**INCIDENT INVOLVED:** ☑ Resident ☐ Visitor ☑ Staff ☑ Other oth inc

| DATE OF INCIDENT (D/M/Y) | Time | LOCATION OF INCIDENT | WITNESSED BY |
|---|---|---|---|
| 23 Oct 2024 | 02:48 PM | room | mng |
| **DATE OF DISCOVERY (D/M/Y)** | **Time** | **LOCATION OF DISCOVERY** | **DISCOVERED BY** |
| 23 Oct 2024 | 02:48 PM | room | mng |

**TYPE OF INCIDENT**

- ☑ Fall
- ☑ Fire
- ☑ Security
- ☑ Elopement
- ☑ Aggressive Behavior
- ☑ Other other incident
- ☑ 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 safety

**OTHER WITNESSES?**

☑ Yes ☐ No

Name:nm 1

Position:pos 1

Name:nm 2

Position:pos 2

**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)

other Ambulation

**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:**

| Fact |
|---|
| |
| |
| |

**Attachments:-**

| NOTIFICATION | | | |
|---|---|---|---|
| **INFORMED OF INCIDENT** | **INITIAL** | **PERSON NOTIFIED** | **NOTIFIED RESIDENT'S RESPONSIBLE PARTY** |
| ☑ Assistant General Manager | agm | Family Doctor:doc | ☑ Yes ☐ No |
| ☑ General Manager | gm | Time: 02:50 PM | Name: RAO |
| ☑ Risk Management Committee | rmc | Other: other notified | Date: 23 Oct 2024 |
| ☑ Other other notification | oth | Time: 02:50 PM | Time: 02:50 PM |

| COMPLETED BY | POSITION | DATE |
|---|---|---|
| Rahi | developer | 23 Oct 2024 02:50 PM |

# FOLLOW UP (For Management Use Only)

| ISSUE (Problem) |
|---|
| Issue text |
| |
| |
| |
| FINDINGS (Gather Information) |
| Findings text |
| |
| |
| |
| |
| |
| POSSIBLE SOLUTIONS (Identify Solution) |
| Solutions text |
| |
| |
| |
| |
| ACTION PLAN |
| Plan text |
| |
| |
| |
| |
| FOLLOW UP (Examine Result – Did the Plan work?) |
| Follow up text |
| |

| |
|---|
| |
| |