

*Daedalus.*

Fareham and Gosport  
Primary Care Trust



# Risk Event Forms and Continuation Sheets

For reporting Clinical and Non-Clinical incidents and accidents affecting patients, staff, visitors or property

*7/10/03 - 8/10/03 - Page 182*

## About this book

This book allows staff to record details of accidents and untoward incidents (Risk Events) and provides guidance and definitions that will allow them to do so effectively.

- Each Risk Event form has a unique serial number. The number is inserted automatically at the time of printing. This number will help to ensure accidents and incidents are not entered into the Risk Event Database more than once and means that information provided on a Continuation Sheet can be easily linked to the main form.
- Risk Event forms are carbonated and perforated down one side. There are two copies of each form. Once completed by the person reporting, the bottom copy stays in the book. The top copy is torn out along the perforation and forwarded to the Ward/Department Manager, then to the Service or Senior Manager for further action and completion. It is finally sent for entry in the Trust's Risk Event Database.
- Once all Risk Event forms in this book have been used, the book, with bottom copies attached, must be retained by the ward/department for 5 years after the date of the last incident.
- Full details of the Trust's incident reporting system can be found in the Operational Policy 'Recording and Reviewing Risk Events'.

## Useful Contacts

**Health & Safety Executive**  
 Priestley House, Priestley Road,  
 Basingstoke, Hampshire, RG24 9NW  
 Tel: (01256) 404000  
 Fax: (01256) 40410

**Trust Central Office**  
 St James Hospital, Locksway Road,  
 Portsmouth, PO4 8LD  
 Tel: (023) 9289 4378 / 9289 4379  
 Fax: (023) 9229 3437

**Risk Event Data Entry Clerk**  
 Clinical Effectiveness Department,  
 St James Hospital, Locksway Road,  
 Portsmouth, PO4 8LD  
 Tel: (023) 9282 2444 x 4118

**Fire Safety Advisers**  
 Estates Department,  
 St James Hospital, Locksway Road,  
 Portsmouth, PO4 8LD  
 Tel: (023) 9289 4418

## Occupational Health Department/s

17/19 Coldeast Way  
 (Fareham & Gosport)  
 Tel: (01489) 575977

Havant War Memorial Hospital  
 (Havant & Petersfield)  
 Tel: (023) 9249 9153

Queen Alexandra Hospital  
 (Elderly Medicine)  
 Tel: (023) 9228 6000 x 6738

St Mary's Hospital  
 (Elderly Medicine)  
 Tel: (023) 9228 6000 x 2489

St James Hospital  
 (Portsmouth City, Specialist  
 Mental Health, Corporate  
 Services, Learning Disabilities,  
 Social Care)  
 Tel: (023) 9289 4329

## The purpose of reporting

Reporting accidents and untoward events is part of the Trust's approach to managing the risks faced by individuals and the organisation during the course of the Trust's normal business activities. It is also a legal requirement under the Health & Safety At Work Act (1974).

The information recorded on a Risk Event form is used locally where the incident happened to help prevent it happening again, and cumulatively by the Trust to identify trends and risk issues that may lead to a change or development in protocols or procedures that will help to reduce risk.

It is also in the interests of patient, visitor and staff safety that the Trust operates a Risk Event reporting system which encourages openness and constructive criticism of care and working procedures.

### The Trust is responsible for ...

- Complying with Health & Safety legislation in investigating incidents and accidents
- Taking reasonable action to prevent incidents and accidents re-occurring
- Ensuring serious injuries, diseases and dangerous occurrences as defined by RIDDOR are reported to the Health & Safety Executive
- Supporting staff following an incident

### Trust employees are responsible for ...

- Reporting any untoward incident or event as soon as possible after it has happened
- Recording staff injuries in the Accident Book held at each Trust site (completing a Risk Event form does not take the place of filling in the Accident Book as this is a legal requirement)
- Co-operating with the Trust in investigating risk and critical events. The purpose of investigating accidents is to stop them happening again, not to apportion blame. Disciplinary action will not be taken except in extreme circumstances such as criminal behaviour, re-occurrence of incidents or unprofessional conduct.

