

Form no. 5715

# 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>	M	Patient	DRYAP WARD GWHH	10/7/24	1	28	1	0105-1907	DR Reed	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
Person reporting -	F	RGN	DRYAP WARD		1	15	1			F+G
Others involved -	F	HCSW	DRYAP WARD		1	15	1	25 OCT 2005		F+G

**B - When & where did the incident occur?** Date 17/10/05 Time 22:05 am/pm Site name DAY RM. GWHH Area (e.g. b/rm) DAY ROOM Ward dept DRYAP Service 157 Inpatient 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) 74 For all events of assault against staff complete and attach Form B (indicate here)

**Code A** was put to bed - appeared to be asleep - found on floor in Day Room. Minor scratches to elbow - other wise appeared unharmed.

**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 Small abrasion to ARM.  
 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)

**Code A** picked up. Checked for injury. Put back to bed. Asked to ring buzzer. One member of staff had to stay near him. Left 2 to deal with ward + meds.

**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?  
**Code A** is cognitively impaired unable to risk assess.  
**I.1 Why did it happen?** Causes 15 Contributory Cause 8  
**I.2 Future Risk?** Impact Code R1W Likelihood of re-occurrence ATC  
 Name and Job Title of Ward/Department Manager M. Aspinall Date 21/10/05

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 & share learning?  
 Name and Job Title of Service/Senior Manager **Code A** Date 21/10/05

Please attach any Continuation Sheets