

Form no. 7030

# 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	Rtdel.	<b>Code A</b>	17-8-23	1	28	2	Q 128710	LORD	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 - JONIA PEARSE		SSN	Sultan Ward e.w.M.H	-	-	-	-	-	-	F/G
Others involved -										



**B - When & where did the incident occur?**

Date 29/10/05 Time 09:00 am/pm Site name BEDROOM 10 Area (e.g. b/r/m) ROOM 10  
Ward dept SULTAN 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) 23 For all events of assault against staff complete and attach Form B (indicate here)

Discovered several pages of patients admission assessment forms were missing from the pt's folder that sits on the bottom of his bed.

**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)

Patient's personal notes, it had the address of the pt in them. Approx Value £ N/A

**F - How was the event dealt with?**

What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)

Spoke to all the staff on duty who confirmed that the notes were in the folder the evening before, patient's daughter also confirmed that she read the notes the evening before.

**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?

Removed the folder from patient's bed. Checked the room and pt's property for the missing papers.

**I.1 Why did it happen?**

Causes 15  
Contributory Cause 15

**I.2 Future Risk?**

Impact Code MOD  
Likelihood of re-occurrence AOS

Name and Job Title of Ward/Department Manager JONIA PEARSE SSN SULTAN WARD Date 30/10/05

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 reoccurrence & share learning?

Name and Job Title of Service/Senior Manager Code A Date 31/10/05

Form no.

Fareham and Gosport  
Primary Care Trust

# Adverse Event Report Form B

**G - Medication adverse events**
Stage of Treatment Description of event (Eg. Allergy, formulation) 

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**
**Code A**

is a very confused patient who wanders from room to room picking things up. He was observed picking up other patient's folder at the nurse's station. The missing pages were part of his admission assessment forms, there were details about his medical history, his address and social details in the missing papers.

**Acts of violence against PCT staff**

1. Please state why the assailant was on the premises.
2. Please detail any relevant information about the assailants condition prior to the assault.
3. Please include any relevant details about the environment at the time of the incident (noise levels, lighting etc.)
4. Please provide specific detail of the assault i.e. A struck B...how hard etc.

**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?  
- estimated cost of staffing due to absence, estimated cost of replacement staff

YES / NO

£ 

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