NHS

Adverse Event Report (AER) Forms

For reporting clinical and non-clinical adverse events and near misses, affecting patients, staff, visitors and property

2 How to complete the Form

Step by step guidance for completing Adverse Event Report forms

How to complete the Form

- Any member of staff who discovers, witnesses or is notified of an adverse event should complete an Adverse Event Form as soon as possible - there is no additional requirement to record this adverse event in an Accident Book
- Use black ball-point pen and BLOCK CAPITALS
- Sections A, B, C, D, F, I & J must be completed for all incidents (E, G & H as applicable)
- Incomplete or illegible forms will be returned for clarification
- Shaded boxes indicate where a Code from the Code Guidance Sheet must be inserted

Below are instructions for completing the Adverse Event Form. Section headings relate to sections A, B, C, etc on the Adverse Event Form.

SECTION A - Who was involved in the incident?

Please record all details of those people involved in/affected by the incident, as these are needed for Health & Safety & National Patient Safety Agency requirements.

This includes: the person(s) who was injured or whose property was damaged, lost or stolen and any witnesses to the event. *As a requirement for H&S please ensure home address & occupation of person most affected is completed. (If it is not possible to record all details in this section please use a **Form B**)*

1. Ethnic Group - We are required to provide the National Patient Safety Agency with the Ethnic origin of all the people involved in the event i.e. the instigator, the person affected, the person reporting and any others. (Please complete using A1 codes)

2. Person Status

Please indicate whether each person is a patient, member of staff or the public. (Please complete using codes A2).

3. Mental Health – Please indicate the care programme for mental health patients (using A3 codes) – for example if the patient was not detained under the MH Act but was on an enhanced CPA code '2N' should be entered.

4. Patient Number – Please complete where appropriate.

5. Patient's Consultant – Please complete where appropriate.

6. Organisation – PCT - Please indicate which PCT **staff** are working **for** *(Portsmouth City* **(PC)***/ Fareham & Gosport* **(FG)***/ East Hants* **(EH)***)*

SECTION B - When & where did the incident occur?

Use this section to record the* date and time *the incident happened and* where *it happened.

Incidents can occur on PCT property, in patients' homes, in non-PCT properties, on independent contractors' premises and in public places such as parks etc. Also note in AREA where the incident happened – the bedroom, garden, toilet, office, etc.

Service/Independent Practice – please indicate in which **service** the incident occurred using the codes in table B.

Where the incident occurred on an **independent contractor's** site please include the code for that site.

Where the incident occurred on a non-PCT site, the full name and address/location should be recorded on a continuation sheet.

SECTION C - What happened?

Please indicate the type of event using C codes. Give a brief factual account of what happened, not opinion.

(Use the **Form B** to include essential information if necessary or to advise of consequences at a later date, if they are not apparent at the time of the incident.)

The PCT is required to report all incidents of abuse against staff. – please see 'Guidance Notes' for more details. Please therefore make sure that the details requested on **Form B** are completed.

SECTION D - Impact on person affected/Impact on PCT?

If the incident harmed the person(s) affected please indicate the effect.

Please indicate the type of injury

- **Description -** Please select the type(s) of injury incurred (Physical, Psychological, Social) and then describe the injury – if Physical please indicate whether *allergic / blood or fluid loss / collapse / gastrointestinal / infection / injury to skin or tissue / musculoskeletal / neurological / respiratory / unexpected deterioration / unintentional puncture*
- **Degree of harm/damage –** None *(no actual harm or damage)*, Action Prevented Harm / Damage, Low *(minimal harm - person(s) affected required extra observation or minor treatment / minor impact on PCT)*, Moderate *(short term harm - person(s) required further treatment / moderate harm to the PCT), Severe (permanent or long term harm to person / major harm to the PCT),* Unexpected Death / Catastrophic *(unexpected death as result of incident / catastrophic effect on PCT).*

If the incident did not cause harm to a person please complete details on the 'Degree of Harm' to the PCT.

SECTION E - What property was affected?

Use this section to give details of any property affected by the incident.

This could be PCT/NHS property or personal property lost, damaged or stolen on PCT premises.

Please ensure you provide details such as make, model and serial numbers of equipment; (where known). If necessary use a continuation form **Form B.**

SECTION F - How was the event dealt with?

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, time taken, etc.

In incidents of assault against members of staff please make sure the full details requested are included on Form B:
If the police have stated that they shall not pursue this matter, what action would the person assaulted like to be considered.

SECTION G - Medication adverse events

Please tick to indicate any medication adverse events and complete **Form B.**

Stage of Treatment – Please indicate when the actual/potential error occurred using G codes.

Description of event – Please indicate the type of event using the table of categories in G codes.

Please complete the table with details of all drugs involved in the incident.

SECTION H - Medical device/equipment incidents

Please tick to indicate any medical device events and complete **Form B.**

Please complete the table with the relevant details of all equipment/devices involved (if known).

SECTION I - Ward/Area/Department Managers action

The Ward or Department Manager is responsible for taking action to reduce the potential of the incident happening again and that action should be recorded in this section.

The Ward, Area or Department Manager is responsible for determining the **cause** of the event (see I 1 codes), and for assessing the future **impact** of, and **likelihood of reoccurrence** (see I 2 codes) for the event.

SECTION J - Service/Senior Managers action

The Senior Manager should detail what action will be taken to prevent reoccurrence of the incident and ensure that forms are copied to the relevant people.

Personnel and Occupational Health MUST receive a copy of the Adverse Event form if a member of staff was injured/affected *(The Agency/Bank Co-ordinator should receive a copy for any staff employed on this basis).*

Other Agencies who must be notified of certain types of Adverse Events include: Medicines and Healthcare Products Regulations Agency (MHRA), Health & Safety Executive (HSE).

The manager must confirm that the form has been forwarded to all the relevant parties by ticking the appropriate boxes.

Additional Information

Please use **Form B** to ensure all necessary details are recorded e.g.

- Make sure details of all those involved in the incident are recorded – the affected people and/or those who witnessed the event.
- Record details of lost or stolen equipment such as make, model, serial numbers, value, etc.

Form B may also be used to notify the outcome or consequences of an adverse 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 **Form B** has been completed the top copy should accompany **Form A** or follow the same route as this main Adverse Event form. A copy should be stapled to the main Adverse Event form.

Form B must be numbered to correspond to the original incident form number (Form A).

Accident Books

By completing (accurately and fully) an Adverse Event Form there is no further legal requirement to complete a separate Accident Book. The Department for Work and Pensions, have confirmed that the Adverse Event Forms contained in this book meet the legal health and safety accident reporting requirements. However, a separate RIDDOR Form for Reporting of Injuries, Diseases and Dangerous Occurrences must still be completed and sent to the local HSE Office or electronically via the HSE website address – see guidance on page 11. A copy of the completed RIDDOR must be sent to the PCT Risk Manager along with the completed Adverse Event Form.