

# 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	M		Code A		A1 Ethnic Group	A2 Person Status	A3 Mental Health				
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 - Code A	F	NIGHT NURSE NCT	Gosport Health Ctr	21/11/53						507	
Others involved - Code A	F	TWILIGHT	GOSPORT HEALTH CTR WAR MEMORIAL HOSP							507	
B - When & where did the incident occur?		Date	Time	Site name	Area (e.g. b/rm)						
		17/1	7:06	Time 23:25 am/pm	Patients house	Ward dept NIGHT NURSING Service 29 Independent Practice <input type="checkbox"/>					
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) 39 For all events of assault against staff complete and attach Form B (indicate here) <input type="checkbox"/>									
I PHONED OOHGP AS PATIENT WAS DISTRESSED AND IN NEED OF MEDS TO DRY SECRETIONS. OOHGP SAID "WE DO NOT CARRY SUCH SENSIBLE DRUGS ON US" I ASKED FOR INCREASE IN SCRIPT DRUGS FOR MORE DIAMORPHINE TO SETTLE PT AT LEAST. G.P. SAID "I'M NOT ATTENDING FOR JUST AN ADMINISTRATIVE											
D - Impact on person affected/Impact on PCT?		PLEASE USE FORM B TO DETAIL EFFECTS ON OTHERS INVOLVED									
Physical - Eg. Musculoskeletal, Unexpected deterioration <input checked="" 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											
Degree of Harm/Damage		None <input type="checkbox"/>		Action Prevented Harm/Damage <input type="checkbox"/>		Low <input checked="" 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)									
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		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?  
Twilight & Night Nursing Auxiliary were distressed at the Cps response to inform OOH and review roles & responsibilities of particular care at night & the availability of medication/clinical help.

1.1 Why did it happen?	7	1.2 Future Risk?	Low
Causes	7	Impact Code	NM
Contributory Cause	4	Likelihood of re-occurrence	MOD
Name and Job Title of Ward/Department Manager	Code A clinical manager		Date 21-7-06

Top Copy to: Risk Department  
Bottom Copy to be returned and kept securely by Ward/Dep Manager

**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

Occupational Health  Medicines & Healthcare Products Regulations Agency (MHRA)  
 Human Resources  Health and Safety Executive (RIDDOR)  
 Agency/Bank Co-ordinator  Emergency Services called  
 Complaints Manager

What other action will be taken to prevent reoccurrence & share learning?  
Discuss with caseholder re availability of medication.

Name and Job Title of Service/Senior Manager	B Gray	Date	28/7/06
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Please attach any Continuation Sheets

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

JOB, CAN'T YOU COME HERE" G.P. ALSO STATED HE DIDN'T KNOW WHERE TO GET DRUGS AT THIS TIME OF NIGHT SHE CAN'T DO ANYTHING. I ASKED WHERE HE WAS - AT GOSP. HSP - SO I ~~PHONE~~ GOT PT'S WIFE TO PHONE TWILIGHT BEFORE THEY SWITCHED OFF THEIR PHONE TO GO ALONG GORR AND PICK UP PAPERWORK SO THEY COULD ATTEND + ADMINISTER AN INCREASED DOSEAGE OF AVAILABLE MEDS. **Code A** WENT ALONG AND WAS GIVEN A SCRIPT FOR MORE DRUGS BUT NO INCREASE IN DOSEAGE AND NO PINK SLIP, **Code A** ATTENDED AND ADVISED WAITING TILL AFTER MIDNIGHT WHEN A DIFFERENT DOHGP WOULD BE TAKING OVER. WE PHONED DOHGP DOHGP. NEW G.P. WAS MOST HELPFUL & GOT HYDROCORTISONE ARM WARD FOR PT.

**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? YES / NO  £   
- estimated cost of staffing due to absence, estimated cost of replacement staff

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