INCIDENT INVOLVED: ☐ Resident ☑ Visitor ☐ Staff ☑ Other yuo

DATE OF INCIDENT (D/M/Y)	Time	LOCATION OF INCIDENT	WITNESSED BY
21 Nov 2024	09:54 AM	h	g
DATE OF DISCOVERY (D/M/Y)	**Time**	**LOCATION OF DISCOVERY**	**DISCOVERED BY**
21 Nov 2024	09:54 AM	f	i

TYPE OF INCIDENT

- ☐ Fall
- ☐ Fire
- ☐ Security
- ☐ Elopement
- ☐ Aggressive Behavior
- ☐ Other
- ☑ Resident Abuse
- ☐ Treatment
- ☐ Loss of Property
- ☐ Choking
- ☑ Death

SAFETY DEVICES IN USE BEFORE OCCURRENCE

	Yes	No	N/A
Fob was within reach	☐	☐	☑
Call bell within reach	☐	☑	☐
Caution signs in place	☑	☐	☐

Other

OTHER WITNESSES?

☐ Yes ☑ No

Name:

Position:

Name:

Position:

Condition At Time Of Incident

- ☑ Oriented
- ☐ Sedated
- ☐ Disoriented
- ☑ Other (Specify)

Fall Assessment

- ☐ Medication Change
- ☐ Cardiac Medications
- ☐ Mood Altering Medications
- ☑ Visual Deficit
- ☐ Relocation
- ☐ Temporary Illness

Ambulation

- ☐ Unlimited
- ☐ Limited
- ☐ Required assistance
- ☐ Wheelchair
- ☑ Walker
- ☐ Other (Specify)

Fire

	Yes	No
Alarm pulled	☑	☐
False alarm	☐	☑
Extinguisher used	☑	☐
Personal injury	☐	☑
Resident or facility property damage	☑	☐

FACTUAL CONCISE DESCRIPTION OF INCIDENT, INJURY, AND ACTION TAKEN:

Attachments:-

NOTIFICATION		
INFORMED OF INCIDENT **INITIAL** ☐ Assistant General Manager ☐ General Manager ☐ Risk Management Committee ☐ Other	**PERSON NOTIFIED** **Family Doctor:** **Time:** **Other:** **Time:**	**NOTIFIED RESIDENT'S RESPONSIBLE PARTY** ☐ Yes ☑ No **Name:** **Date:** **Time:**
COMPLETED BY Rh	**POSITION** dev	**DATE** 19 Nov 2024 09:55 AM

FOLLOW UP (For Management Use Only)

ISSUE (Problem)
Is
FINDINGS (Gather Information)

POSSIBLE SOLUTIONS (Identify Solution)
ACTION PLAN
FOLLOW UP (Examine Result – Did the Plan work?)