## Incident reporting definitions

A **Risk Event** is any of the following:

- An accident involving a member of staff on duty, a patient, client, visitor or member of the public that results in an injury.
- Any clinical procedure or treatment that results in an adverse outcome such as injury or harm being caused to a member of staff or a patient.
- Any clinical or non-clinical incident that is a deviation from the normal pattern of events or that has occurred due to a breakdown in recognised procedures **AND** that results in significant harm or injury or which disrupts the provision of Trust services.
- Any incident that is reportable under RIDDOR (**page 4**).
- All drug and medication errors regardless of the consequences.
- Any infection control outbreak.
- All security related incidents (intruders, thefts, break-ins, property damage, vandalism, losses, etc). This includes all Trust property no matter where it may have been lost, damaged, stolen, etc. It is only necessary to report personal property lost, damaged or stolen on Trust premises.
- Distress caused as a result of verbal abuse, threatening behaviour, intimidation, bullying, racial and/or sexual harassment.
- Fire / Fire alarm activation - report every time a fire alarm is activated (even if it was caused by burning toast or a client smoking a cigarette). **There is a separate procedure for reporting fires, see page 5.**
- **Equipment** failure that leads to significant harm or disruption of provision of Trust services.
- Near Misses which could have caused injury, damage or financial loss and from which future lessons can be learnt.
- Serious incidents (such as the unexpected death of a patient or if a patient goes missing for example) where there could be legal, media or other interest and which may result in the loss of the Trust's reputation or assets.

**IMPORTANT:** ALL incidents involving patients should be recorded in their notes.

Services must decide locally which incidents not resulting in injury to a patient (i.e. patient found on the floor) warrant the completion of a Risk Event form.

If it is appropriate to fill in a Risk Event form it must not be filed in the patients notes.

## Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

RIDDOR imposes a duty on employers to report events listed below to the Health & Safety Executive (HSE). The purpose of RIDDOR is to inform the HSE about incidents and accidents that could have been prevented.

Reports should be made as soon as possible but within 10 working days of the incident on Form F2508.

### 1. Death at work

A death at work must be reported immediately (same day) to the Health & Safety Executive by telephone. This must be followed up with a form F2508 within 10 working days.

The death of an employee must also be reported if the person died within a year of an injury at work that led to their death.

### 2. Major injury to a person at work

- a) Any fracture (other than fingers, thumb or toes)
- b) Any amputation
- c) Dislocation of shoulder, knee, hip or spine
- d) Loss of sight (temporary or permanent)
- e) Chemical or hot metal burn to the eye or any penetrating injury to the eye
- f) Injury from electric shock or electrical burn leading to loss of consciousness or requiring resuscitation or admittance to hospital for longer than 24 hours
- g) Any other injury leading to hypothermia, heat-induced illness, unconsciousness, requiring resuscitation or requiring admittance to hospital for more than 24 hours
- h) Loss of consciousness caused by asphyxia or exposure to a harmful substance or biological agent
- i) Acute illness requiring medical treatment or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- j) Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material

### 3. Injuries to people not at work (e.g. patients, members of the public, etc)

Incidents which occur on Trust premises and which are attributed to a breakdown in working practices, procedures, faulty equipment, etc and which result in an injury should be reported to the HSE.

### 4. Dangerous Occurrences

There are 21 dangerous occurrences which are reportable to the HSE. Listed below are those likely to apply to Portsmouth HealthCare NHS Trust:

- a) Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- b) Explosions, collapse or bursting of any closed pressure vessel or associated pipework
- c) Electrical short circuit or overload causing fire or explosion
- d) Accidental release of a biological agent likely to cause severe illness
- e) Collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after the fall
- f) Dangerous occurrences at a pipeline
- g) A dangerous substance being conveyed by road is involved in a fire or released
- h) Explosion or fire causing suspension of normal work for over 24 hours
- i) Accidental release of any substance which may cause death, major injury or damage to health

### 5. Over 3 day injuries - Trust employees only

A report must be made to the HSE if the injured person is unable to work for 3 or more consecutive days, not counting the day of the incident but counting days that would not have been working days. Therefore 'more than three consecutive days' means, in practice, 4 days (including weekends for non-shift workers). This provision also applies to self-employed persons.

