

Form no. 3936

12 MAY 2005

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			
Code A	F	SSIN	DAEDALUS WARD GWMH.							Fr Gr
Others involved -										

B - When & where did the incident occur?Date 8/5/05 Time 01:00 am/pm Site name GWMH Area (e.g. b/rm)
Ward dept GWMH DAEDALUS Service 9 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) 77 For all events of assault against staff complete and attach Form B (indicate here)

All 3 O₂ cylinders in chained off storage area were found to be empty. 2 patients at present on intermittent O₂ therapy. Available for use in ward 1 O₂ cylinder 1/4 full, + 1 full cylinder.

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)

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)

PORTERS CHANGING CYLINDERS.

24 MAY 2005

G - Medication adverse eventsPlease 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 recurrence?

CYLINDERS IF EMPTY TO BE LEFT OUT FOR PORTERS TO CHANGE. ALL STAFF TOLD AGAIN ABOUT THIS, AND ITS IMPLICATIONS.

I.1 Why did it happen?

Causes

209

I.2 Future Risk?

Impact Code

MIN

Contributory Cause

Likelihood of re-occurrence

UN

Name and Job Title of Ward/Department Manager

Code A

SSN

Date 09/5/05

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 recurrence & share learning?

Name and Job Title of Service/Senior Manager

Code A

Date 10/5/05

Please attach any Continuation Sheets