

# 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>	F	STAFF NURSE	DRYAD WARD - GWMH	30/3/1979	1	15	6			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
<b>Code A</b>	F	STAFF NURSE	DRYAD WARD - GWMH		1	15	6			F + G
Others involved	F	MCSW	DRYAD WARD - GWMH		1	3	6			F + G

**B - When & where did the incident occur?** Date 6/3/06 Time 19:00 am/pm  Site name GWMH Area (e.g. b/rm) BEDROOM 6  
Ward dept DRYAD Service 8 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) 1 For all events of assault against staff complete and attach Form B (indicate here)

**Code A** punched staff nurse **Code A** in the stomach after being asked to sit down.

**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 abdomen painful  
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)  
N/A 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)

**Code A** was given his prescribed medication and explained to his behaviour is unacceptable.

**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?  
patient cognitively impaired Psychologists involved. All staff aware to Gustave washes out nearby bed on lollywood

<b>I.1</b> Why did it happen?	<b>I.2</b> Future Risk?
Causes <u>15</u>	Impact Code <u>MIN</u>
Contributory Cause	Likelihood of re-occurrence <u>AC</u>
Name and Job Title of Ward/Department Manager <u>U. Aspinall</u>	Date <u>9/3/06</u>

Top Copy to: Risk Department  
Bottom Copy to be returned and kept securely by Ward/Dep Manager

**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 checked="" type="checkbox"/> Occupational Health	<input type="checkbox"/> Medicines & Healthcare Products Regulations Agency (MHRA)
<input checked="" 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?  
Code A

Name and Job Title of Service/Senior Manager U. Aspinall Date 9/3/06

Please attach any Continuation Sheets



Form no.

5774

Fareham and Gosport



Primary Care Trust

# 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 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

## Acts of violence against PCT staff

1. Please state why the assailant was on the premises.

As a patient.

2. Please detail any relevant information about the assailants condition prior to the assault.

Confusion.

3. Please include any relevant details about the environment at the time of the incident (noise levels, lighting etc.)

In a quiet bedroom.

4. Please provide specific detail of the assault i.e. A struck B...how hard etc.

Struck as a full punch to the stomach.

## 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