### 6. Prescribed Diseases

There are 47 prescribed diseases which are reportable once diagnosed by a doctor. A few which are likely to apply to the Trust are:

- a) Certain poisonings
- b) Some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer
- c) Lung disease including occupational asthma, asbestosis
- d) Infections such as leptospirosis, hepatitis, legionellosis, tetanus and tuberculosis
- e) Other conditions such as occupational cancer, certain musculoskeletal disorders and hand-arm vibration syndrome

A full list is available from the Occupational Health Department who are responsible for reporting to the HSE on form F2508A.

### Supplies of RIDDOR forms are available from:

HSE Books, PO Box 1999, Sudbury, Suffolk, CO10 6FS  
Tel: 01787 991 165 Fax: 01787 313 995

## Reporting a Fire or Fire Alarm Activation

All Fires and Fire Alarm Activations must be reported using the Trust form 'Report of Fire or False Alarm'. Supplies of these forms are available from the Fire Safety Advisers and their address and telephone number is shown on page 1 of this book.

1. A Fire Report form must be completed whenever a fire alarm is activated - this includes false activations (when there is no fire) or when the fire alarm has detected smoke but there is no fire (burning toast, clients smoking cigarettes, etc).
2. The form must be filled in by the person in charge of the shift, or the person in charge of the site at the time of the fire alarm activation.
3. Contractors responsible for Trust premises out of normal office hours (i.e. domestic staff), and who may be on-site when a fire alarm is activated, must notify the relevant Trust Manager as soon as possible after the incident so that a Risk Event form can be completed.
4. The completed form should be forwarded to the Senior Fire Safety Adviser, Estates Department at St James Hospital as soon as possible.
5. **IF THERE IS A FIRE**, and assistance is required, the Estates Duty Officer must be notified as soon as the situation allows -

During office hours (9.00am - 5.00pm) contact the Estates Department Reception **(023) 9289 4418** or, use the Helpline **(023) 9289 4417**

At all other times (evenings and weekends) contact Front Hall at St James Hospital **(023) 9289 4419**

**When the Senior Fire Safety Adviser is required on site he will be advised by the Duty Estates Officer. Following any significant fire incident the Senior Fire Safety Adviser will prepare an additional, more detailed, report for NHS Estates.**

### Staff working in Elderly Medicine

Fire safety at St Mary's and Queen Alexandra Hospital is managed by Portsmouth Hospitals NHS Trust. Each Elderly Medicine ward at St Mary's Hospital and South Block, Queen Alexandra Hospital has its own individual fire procedure which should be followed in the event of a fire.

If there is a fire or fire alarm activation in any of these areas, all necessary reports will be completed by the Security Services and Fire Safety Department of Portsmouth Hospitals NHS Trust.

## How to complete the Risk Event Form

- Any member of staff who discovers, witnesses or is notified of an incident can complete the Risk Event form
- Use black ball-point pen and BLOCK CAPITALS
- ALL sections of the form must be completed before it is sent to the Risk Event Data Entry Clerk
- Incomplete forms will be returned to the Line Manager or Senior Manager
- Shaded boxes indicate where a Code from the relevant list should be inserted

Below are instructions for completing the Risk Event Form. Section A, B, C, etc, relates to section A, B, C, etc on the Risk Event Form.

### SECTION A. PEOPLE AFFECTED

Record details of the main person affected by the incident. This may be the person who was injured or whose property was damaged, lost or stolen. Use a **Continuation Sheet** if more than one person was affected by the incident, do not fill in two forms.

