

Form no. 5845

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			
<b>Code A</b>	M	Retired E3 QAM	<b>Code A</b>	26/09/27	1	28	1	274 SOS	Dr Vardon	U + F
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 -										
<b>Code A</b>	F	Wood Clerk	Daedalus Wood	23/07/68	1	1	1	-	-	U + F
Others involved -										
All medical personal										

**B - When & where did the incident occur?** Date 7/12/05 Time : am/pm Site name Daedalus Area (e.g. b/rm) Ward dept Gwmh 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) 78 For all events of assault against staff complete and attach Form B (indicate here) 

AS NOTES DID NOT ARRIVE ON WARD (SEE OTHER FORM) REQUESTED CLINICAL NOTES BE SENT VIA FAX. THIS WAS DONE BUT ARRIVED 1/2 NO COVERING SHEET OR ANY OF PATIENTS NAME ON CLINICAL NOTES SENT, ONLY NEW WHOSE THEY WERE BY A STICK ON TWO OF THESE SHEET (NOT PT STICKY LABEL)

**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 (see enclosed sheet).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) REPORTED TO MODERN MATRON**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 to collect ward transfers ward. Risk assess	
<b>I.1</b> Why did it happen? Causes Contributory Cause Name and Job Title of Ward/Department Manager	<b>I.2</b> Future Risk? Impact Code Likelihood of re-occurrence Date
	MMW PO2 Code A 12.12.05

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? Copy to Director of Nursing PHM	
Name and Job Title of Service/Senior Manager	Date
Code A Modern Matron	13/12/05

Please attach any Continuation Sheets