Form no. 6485

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: A1 Ethnic Group	A2 Person Status	A3 Mental Health	A4 Patient No.	A5 Patient's Consultant	A6 PCT
Code A	M	PATIENT Q1051909	C/O DRYAD WARD GWMH	10/7/1924	1	28	N/A	Q105 1909	DR QUERESHI	F T 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	PHYSIOTHERAPIST	DRYAD WARD GWMH	13/10/1981	1	2	N/A			F T G
Others involved -										

29 JUL 2005

B - When & where did the incident occur?

Date 27/07/05 Time 14:15 am pm

Site name GWMH — Area (e.g. b/rm) DAY ROOM

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

I WAS WALKING OUT OF THE PHYSIO ROOM AND HEARD A LOUD BANG. I FOUND Code A ON THE FLOOR

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 BANG TO BACK OF HEAD AND BACK OF (L) HIP.

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)

N/A — 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 RESTED ON THE FLOOR WITH A PILLOW UNDER HIS HEAD. HE WAS THEN ASSISTED INTO A WHEELCHAIR AND INTO BED WITH 2 PEOPLE. HE WAS CHECKED BY THE DR ON THE WARD FOLLOWING THIS

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?

Staff informed of incident. Patient asked to wait for help but cognitively impaired.

I.1 Why did it happen?		I.2 Future Risk?	
Causes	15	Impact Code	Min
Contributory Cause	8	Likelihood of re-occurrence	Lik
Name and Job Title of Ward/Department Manager	[illegible] ward manager	Date	28/7/05

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 reoccurence & share learning?

Name and Job Title of Service/Senior Manager Code A [illegible] Manager Date 28/7/05

Please attach any Continuation Sheets