### SECTION B. PROPERTY/EQUIPMENT AFFECTED

Use this section to give details of any property affected by the incident. This could be Trust property or personal property lost, damaged or stolen on Trust premises.

It is important to record the estimated total value of repairing or replacing property and a figure must be entered in the relevant field. Consult the Estates Department, Information Services Department and NHS Supplies for this information as required.

Use a **Continuation Sheet** to provide additional details such as make, model and serial numbers of equipment.

### SECTION C. WHEN AND WHERE

Use this section to record the date and time the incident happened and where it happened. Incidents can occur on Trust property, in patients' homes, in non-Trust properties and in public places such as parks, shopping centres, etc. Where the incident occurred on a non-Trust site, the full name and address/location should be recorded. Also note in LOCATION where in the property the incident happened - the bedroom, bathroom, garden, toilet, office, etc.

### SECTION D. INJURY

Record any injuries that were apparent at the time of the incident or following a medical examination immediately afterwards. If a member of staff was the injured person, note whether they completed their shift.

### SECTION E. WITNESSES & INVOLVED PEOPLE

Use this section to record details of anyone who was not affected by the incident but who was present at the time and who observed or may have intervened in events. This should exclude patients.

### SECTION F. DETAILS OF THE INCIDENT

Give a brief factual account of what happened. Emphasis on brief. Use the **Continuation Sheet** if absolutely necessary and at a later date to advise of consequences if they are not apparent at the time of the incident.

### SECTION G. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT

Use this section to describe what took place after the incident itself. This may include giving details of the treatment given and by whom, names of attending clinicians, whether the person was taken to hospital, whether the police were called, etc.

## SECTION H. PERSONAL REPORTING

The person filling in the form with the information above should enter their name and date. The person reporting may also be the Ward or Department Manager in which case they should also complete the next section.

## SECTION I. WARD/AREA/DEPARTMENT MANAGER'S ACTION

The Ward or Department Manager is responsible for taking action to prevent the incident happening again and that action should be recorded in this section. They are also responsible for ensuring Personnel and Occupational Health receive a photocopy of the Risk Event form if a member of staff was injured/affected and must confirm they have done so by ticking the relevant box.

## SECTION J. SENIOR/SERVICE MANAGER'S ACTION

The Senior or Service Manager will decide the SEVERITY of the incident by entering the relevant code. Guidelines for assessing severity are shown on page 9.

If a Critical Incident has occurred the Senior Manager must notify Trust Central Office and the Divisional Manager by fax or telephone the same day the incident happens. If a Critical Incident occurs out-of-hours the On-Call Manager decides whether the Divisional Manager/Executive Director On-Call should be notified immediately or the next working day.

The Senior Manager is responsible for ensuring the incident has been reported to the Health and Safety Executive if it is a RIDDOR.

Finally, the Senior Manager should double-check that for staff accidents, a copy of the form has been forwarded to Occupational Health and Personnel (i.e. the relevant box in the previous section is ticked). A copy of the completed RIDDOR form should be attached to the original Risk Event form before it is sent to the Data Entry Clerk, Occupational Health and Personnel.

## CONTINUATION SHEET

Continuation Sheets are held in a separate pad. They allow additional information about a Risk Event to be recorded.

It is important to show to which Risk Event the information on the Continuation Sheet relates. Therefore the Unique Form Serial Number from the relevant Risk Event form must be entered on the Continuation Sheet. Information which may be provided on the Continuation Sheet includes:

When more than one person is affected by an incident: A separate Risk Event form for each person does not need to be completed. This can lead to counting the same incident more than once. However details about each person affected by an incident must be recorded and the Continuation Sheet can be used to provide their details.

When there is lost or stolen equipment or an equipment failure: Details of the equipment such as make, model, serial numbers, value, etc, can be recorded on the Continuation Sheet.

