INCIDENT INVOLVED: ☑ Resident ☐ Visitor ☐ Staff ☐ Other

DATE OF INCIDENT (D/M/Y)	Time	LOCATION OF INCIDENT	WITNESSED BY
21 Nov 2024	06:45 PM	k	a
DATE OF DISCOVERY (D/M/Y)	**Time**	**LOCATION OF DISCOVERY**	**DISCOVERED BY**
21 Nov 2024	06:45 PM	p	t

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)

other condition

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		**Family Doctor:**	☐ Yes ☑ No
☑ General Manager	gm	**Time:**	**Name:**
☐ Risk Management Committee		**Other:**	**Date:**
☑ Other notification other	inOth	**Time:**	**Time:**
COMPLETED BY abcd		**POSITION** dev	**DATE** 21 Nov 2024 06:46 PM

FOLLOW UP (For Management Use Only)

ISSUE (Problem)
The issue is
FINDINGS (Gather Information)

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