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

DATE OF INCIDENT (D/M/Y)	Time	LOCATION OF INCIDENT	WITNESSED BY
20 Nov 2024	11:07 AM	i	s
DATE OF DISCOVERY (D/M/Y)	**Time**	**LOCATION OF DISCOVERY**	**DISCOVERED BY**
20 Nov 2024	11:07 AM	s	s

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:wit1

Position:dev

Name:wit2

Position:man

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**	**PERSON NOTIFIED**	**NOTIFIED RESIDENT'S RESPONSIBLE PARTY**
☑ Assistant General Manager	agm	**Family Doctor:**doc	☐ Yes ☑ No
☐ General Manager		**Time:** 11:08 AM	**Name:**
☑ Risk Management Committee	rmc	**Other:** oth	**Date:**
☐ Other		**Time:** 11:08 AM	**Time:**
COMPLETED BY R		**POSITION** dev	**DATE** 18 Nov 2024 11:09 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?)