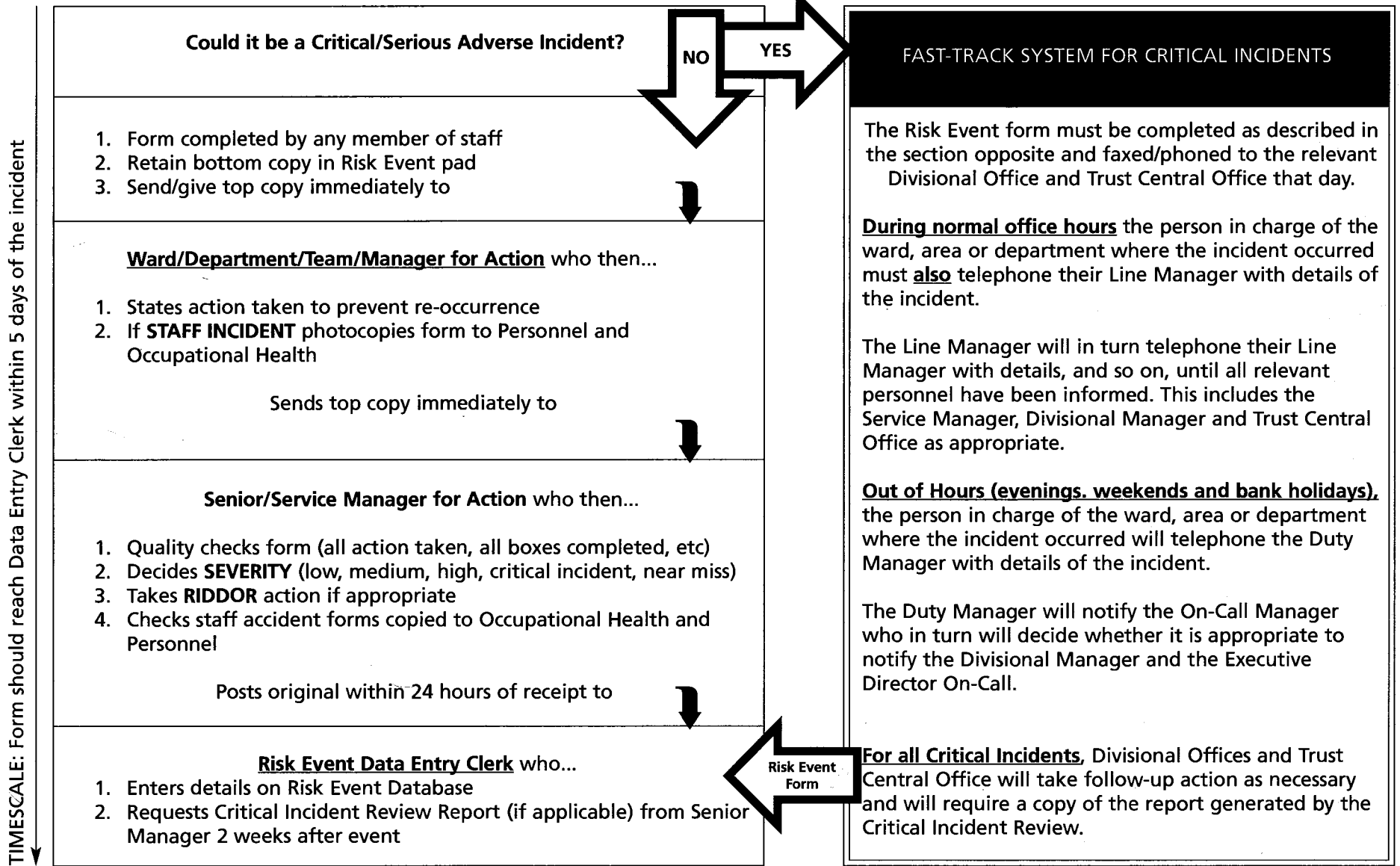
The Continuation Sheet may also be used to notify the outcome or consequences of an event which were not discovered until after the original form has been completed. This may include reporting injuries that were not apparent at the time of an incident.

Once the Continuation Sheet has been completed the top copy should follow the same route as the main Risk Event form to the Data Entry Clerk. The bottom copy should be stapled to the main Risk Event form.



