

Risk Event Form

Can be completed by any member of staff.
Use BLOCK CAPITALS and black ball-point pen.
Incomplete/illegible forms will be returned.

Shaded box requires code from page opposite.
UNEXPECTED DEATH OR SERIOUS INJURY MUST BE REPORTED IMMEDIATELY AS A CRITICAL INCIDENT.

7/2 Fareham and Gosport
Primary Care Trust
Unique Form Serial No : **48958**



A. PEOPLE AFFECTED (Use Continuation Sheet if more than one person involved)

LAST NAME SMITH FIRST NAME KENNETH (M) (F)

DATE OF BIRTH Code A PERSON STATUS SERVICE

PATIENT NO: (if applicable) Staff Only: STAFF GROUP

NAME OF PATIENT'S CONSULTANT/CLINICIAN _____

B. PROPERTY/EQUIPMENT AFFECTED (Use Continuation Sheet if necessary)

* DAMAGE/THEFT/LOSS/FAILURE of/to Transport (item/s)
* Delete those not applicable

ESTIMATED TOTAL COST OF REPAIR/REPLACEMENT £ _____
Consult Information Services, Estates, NHS Supplies, etc as appropriate

C. WHEN & WHERE

DAY WED DATE 5/11/03 TIME (24 hour clock) 1845

WHERE DID THE INCIDENT HAPPEN? (e.g. name of Trust site + ward/department, patient's home address, details of non-Trust property, etc)
Daedalus

LOCATION (e.g. bedroom, bathroom, hall, kitchen, etc)
LRM

D. INJURY

NATURE OF INJURY _____

WHERE ON BODY _____ If Staff, was shift completed Y / N

E. WITNESSES & INVOLVED PEOPLE

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PERSON STATUS PERSON STATUS

F. DETAILS OF THE INCIDENT (Brief description of events. Facts only, not opinion. BLOCK CAPITALS. Use Continuation Sheet only if absolutely necessary)

Transferred to Daedalus at 1845

Transport Ltd > 48 Lr to arrange transfer

G. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT (e.g. treatment given, taken to hospital, names of attending clinicians, etc)

No medical cover available on transfer

H. NAME (IN CAPITALS) OF PERSON REPORTING

P. BEEB DATE 6/11/03

I. WARD/AREA/DEPARTMENT MANAGER'S ACTION

ACTION TAKEN TO PREVENT RE-OCCURRENCE
Reiterate safe transfer if clocked at Q&A. To call out of hours cover if needed.

STAFF ACCIDENTS ONLY: Tick to confirm copied to Occ Health & Personnel

NAME IN CAPITALS P. BEEB DATE 6/11/03

JOB TITLE C.M.

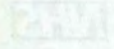
J. SENIOR/SERVICE MANAGER'S ACTION

SEVERITY CODE L RIDDOR ACTION TAKEN: N/A YES

NAME IN CAPITALS J. PEACH DATE 6/2/04

JOB TITLE SERVICE MANAGER

Top copy to Risk Event Data Entry Clerk (send to Clinical Effectiveness Dept, St James Hospital) via Dept Manager and Senior Manager
Bottom copy stays in book



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[Redacted area]

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Return safe transfer of child to OAH - To call out of hours of night

FAREHAM AND GO.

11 FEB 2004

PG1

Service Manager

J. Black

Holly