

Form no. 6000

Fareham and Gosport Primary Care Trust



Adverse Event Report Form A

12 OCT 2006

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
					A1 Ethnic Group	A2 Person Status	A3 Mental Health			
Code A	M		Code A		1	30		30 747 65	Tandy	F
Names of:	Sex M/F	Job Title/Occupation (as applicable)	Base/Home Address	Date of Birth	A1 Ethnic Group	A2 Person Status	A3 Mental Health	A4 Patient No.	A5 Patient's Consultant	A6 PCT
Person reporting - Jared Edwards	F	Clinical Manager	Doodalus Gwmth		1	5				F
Others involved -										

B - When & where did the incident occur?

Date 13/9/06 Time 22:00 am/pm Site name Gwmth Area (e.g. b/rm) Ward dept DRAWS Service Independent Practice

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) 43. For all events of assault against staff complete and attach Form B (indicate here)

Wrong dose of night sedation given by night staff; noted on ward round. No ill effect to patient

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 Psychological Social Unknown N/A

Description/Nature of injury and affected area None

Degree of Harm/Damage None Action Prevented Harm/Damage Low Moderate Severe Unexpected Death/Catastrophic event

If Staff, did they complete their shift? YES 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 £

F - How was the event dealt with?

What was the outcome of the incident? (e.g. hospital or other treatment, reported to the Police)

Medication discontinued to commence different night sedation

G - Medication adverse events

Please tick and complete Form B

H - Medical device/equipment incidents

Any defective equipment should be detained for inspection Please tick and complete Form B

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?

To make night staff aware of error. Patient also moved into side room as part of rehab but is also quieter, so there may be no need for night sedation

I.1 Why did it happen?	I.2 Future Risk?
Causes	Impact Code
Contributory Cause	Likelihood of re-occurrence
Name and Job Title of Ward/Department Manager	Date

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?

Reflection to be completed.

Name and Job Title of Service/Senior Manager	Date
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Top Copy to: Risk Department Bottom Copy to be returned and kept securely by Ward/Dep Manager

Please attach any Continuation Sheet

Code A

Form no.

Adverse Event Report Form B**G - Medication adverse events** Stage of Treatment **3** Description of event (Eg. Allergy, formulation) **10** See section G of code guidance for relevant codes

Approved Name	Proprietary Name	Form	Manufacturer	Batch No.	Dose	Frequency	Route
Temazepam		Tablet			5mg	at night	oral

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

Noted on word round that 10mg of temazepam had been given instead of the prescribed 5mg dose. This was first dose of temazepam given and not usual dose prescribed. Mr Steynor slept well with no ill effect since temazepam had been prescribed (11.9.06) Mr Steynor was reviewed by psychiatrist for other people who recommended another night sedation, so temazepam now discontinued.

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:

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