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
