

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	-	Code A	11/2/21	1	28/32	6	4094112	Dr Beynon	Fg
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 -		STAFF NURSE	GWMH		1	15				
Others involved -										

B - When & where did the incident occur? Date 30/8/05 Time 10:00 am/pm Site name GWMH Area (e.g. b/rm) BATHROOM
Ward dept DADDAWS 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) 61 For all events of assault against staff complete and attach Form B (indicate here)
WHILST MOISTENS MRS ARKOLMAN INTO THE BATH SHE PUT HER HAND UNDER THE BATH HOIST AS I WAS RAISING THE BATH. SHE WENT HER RT INDEX FINGER.

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)
I IMMEDIATELY RAISED THE BATH HOIST TO RELEASE HER HAND. SHE WAS ABLE TO MOVE ALL HER FINGERS.
I INFORMED MY WARD MANAGER.

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?
To continue when bathing to make sure she has heard what is happening & understands

I.1 Why did it happen?	I.2 Future Risk?
Causes	Impact Code NM
Contributory Cause 15/8	Likelihood of re-occurrence RA
Name and Job Title of Ward/Department Manager Code A	Date 31.08.05

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

<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 1/9/05

Please attach any Continuation Sheets