site name	Area (e.g. b/rm)						
		11/3/06	16:00 am/pm	GWMH	SULTAN						
C - What happened?		In CAPITALS, please describe briefly what happened, stating only facts and not opinion (Please use Continuation Sheet if required)									
		ONLY THREE STAFF ON DUTY PLUS HOLDING BLEEP FOR HOSPITAL. TWENTY THREE PATIENTS ON THE WARD THAT NEEDS SEING TO X3 PT. CONFUSED AND AGGRESSIVE PLUS ONE ADMISSION, FELT WE WERE UNABLE TO GIVE APPROPRIATE CARE TO ALL PATIENTS									
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)									
		PATIENTS AND STAFF MENTAL HEALTH								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)									
		I HAVE ARRANGED WITH PAERPALMS WARD TO TAKE OVER THE BLEEP. WE TRIED TO MANAGE THE WARD THE BEST AS WE CAN. DRYAD WARD STAFF DUE TO SPECIALING.									
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?			
Discussed with other ward sisters on 5 staff on Dryad due to specialing one patient. felt it would have been appropriate to have someone.			
I.1 Why did it happen?	I.2 Future Risk?		
Causes	Impact Code	NM	
Contributory Cause	Likelihood of re-occurrence	Pos	
Name and Job Title of Ward/Department Manager	Code A	Date 22/3/06	

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	
<input type="checkbox"/> Occupational Health	<input type="checkbox"/> Medicines & Healthcare Products Regulations Agency (MHRA)
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Health and Safety Executive (RIDDOR)
<input type="checkbox"/> Agency/Bank Co-ordinator	<input type="checkbox"/> Emergency Services called
<input type="checkbox"/> Complaints Manager	
What other action will be taken to prevent reoccurrence & share learning?	
Name and Job Title of Service/Senior Manager	Code A Date 23/3/06