INCIDENT INVOLVED: ☐ Resident ☑ Visitor ☐ Staff ☐ Other

DATE OF INCIDENT (D/M/Y)	Time	LOCATION OF INCIDENT	WITNESSED BY
14 Nov 2024	12:32 PM	cug	hj
DATE OF DISCOVERY (D/M/Y)	**Time**	**LOCATION OF DISCOVERY**	**DISCOVERED BY**
14 Nov 2024	12:32 PM	jk	hj

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 vh	**POSITION** h	**DATE** 14 Nov 2024 12:32 PM

FOLLOW UP (For Management Use Only)

ISSUE (Problem)
Ch
FINDINGS (Gather Information)
Jj

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