## Where do Risk Event Forms go?

Incident occurs



TIMESCALE: Form should reach Data Entry Clerk within 5 days of the incident

TIMESCALE: Form should reach Data Entry Clerk within 5 days of the incident

## Incident Severity and Review Levels

Code	Incident Severity	Review Level
L  NM/L	<p><b>Low Severity</b></p> <ul style="list-style-type: none"> <li>• No injury or only minor or moderate discomfort resulted. Little clinical intervention needed (bandage, reassurance, support, etc).</li> <li>• A false fire alarm activation.</li> <li>• A <b>near miss</b> which but for luck or skillful management would have resulted in a low severity incident.</li> </ul>	<ul style="list-style-type: none"> <li>• Property losses of £1 - £100.</li> </ul>
M  NM/M	<p><b>Medium Severity</b></p> <ul style="list-style-type: none"> <li>• A temporary injury which required moderate clinical intervention such as sutures, minor surgery, etc.</li> <li>• An actual fire with no injuries or property damage.</li> <li>• Attempted suicide.</li> <li>• Aggression and threats.</li> <li>• A <b>near miss</b> which but for luck or skillful management would have resulted in a medium severity incident.</li> </ul>	<ul style="list-style-type: none"> <li>• Property losses of £100 - £1,000</li> </ul>
H  NM/H	<p><b>High Severity</b></p> <ul style="list-style-type: none"> <li>• An unexpected death of a member of staff on duty or a patient.</li> <li>• A major fire (property damaged or people injured).</li> <li>• A patient absconscion or missing patient where the Search &amp; Alert procedure was activated.</li> <li>• A major staff or patient injury such as coma, blindness, amputation, or an injury requiring more than 5 days stay in hospital.</li> <li>• An injury requiring resuscitation.</li> <li>• A serious infection control outbreak affecting high numbers of patients and/or staff.</li> <li>• A serious aggressive or violent incident with potential or actual injuries.</li> <li>• A <b>near miss</b> which but for luck or skillful management would have resulted in a high severity incident.</li> </ul>	<ul style="list-style-type: none"> <li>• Property losses of more than £1,000.</li> </ul>
CI  NM/CI	<p><b>Critical Incident</b></p> <p>A High Severity incident which requires a formal review and production of a full review report regardless of the consequences. This type of incident must be notified to the relevant Divisional General Manager and Trust Central Office the same day the incident happens.</p> <p>A <b>near miss</b> which but for luck or skillful management would have resulted in a critical incident.</p>	<p><b>Level I:</b></p> <p>All Low, Medium and High Severity incidents must have at least this level of review.</p> <p>An immediate local review of the incident and its consequences by the Manager of the area where it happened.</p> <p>Action taken to prevent re-occurrence is noted in Section I. of the Risk Event form and passed to the Senior/Service Manager.</p> <p>Some High Severity incidents may warrant a Level II review at local/service level only (see below).</p> <p><b>Level II:</b></p> <p>All Critical Incidents must have a Level II Review. This is a formal review led by a Service or Senior Manager. The outcome of this review will be a final report detailing the full sequence of events, risk issues identified and Action Plan.</p> <p>This report will be copied to the relevant Divisional General Manager and Trust Central Office and a summary report included in Divisional Reviews.</p>

**Risk Event Codes**    *If no suitable risk category exists, please advise in Section F of the risk event form - DETAILS OF THE INCIDENT*

Person Status (Sections A & E)	
Code	Description
1	Agency Staff
2	Bank Staff
3	Carer in patients home
4	Contractor
5	Insufficient Information
6	Locum
7	Member of the public (not visitor or relative)
8	Other NHS Employee
9	Patient
10	Student/Work Placement
11	Portsmouth Primary Care Trust Employee
12	Visitor/Relative
13	Volunteer
9999	Other - no obvious choice - see top of the page

