

Form no. 6511

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	m	Retired	Code A	10/1/24	1	28	5	105K109	Dr Quochi	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 - Code A	F	E/N	Dryad GWMU	17/3/51	1	15	N/A	N/A	N/A	F/G
Others involved -										

B - When & where did the incident occur? Date 13/9/05 Time 02:25 am/pm Site name GWMU Area (e.g. b/rm) Bedroom Ward dept Dryad 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) 74 For all events of assault against staff complete and attach Form B (indicate here) **Code A**FOUND ON THE FLOOR, UNHURT BY MYSELF AND **Code A****D - Impact on person affected/Impact on PCT?** (See Section D guidance for further information) - PLEASE USE FORM B TO DETAIL EFFECTS ON OTHERS INVOLVEDPhysical - 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)MYSELF AND **Code A** HELPED **Code A**
Back into BED. No injuries found.**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?

Asked patient to call for help before moving. Organically updated
Psychiatrist asked for advice**I.1 Why did it happen?**

Causes	15	Impact Code	M10
Contributory Cause	8	Likelihood of re-occurrence	AC
Name and Job Title of Ward/Department Manager	U. ASHWINI WARD MANAGER		Date 15/9/05

I.2 Future Risk?**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	12/9/05
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Top Copy to: Risk Department

Bottom Copy to be returned and kept securely by Ward/Dep Manager

Please attach any Continuation Sheets