

# INCIDENT REPORT FORM

(Only facts should be recorded, not opinions)

The Trust actively encourages reporting of incidents affecting quality or safety. Our aim is to be a learning organisation and engender an open and fair culture. Consequently, it is not normally the policy of the Trust to institute disciplinary proceedings in response to the reporting of an incident affecting quality or safety.

## Section A: General Information

Adverse Event  Near Miss

DATIX No.

Date Time (24 Hour Clock)

D	D	M	M	Y	Y
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H	H	M	M
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Who was affected by or put at risk by the incident?

Staff\*  Patient  Visitor  Other

Name of person reporting incident

Job title of person reporting incident (e.g. HCA, Sister)

Directorate Service (GP,Dental, Hospitals)

Site (hosp, practice, surg) Location (exact e.g. ward)

Name and contact details of any witnesses

Name & ID of person affected (use patient label if available)

Name:	ID No:
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Contact details (if staff, include normal work location)

Gender: Male  Female   
 Disability: Yes  No  Unsure

Confirm religion:

Confirm ethnic group:

Details of other person(s)/organisations involved (e.g. aggressor for violent episodes, patient for sharps incidents)

Name: Contact: Involvement	ID No.
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\* If member of staff affected, their signature

## Section B: Incident Description

BRIEF DESCRIPTION OF INCIDENT (What, How, and Why) – Facts, not opinions:

**Incident Category** (please tick **one** box only)

### General

- Fall
- Slip or sat to floor
- Cut by sharp object, not contaminated sharps
- Contaminated sharps /body fluid (\*)  
*(Contact Occupational Health Department)*
- Manual handling involving patient (\*)
- Manual handling, non patient
- Scald or burn
- Hit or hit by - object
- Fire incident
- Security incident
- Work related illness
- Child Protection
- Inappropriate Segregation of Waste

### Equipment

- Failure – **RETAIN FOR INSPECTION**
- Current Location: \_\_\_\_\_  
*(Contact Risk Management Department)*
- Operator error  Not available
- VIOLENT EPISODE**
- Physical (\*)  Verbal (\*)
- Patient to staff  Staff to staff  Staff to patient

### COMMUNICATION & DOCUMENTATION

- Communication between staff
- Communication – staff to patient/relatives
- Delay in referral
- Policy/procedure/guideline not followed
- Other documentation issues

### Clinical Incident

- Delay in treatment
- Delay in discharge to P.C.T
- Medication error
- Inappropriate discharge to P.C.T
- Unexpected admission to Acute Trust
- Pressure ulceration Acute Trust acquired
- Pressure ulceration P.C.T acquired
- Allergic reaction
- OTHER – please specify**

For categories marked with (\*), ensure that the details of other person(s) involved in incident are recorded in Section A

**Influencing Factors** (please tick **any** that apply)

### STAFF FACTORS

- Staff training issues
- Inadequate staff levels
- Inappropriate skill mix

### PATIENT/VISITOR FACTORS

- Cognitive difficulties/head injury
- Under influence of drink/drugs/medication
- Patient/visitor angry or emotional

### ORGANISATION FACTORS

- Inadequate facilities or equipment
- Inappropriate delivery of care
- Excessive waiting time

**IMMEDIATE ACTION TAKEN** (e.g. Person in charge informed, action to prevent recurrence):

**PLEASE FORWARD THIS FORM TO THE PERSON WHO WAS IN CHARGE AT THE TIME OF THE INCIDENT.  
THEY WILL THEN ENSURE THE REVERSE OF THIS FORM IS COMPLETED**

