

Form no.

Adverse Event Report Form B

G - Medication adverse events		Stage of Treatment	Description of event (Eg. Allergy, formulation)		See section G of code guidance for relevant codes						
Approved Name	Proprietary Name	Form	Manufacturer	Batch No.	Dose	Frequency	Route				
H - Medical device/equipment incidents		Any defective equipment should be detained for inspection									
Type of device (see H codes)	Location	Product Name	Model	Manufacturer	Supplier	Catalogue Number	Serial Number	Batch Number	Expiry Date	Date Manufactured	Quantity Defective
Any further information relating to the incident and the affect on people involved											
<p>Acts of violence against PCT staff</p> <ol style="list-style-type: none"> Please state why the assailant was on the premises. Please detail any relevant information about the assailants condition prior to the assault. Please include any relevant details about the environment at the time of the incident (noise levels, lighting etc.) Please provide specific detail of the assault i.e. A struck B...how hard etc. 											
Were the police called?		YES / NO (delete as appropriate)									
If Police were called, please detail the following:											
1. Time of call:		Date:									
2. Name of person reporting											
3. a) If police attended: name, station and contact number											
b) If police did not attend explain why not											
4. Police action to be taken - none, prosecution, not known, verbal warning, other (please state)											
5. Has a staff member taken any sick leave as a result of the incident? - estimated cost of staffing due to absence, estimated cost of replacement staff		YES / NO		£							
6. Estimated cost of damage to equipment		£									
7. Have you / do you intend to provide assailant with written warning?		YES / NO									
8. Have you / do you intend to withhold treatment to the assailant?		YES / NO									
9. Any other relevant information / comments											

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East Hampshire **NHS**
Primary Care Trust

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Acts of violence against PCT staff

- Please state why the assailant was on the premises.
- Please detail any relevant information about the assailants condition prior to the assault.
- Please include any relevant details about the environment at the time of the incident (noise levels, lighting etc.)
- Please provide specific detail of the assault i.e. A struck B...how hard etc.

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- b) If police did not attend explain why not
- Police action to be taken - none, prosecution, not known, verbal warning, other (please state)
- Has a staff member taken any sick leave as a result of the incident?
- estimated cost of staffing due to absence, estimated cost of replacement staff YES / NO £
- Estimated cost of damage to equipment £
- Have you / do you intend to provide assailant with written warning? YES / NO
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