Form no. 6213

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	A1 Ethnic Group (See Section A of Code Guidance)	A2 Person Status	A3 Mental Health	A4 Patient No.	A5 Patient's Consultant	A6 PCT
ANN HASTE	F	STAFF NURSE			1					

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 - ANN	F	S/N.	SULTAN WARD.		15 1	15				
Others involved - **Code A**	F	PATIENT	SULTAN WARD.		1	28				

B - When & where did the incident occur?

Date 15/5/05 Time 11 : 30 am/pm

Site name SWMH Area (e.g. b/rm) RM 3

Ward dept SULTAN Service 13 Independent Practice 13

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) 7 For all events of assault against staff complete and attach Form B (indicate here)

WASHING PATIENT WHEN SHE BECAME PHYSICALLY & VERBALLY AGGRESSIVE TOWARDS STAFF, LASHING OUT WITH FINGERNAILS SCRATCHING RT FOREARM OF S/N. - NAILS WERE COVERED IN FAECES + LONG.

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 SCRATCHES X2 RT FOREARM.

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)

FAREHAM AND GOSPORT PCT 24 MAY 2005

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)

RT ARM WASHED & ANTISEPTIC. PATIENT CALMED DOWN ONCE SAT OUT IN CHAIR.

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 reoccurence?

Patient re-assessed by Consultant and medication reviewed

I.1 Why did it happen?		I.2 Future Risk?	
Causes	15	Impact Code	NM
Contributory Cause	15	Likelihood of re-occurrence	UK

Name and Job Title of Ward/Department Manager **Code A** Date 18/5/05

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 reoccurence & share learning?

Name and Job Title of Service/Senior Manager **Code A** Date 18/5/05

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

Please attach any Continuation Sheets

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Adverse Event Report Form B

G - Medication adverse events

Stage of Treatment

Description of event (Eg. Allergy, formulation) Nil

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.

   In Patient

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

   Has Severe Dementia.

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

   Side Room on ward.

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

   As on Form A.

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? YES / NO £
   - estimated cost of staffing due to absence, estimated cost of replacement staff
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

Please ensure that the form number shown at the top of this form corresponds with the original number from Form A and attach if possible.