Staff Group (Sections A)	
1	Administration/Clerical/Secretarial
2	Receptionist
3	Ancillary or Support Worker (porter, domestic, etc)
4	Assistant Nurse, Physio or OT/Support Worker
5	Student Nurse
6	Qualified/Registered Nurse
7	Doctor
8	Consultant
9	Clinician (OT, podiatrist, dentist, etc)
10	Clinical/Service Manager
11	Manager
9999	Other - no obvious choice - see top of the page

Severity (Section J) - see page 9	
L	Low Severity Incident
NM/L	Near Miss which would have resulted in Low Severity Incident
M	Medium Severity Incident
NM/M	Near Miss which would have resulted in Med Severity Incident
H	High Severity Incident
NM/H	Near Miss which would have resulted in High Severity Incident
CI	Critical Incident
NM/CI	Near Miss which would have resulted in Critical Incident

Service (Sections A)	
Code	Description
1	Adult Mental Health
2	Acquired Brain Injury
3	Catering
4	Child & Family Therapy Services
5	Child Health
6	Clinical Effectiveness
7	Community Home Loans
8	Community Hospitals
9	Community Paediatrics
10	Dental Services
11	District Nursing
12	Elderly Medicine
13	Elderly Mental Health
14	Estates
15	Family Planning
16	Finance
17	Front Hall
18	Health Centre
19	Health Promotion/Resources
20	Health Visiting
21	Housekeeping/Domestics
22	Information Services
23	Learning Disabilities - Community Specialist
24	Learning Disabilities - Health
25	Learning Disabilities - Social Care
26	Occupational Health
27	Occupational Therapy (Community)
28	Occupational Therapy (SMH/QAH)
29	Personnel
30	Physiotherapy (Community)
31	Physiotherapy (SMH/QAH)
32	Podiatry Services
33	Portering
34	Psychology
35	School Nursing
36	Security
37	Sexual Health
38	Speech & Language Therapy
39	Substance Misuse
40	Trust Central Office
9999	Other - no obvious choice - see top of the page

## How to use continuation sheets

Continuation Sheets allow additional information about a Risk Event to be recorded. The same 'rules' apply to completing a Continuation Sheet as a Risk Event form - they can be completed by any member of staff, in BLOCK CAPITALS and black biro pen, etc.

The Continuation Sheet can be used to record additional information at the time of the incident or provide details that do not come to light until some time after the incident.

It is important to show which Risk Event the information on the Continuation Sheet relates. Therefore the Unique Form Serial Number from the relevant Risk Event form must be entered on the Continuation Sheet.

Examples of information which may be provided on the Continuation Sheet:

When more than one person is affected by an incident: A separate Risk Event form for each person does not need to be completed. This can lead to counting the same incident more than once. However details about each person affected by an incident must be recorded and the Continuation Sheet can be used to provide their details. In such instances the additional person's name, date of birth, person status code, service code, patient number, etc, must be noted on the Continuation Sheet along with any injuries they may have sustained.

When there is lost or stolen equipment or an equipment failure: Details of the equipment such as make, model, serial numbers, value, etc, can be recorded on the Continuation Sheet.

The Continuation Sheet may also be used to notify the outcome or consequences of an event which were not discovered until after the original form has been passed along the chain of command. This may include reporting injuries that were not apparent at the time of the incident, advising the actual cost or repairing or replacing a stolen item - this information might not be available at the time of the incident.

Once the Continuation Sheet has been completed the top copy should follow the same route as the main Risk Event form to the Data Entry Clerk. The bottom copy should be stapled to the main Risk Event form.

