INCIDENT INVOLVED: ☐ Resident ☐ Visitor ☑ Staff ☐ Other

DATE OF INCIDENT (D/M/Y)	Time	LOCATION OF INCIDENT	WITNESSED BY
23 Oct 2024	07:14 PM	inc	w1
DATE OF DISCOVERY (D/M/Y)	**Time**	**LOCATION OF DISCOVERY**	**DISCOVERED BY**
23 Oct 2024	07:14 PM	dis	d1

TYPE OF INCIDENT

☐ Fall	☑ Resident Abuse
☐ Fire	☐ Treatment
☑ Security	☑ Loss of Property
☐ Elopement	☐ Choking
☐ Aggressive Behavior	☑ Death
☐ Other	

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:

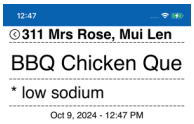
Name:

Position:

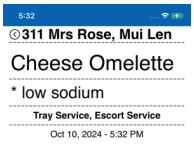
Condition At Time Of Incident	Fall Assessment	Ambulation	Fire
☐ Oriented	☑ Medication Change	☑ Unlimited	Yes / No
☑ Sedated	☐ Cardiac Medications	☐ Limited	Alarm pulled ☐ ☑
☐ Disoriented	☑ Mood Altering Medications	☑ Required assistance	False alarm ☐ ☑
☑ Other (Specify)	☐ Visual Deficit	☐ Wheelchair	Extinguisher used ☐ ☑
	☑ Relocation	☐ Walker	Personal injury ☐ ☑
	☑ Temporary Illness	☑ Other (Specify)	Resident or facility property damage ☑ ☐
		amb	

FACTUAL CONCISE DESCRIPTION OF INCIDENT, INJURY, AND ACTION TAKEN:

Attachments:-



Print



Print

NOTIFICATION			
INFORMED OF INCIDENT	**INITIAL**	**PERSON NOTIFIED**	**NOTIFIED RESIDENT'S RESPONSIBLE PARTY**
☐ Assistant General Manager ☐ General Manager ☐ Risk Management Committee ☐ Other		**Family Doctor:** **Time:** **Other:** **Time:**	☐ Yes ☑ No **Name:** **Date:** **Time:**

COMPLETED BY R	POSITION developer	DATE 23 Oct 2024 07:15 PM

FOLLOW UP (For Management Use Only)

ISSUE (Problem)
FINDINGS (Gather Information)
Find
POSSIBLE SOLUTIONS (Identify Solution)
ACTION PLAN
Plan
FOLLOW UP (Examine Result – Did the Plan work?)
