

INCIDENT INVOLVED:

☒ Resident

☐ Visitor

☒ Staff

☒ Other oth inc

|  |  |                  |                               |                      |
|--|--|------------------|-------------------------------|----------------------|
| DATE OF INCIDENT (D/M/Y)<br>23 Oct 2024  |  | Time<br>02:48 PM | LOCATION OF INCIDENT<br>room  | WITNESSED BY<br>mng  |
| DATE OF DISCOVERY (D/M/Y)<br>23 Oct 2024   |  | Time<br>02:48 PM | LOCATION OF DISCOVERY<br>room | DISCOVERED BY<br>mng |
| TYPE OF INCIDENT<br><div><div><input checked="" type="checkbox"/> Fall</div><div><input checked="" type="checkbox"/> Fire</div><div><input checked="" type="checkbox"/> Security</div><div><input checked="" type="checkbox"/> Elopement</div><div><input checked="" type="checkbox"/> Aggressive Behavior</div><div><input checked="" type="checkbox"/> Other <u>other incident</u></div></div> <div><div><input checked="" type="checkbox"/> Resident Abuse</div><div><input checked="" type="checkbox"/> Treatment</div><div><input checked="" type="checkbox"/> Loss of Property</div><div><input type="checkbox"/> Choking</div><div><input type="checkbox"/> Death</div></div> |  |                  |                               |                      |

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Attachments:-

- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729a2b1366921730781873.jpeg>
- <https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729a2b13754e1730781873.jpeg>

| NOTIFICATION                        |                                 |            |                              |  |
|-------------------------------------|---------------------------------|------------|------------------------------|--|
| INFORMED OF INCIDENT                |                                 | INITIAL    | PERSON NOTIFIED              | NOTIFIED RESIDENT'S RESPONSIBLE PARTY                                  |
| <input checked="" type="checkbox"/> | Assistant General Manager       | <u>agm</u> | Family Doctor: <u>doc</u>    | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <input checked="" type="checkbox"/> | General Manager                 | <u>gm</u>  | Time: <u>02:50 PM</u>        |  |
| <input checked="" type="checkbox"/> | Risk Management Committee       | <u>rmc</u> | Other: <u>other notified</u> |  |
| <input checked="" type="checkbox"/> | Other <u>other notification</u> | <u>oth</u> | Time: <u>02:50 PM</u>        |  |
| COMPLETED BY<br>Rahi                |                                 |            | POSITION<br>developer        | DATE<br>23 Oct 2024<br>02:50 PM  |

FOLLOW UP (For Management Use Only)

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