

Fareham and Gosport **NHS**
Primary Care Trust

SAFE HAVEN FACSIMILE TRANSMISSION

Date: 21/4/04

Number of Pages: 4
(including this page)

To: FAREHAM REACH

From: SULTAN WARD

For the Attention of: CAROLINE HARRINGTON

Fax No. Code A

Message:
Risk event form and critical notification

IF YOU DID NOT RECEIVE ALL 4 PAGES INCLUDING THIS COVER SHEET PLEASE TELEPHONE IMMEDIATELY

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**GOSPORT WAR MEMORIAL HOSPITAL
BURY ROAD
GOSPORT, HAMPSHIRE**

TEL: Code A
FAX: Code A

**CRITICAL INCIDENT & SERIOUS UNTOWARD INCIDENT GUIDANCE
FOR ALL STAFF - IN & OUT OF HOURS**

The table below sets out the procedure for managing the communication aspect of any Critical Incident. Copies of this guidance is kept by the safe haven fax machine at Unit 120, Fareham Reach.

Column C MUST be completed by the person receiving the fax - decisions may be scrutinised post-incident and this form will provide your evidence.

RESPONSIBLE PERSON (Column A)	ACTION - DURING OFFICE HOURS (Column B)	ACTION TAKEN (Column C) Note who you spoke to/what action was agreed and by whom etc.
STEP 1 Member of staff reporting the incident	1. As soon as SERIOUS/CRITICAL incident discovered inform the local manager. 2. Complete an Adverse Event Form <u>as soon as possible</u> .	Name of Manager informed: <u>TONI SCANNELL</u> Time informed: <u>14.05 hrs</u>
STEP 2 Appropriate Local Manager	1. Telephone PCT Headquarters main switchboard Code A to: a) Alert staff to incoming fax, and b) notify appropriate Director 2. Fax Adverse Event Form directly to PCT Headquarters - to safe haven fax (Unit 120). Ensure fax cover clearly states the NAME of the receiving Director. Fax No: <input type="text"/> Code A	Name of Director informed: <u>RINA CAMERON</u> Time informed: <u>14.15</u>

RESPONSIBLE PERSON (Column A)	ACTION - OUT OF HOURS (Column B)	ACTION TAKEN (Column C) Note who you spoke to/what action was agreed and by whom etc.
Member of staff reporting the incident	1. Adverse Event Form completed <u>as soon as</u> incident occurs. 2. Report incident to Person in Charge (COMPLETE COLUMN C)	Name of Manager informed: _____ Time informed: _____
Person in Charge Ward/Home/ Premise	1. Report incident to Service Manager on-call (COMPLETE COLUMN C)	Name of Manager informed: _____ Time informed: _____
Service Manager on-call	1. Report incident to PCT Director on-call (Mob: <input type="text"/> Code A back-up pager <input type="text"/> Code A) Be prepared to provide as much information as possible about the situation, who has been informed, and what action has already been taken. 2. Fax Adverse Event Form directly to PCT Headquarters - to safe haven fax (Unit 120). Ensure fax cover clearly states the NAME of the receiving Director. Fax No: <input type="text"/> Code A (COMPLETE COLUMN C)	Name of Director informed: _____ Time informed: _____

FORM B

Fareham and Gosport **NHS**
Primary Care Trust

CRITICAL INCIDENT & SERIOUS UNTOWARD INCIDENT GUIDANCE FOR SECRETARIAT/RECEIVING STAFF

The table below sets out the procedure for managing the communication aspect of any Critical Incident. Copies of this guidance is kept by the safe haven fax machine at Unit 120, Fareham Reach.

Column C MUST be completed by the person receiving the fax – decisions may be scrutinised post-incident and this form will provide your evidence.

1. Adverse Event Form completed by staff at point of incident, as soon as incident occurs.
2. Member of staff reporting the incident will telephone the PCT Headquarters main switchboard to:
 - c) Alert staff to incoming fax and
 - d) notify appropriate Director
3. Completed Adverse Event Form will be faxed directly to PCT Headquarters – to safe haven fax (Unit 120). The fax cover should clearly state the **NAME** of the receiving Director.

RESPONSIBLE PERSON	ACTION	ACTION TAKEN Note who you spoke to/what action was agreed and by whom etc.
Any person receiving an Adverse Event Form marked 'CI'	1. <u>As soon as</u> the completed Adverse Event Form is faxed through to the Safe Haven fax (Fax No: 01329 229446), <u>hand it</u> to the named Director (as stated on the fax cover sheet). Confirm hand-over by completing column C.	Fax receiver's initials: <u>MT</u> Named Director's initials: _____ <u>CT</u> Time of handover: <u>15.25</u>

P.01
023 29603224
SULTAN WARD GWMH
21-HRK-2004 13:57

Primary Care

Unique Form Serial No: 50785

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.

