

Adverse Event Report Form A

For guidance see 'How to complete the Form' information sheet and when completing the blue tinted columns refer to the 'Code Guidance' sheet.

To be completed by any member of staff in BLOCK CAPITALS using a black ballpoint pen. Incomplete or illegible forms will be returned. Serious untoward incidents such as unexpected death must be reported IMMEDIATELY to your PCT HQ regardless of the day or time. A Critical Incident is a serious, untoward event i.e. accident or incident, which has caused severe harm or injury to PCT services, premises or property, the organisation as a whole or in particularly upsetting cases staff, patients, volunteers or members of the public.

A - Who was involved in the incident?		Please complete details of all those involved in the incident - the persons affected, witnesses etc. (See Section A guidance for further information). If necessary use Form B for continuation.									
Name of Person Affected	Sex M/F	Occupation (as applicable)	Home Address	Date of Birth	See Section A of Code Guidance			A4 Patient No.	A5 Patient's Consultant	A6 PCT	
Code A	F	HCSW	Code A		A1 Ethnic Group	A2 Person Status	A3 Mental Health			F + G	
Code A	F	HCSW	Daedalus Ward, GWMH		1	3				F + G	
Code A	M		118 Gosport Rd, Fareham, PO16 0JN		1	28					
B - When & where did the incident occur?		Date 2/4/06 Time 17:40 am/pm	Site name GWMH	Area (e.g. b/rm) Bed Room 2							
C - What happened?		In CAPITALS, please describe briefly what happened, stating only facts and not opinion (Please use Continuation Sheet if required)									
		What type of incident (see codes) 2 For all events of assault against staff complete and attach Form B (indicate here) <input checked="" type="checkbox"/>									
		At approx 4:30 I was asked by patient Code A to close the skylight in his 4 bedded bay, I closed it down to a small gap. At approx 5:30 I went in to the room to serve tea and he requested my name, telling me he was reporting me for not doing as I was asked and I protested that he could have called me back if he was still cold									
D - Impact on person affected/Impact on PCT?		(See Section D guidance for further information) - PLEASE USE FORM B TO DETAIL EFFECTS ON OTHERS INVOLVED									
		Physical - Eg. Musculoskeletal, Unexpected deterioration <input type="checkbox"/> Psychological <input checked="" type="checkbox"/> Social <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/>									
		Description/Nature of injury and affected area None									
		Degree of Harm/Damage None <input checked="" type="checkbox"/> Action Prevented Harm/Damage <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unexpected Death/Catastrophic event <input type="checkbox"/>									
		If Staff, did they complete their shift? <input type="checkbox"/> YES <input type="checkbox"/> NO									
E - What property was affected?		DAMAGE/THEFT/LOSS/FAILURE OF/TO *Delete as appropriate. (Please include details of property on Continuation Sheet). (See Section B guidance for further information)									
		Approx Value £ <input type="text"/>									
F - How was the event dealt with?		What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)									
		HCSW name was given to Code A as the sky light was closed. I spoke with Code A the next day. he did not wish to make a complaint.									
G - Medication adverse events		Please tick and complete Form B <input type="checkbox"/>		H - Medical device/equipment incidents				Any defective equipment should be detained for inspection <input type="checkbox"/> Please tick and complete Form B <input type="checkbox"/>			

This section MUST be completed by the Ward/Area/ Department Manager before passing the form to the Senior Manager

I - Ward/Area/Department Managers action	
What action will be taken immediately and longer term to prevent reoccurrence?	
Spoke with Code A agreed to monitor temperature in his corner, duvet & extra blanket offered	
I.1 Why did it happen?	I.2 Future Risk?
Causes	Impact Code NM.
Contributory Cause IS.	Likelihood of re-occurrence PO
Name and Job Title of Ward/Department Manager Code A	Date 3.4.06

This section to be completed by the service/senior manager (See Section J guidance for further information)

J - Service/Senior Managers action	
Who else has been informed? (PLEASE TICK RELEVANT BOXES)	
Copies of forms relating to staff accidents must be sent to Occupational Health and Human Resources	
<input type="checkbox"/> Occupational Health	<input type="checkbox"/> Medicines & Healthcare Products Regulations Agency (MHRA)
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Health and Safety Executive (RIDDOR)
<input type="checkbox"/> Agency/Bank Co-ordinator	<input type="checkbox"/> Emergency Services called
<input type="checkbox"/> Complaints Manager	
What other action will be taken to prevent reoccurrence & share learning?	
Name and Job Title of Service/Senior Manager Code A	Date 6/4/06

Form no. *Continued from form 4947*Fareham and Gosport **NHS**
Primary Care Trust**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

Continued from Form A.

~~and he said~~ and he said that I hadn't done what he told me to do and "that was bloody evil" I gave him my name and told him that he was being petty and that I had other patients to think about as well. He said I was waisting time then talking to him.

The temperature in the room was 27°C and he was not sitting near the windows. Mr Heseltine had asked **Code A** for my name when he called her in to close the windows

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.

Were the police called? YES / NO (delete as appropriate)

If Police were called, please detail the following:

- Time of call: _____ Date: _____
- Name of person reporting _____
- a) If police attended: name, station and contact number _____
- 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 _____
- Have you / do you intend to withhold treatment to the assailant? YES / NO _____
- Any other relevant information / comments _____