

Form no. 5722

Fareham and Gosport **NHS**  
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				
ALL STAFF IN HOSPITAL & PATIENTS			02 NOV 2005							F X 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 - <b>Code A</b>	F	SSN	DRYAD WARD GWMH	4.6 1956	1	15	6	N/A	N/A	F X G	
Others involved -											
B - When & where did the incident occur?		Date 27/10/05 Time 05:40 am/pm	Site name GWMH	Area (e.g. b/rm) MAIN KITCHEN							
			Ward dept MAIN KITCHEN	Service 8 Independent Practice <input type="checkbox"/>							
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) FIRE For all events of assault against staff complete and attach Form B (indicate here) <input type="checkbox"/>									
FIRE ALARM ACTIVATED BY SMOKE DETECTOR IN MAIN KITCHEN DUE TO TURKEY GRAVY BOILING OVER ONTO HOTPLATE.											
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 <input type="checkbox"/> Psychological <input type="checkbox"/> Social <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input checked="" type="checkbox"/>									
		Description/Nature of injury and affected area MAIN KITCHEN FILLED WITH SMOKE									
		Degree of Harm/Damage None <input type="checkbox"/> Action Prevented Harm/Damage <input type="checkbox"/> Low <input checked="" 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)									
		SMOKE IN KITCHEN								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)									
FIRE BRIGADE ATTENDED AND USED PETROL FAN TO EXTRACT SMOKE, ESTATES INFORMED TO RE CONNECT GAS SUPPLY TO MAIN KITCHEN											
G - Medication adverse events		Please tick and complete Form B <input type="checkbox"/>		H - Medical device/equipment incidents		Any defective equipment should be detained for inspection		Please tick and complete Form B <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 reoccurrence?

Report sent to Fire Safety Department

Fault with Extractor Fan being fixed.

**1.1 Why did it happen?**

Causes 2 Impact Code HIN

Contributory Cause N/A Likelihood of re-occurrence 10

Name and Job Title of Ward/Department Manager U. ASHLEY ward manager Date 31/10/05

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

 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 reoccurrence &amp; share learning?

Name and Job Title of Service/Senior Manager **Code A** Date 1/11/05

Please attach any Continuation Sheets