**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.**

Unique Form Serial No : **50451**

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

LAST NAME Code A FIRST NAME Code A  M  F  
 DATE OF BIRTH Code A PERSON STATUS  SERVICE   
 PATIENT NO: (if applicable) Staff Only: STAFF GROUP   
 NAME OF PATIENT'S CONSULTANT/CLINICIAN RESISTE

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

\* DAMAGE/THEFT/LOSS/FAILURE of/to \_\_\_\_\_ (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 Tues DATE 7/19/03 TIME (24 hour clock) 1200  
 WHERE DID THE INCIDENT HAPPEN? (e.g. name of Trust site + ward/department, patient's home address, details of non-Trust property, etc)  
Room 6  
 LOCATION (e.g. bedroom, bathroom, hall, kitchen, etc)  
Dredalus

**D. INJURY**

NATURE OF INJURY None Found  
 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)

Found on floor by Bay Window

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

Checked for injury  
He stepped into wheel chair

**H. NAME (IN CAPITALS) OF PERSON REPORTING**

P. BEEB DATE 7/19/03

**I. WARD/AREA/DEPARTMENT MANAGER'S ACTION**

ACTION TAKEN TO PREVENT RE-OCCURRENCE  
observe - but is very confused

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

NAME IN CAPITALS P. BEEB DATE 7/19/03  
 JOB TITLE C.N.

**J. SENIOR/SERVICE MANAGER'S ACTION**

SEVERITY CODE \_\_\_\_\_ RIDDOR ACTION TAKEN: N/A  YES   
 NAME IN CAPITALS \_\_\_\_\_ DATE \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_

**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.**

Unique Form Serial No : **50452**

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

LAST NAME Code A FIRST NAME Code A  M  F  
 DATE OF BIRTH Code A PERSON STATUS  SERVICE   
 PATIENT NO: (if applicable) Staff Only: STAFF GROUP   
 NAME OF PATIENT'S CONSULTANT/CLINICIAN DR COOPER/STH

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

\* DAMAGE/THEFT/LOSS/FAILURE of/to \_\_\_\_\_ (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 08/10/03 TIME (24 hour clock) 14:00  
 WHERE DID THE INCIDENT HAPPEN? (e.g. name of Trust site + ward/department, patient's home address, details of non-Trust property, etc)  
Room 5 Bedroom  
 LOCATION (e.g. bedroom, bathroom, hall, kitchen, etc)  
Daedalus Ward

**D. INJURY**

NATURE OF INJURY None found  
 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)

Found on Rlesor having toppled out of his wheelchair in his bedroom after lunch (No cushioned mat placed on the floor)

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

checked for injury  
hobbled into bed.

**H. NAME (IN CAPITALS) OF PERSON REPORTING**

GILL EVANS DATE 08/10/03

**I. WARD/AREA/DEPARTMENT MANAGER'S ACTION**

ACTION TAKEN TO PREVENT RE-OCCURRENCE  
observe - padded mat placed on Rlesor

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

NAME IN CAPITALS GILL EVANS DATE 08/10/03  
 JOB TITLE STAFF NURSE

**J. SENIOR/SERVICE MANAGER'S ACTION**

SEVERITY CODE \_\_\_\_\_ RIDDOR ACTION TAKEN: N/A  YES   
 NAME IN CAPITALS \_\_\_\_\_ DATE \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_

**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.**

Unique Form Serial No : **50453****A. PEOPLE AFFECTED** (Use Continuation Sheet if more than one person involved)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M / F  
DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ 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 \_\_\_\_\_ (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 \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_ TIME (24 hour clock) \_\_\_\_\_  
WHERE DID THE INCIDENT HAPPEN? (e.g. name of Trust site +  
ward/department, patient's home address, details of non-Trust property, etc)

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

**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)**G. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT** (e.g. treatment  
given, taken to hospital, names of attending clinicians, etc)**H. NAME (IN CAPITALS) OF PERSON REPORTING**

DATE \_\_\_\_\_

**I. WARD/AREA/DEPARTMENT MANAGER'S ACTION**

ACTION TAKEN TO PREVENT RE-OCCURRENCE

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

NAME IN CAPITALS \_\_\_\_\_ DATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_

**J. SENIOR/SERVICE MANAGER'S ACTION**SEVERITY CODE \_\_\_\_\_ RIDDOR ACTION TAKEN: N/A  YES 

NAME IN CAPITALS \_\_\_\_\_ DATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_