

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 - Who was involved in the incident? Table with columns for Name of Person Affected, Sex, Occupation, Home Address, Date of Birth, and various Code A fields.

B - When & where did the incident occur? Date 25/11/08, Time 0:20am/pm, Site name Gurnett, Area Toilet.

C - What happened? In CAPITALS, please describe briefly what happened, stating only facts and not opinion. What type of incident (see codes) [Yellow box].

D - Impact on person affected/Impact on PCT? Physical [checked], Psychological [], Social [], Unknown [], N/A []. Description/Nature of injury and affected area: graze to the ankle.

E - What property was affected? DAMAGE/THEFT/LOSS/FAILURE OF/TO *Delete as appropriate. (Please include details of property on Continuation Sheet).

F - How was the event dealt with? What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)

Reassured checked for injury. Taken back to bedroom. Stressed to ring for a nurse.

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? Found on floor, having slipped from toilet. Buzzer was at hand, patient forgets to use. Staff to always check Barbara remember how to use buzzer. Back to review. I.1 Why did it happen? Causes Contributory Cause 15 Name and Job Title of Ward/Department Manager [Code A] Date 25.11.08. I.2 Future Risk? Impact Code MIN Likelihood of re-occurrence LK

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) 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 26/11/08. Please attach any Continuation Sheets