P.02

023 29603224

SULTAN WARD GWMH

21-APR-2004 13:51

2 PEOPLE AFFECTED

LAST NAME TAYLOR FIRST NAME MARGARET
DATE OF BIRTH 16/5/17 PERSON STATUS SERVICE
PATIENT NO: (if applicable) Staff Only: STAFF GROUP G090479
NAME OF PATIENT'S CONSULTANT/CLINICIAN Dr REID

3 PROPERTY/EQUIPMENT AFFECTED

* 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

4 WHEN & WHERE

DAY Wednesday DATE 21/4/04 TIME (24 hour clock) 12:30pm

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

SULTAN WARD
LOCATION (e.g. bedroom, bathroom, hall, kitchen, etc)
WARD, RMS BED 4

5 INJURY

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

6 WITNESSES & INVOLVED PEOPLE

NAME BRIDGET AYLING NAME RACHEL ASHTON
ADDRESS 90 SULTAN WARD, GWMH ADDRESS 90 DARGOPIUS WARD, GWMH
PERSON STATUS PERSON STATUS

7 DETAILS OF THE INCIDENT

Paracetamol 500mg 1 tabo prescribed 14/4/04.
Co-codamol 30/500mg 2 tabs prescribed 16/4/04.
Both drugs given for 5 days => overdose of Paracetamol.

8 WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT

Contact Dr Walker for Advice. Ring the Poisons Unit for advice. (12:30pm)
Crossed off Paracetamol tabs from Drug Chart.
Phoned GP. Informed ~~Tara~~ Scammell

9 NAME (IN CAPITALS) OF PERSON REPORTING

SUSAN CHAN - Pharmacist DATE 20/4/04

10 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 _____

11 SENIOR/SERVICE MANAGER'S ACTION

SEVERITY CODE _____ RIDDOR ACTION TAKEN: N/A YES

NAME IN CAPITALS _____ DATE _____

JOB TITLE _____

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

Risk Event - Continuation Sheet

Forms must be completed in full, in BLOCK CAPITALS, and in BLACK biro pen

This form MUST link to a Risk Event Form - insert the serial number of the main form here

SUE CHAN: PHARMACIST. → 1 tab → 2 tabs
 21/4/04. Noticed paracetamol + co-codamol 30/500mg often was prescribed which could contribute as over dose when given.
 Patient had been given 45 days worth from 16/4/04 to 21/4/04. Max given was 11 tabs on 20/4/04. (3 over)
 Contacted Dr Walter for advice - who referred me to poisons unit.
 Contacted poisons unit: who gave me max dose per kg that is allowed. High Risk
 Max paracetamol per kg is 150mg/kg in 24hrs. If patient is malnourished then max is reduced by 50% to 75mg/kg.
 [High risk constitutes HIV status, alcoholic (on carbamazepine etc.) liver damage/impairment.]
 Pt weight was 41.70 kg. Based on 11 tabs yesterday she had 132mg/kg. Poisons unit says if malnourished, then treat
 with antidote as Glutathione levels are reduced. or in doubt

Contacted GP practice & Dr Barstein came into see patient & I informed him of situation.
 I informed Bridget Ayling, sleep holder Rachel contacted as Toni is unavailable.
 Risk event form completed.

Crossed off paracetamol from drug chart & recommended none omit lunch time dose of co-codamol as well. - Sue Chan.
 (Myself) RACHEL ASHTON SSN CONTACTED AT 13.30HRS. ARRIVED ON WARD SOON AFTER
 AND ASKED STAFF NURSE (AVELLANO) TO OBTAIN ECG AND FULL SET OF QRS. ALL OF WHICH
 WERE SATISFACTORY. CONTACTED FARHAM REACH AT 13.45 TO D/W TONI SCAMMELL
 THE ABOVE (TONI SCAMMELL AND JAN PEACH AT MEETING AT FARHAM REACH). ON
 CALL GP CONTACTED WHO ARRIVED ON WARD AT 14.05HRS (W/PATIENT AND SPOKE
 WITH DAUGHTER WHOM WANTED NO FURTHER ACTION TAKEN AND MEL HILL
 NOT TRANSFERRED TO Q&H FOR ANTIDOTE. TONI SCAMMELL RANG BACK AT 14.05HRS
 EXPLAINED ALL TO ME. SHE ADVISED US TO COMPLETE INCIDENT FORMS AND FAX TO
 FARHAM REACH DR READ INFORMED OF INCIDENT AS SHE IS PT'S GP. INFORMED BY
 DR BULLIM. (PLEASE SEE MEDICAL NOTES FOR FULL DETAILS OF QRS REVIEW)

BRIDGET AYLING (S/N SULTAN): Spoken to Toni Scammell at Farham Reach informed that this
 would be a high critical incident and to fax adverse event form and notification of incident
 to Caroline Harrington via safe house fax. Awaiting blood tests for Mrs Taylor - requested FBS,
 U+Es LFT.

Full name of person completing this form
 SUSAN CHAN, RACHEL ASHTON AND BRIDGET AYLING

Signature

Code A

SSN
 SN

Date
 21/04/04

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

P.02
 023 29603224
 SULTAN WARD GWMH
 21-APR-2004 13:54