INCIDENT INVOLVED: ☑ Resident ☐ Visitor ☑ Staff ☑ Other <u>oth inc</u>

DATE OF INCIDENT (D/M/Y) 23 Oct 2024	Time 02:48 PM	LOCATION OF INCIDENT room
DATE OF DISCOVERY (D/M/Y) 23 Oct 2024	Time 02:48 PM	LOCATION OF DISCOVERY room

TYPE OF INCIDENT

☑ **Fall**		☑ **Resident Abuse**	
☑ **Fire**		☑ **Treatment**	
☑ **Security**		☑ **Loss of Property**	
☑ **Elopement**		☐ **Choking**	
☑ **Aggressive Behavior**		☐ **Death**	
☑ **Other** <u>other incident</u>			

SAFETY DEVICES IN USE BEFORE OCCURRENCE

Yes No N/A

Fob was within reach
☑ ☐
☐

Call bell within reach
☐ ☑
☐

Caution signs in place
☐ ☐
☑

Other <u>other safety</u>

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)**

<u>other Ambulation</u>

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

Fact

Attachments:-

https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729a9c96998b1730783689.jpeg

https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729a9c96a68a1730783689.jpeg

NOTIFICATION

INFORMED OF INCIDENT	INITIAL	PERSON NOTIFIED
☑ **Assistant General Manager**	**agm**	**Family Doctor: doc**
☑ **General Manager**	**gm**	
☑ **Risk Management Committee**	**rmc**	**Time: 02:50 PM**
☑ **Other other notification**	**oth**	**Other: other notified**
		Time: 02:50 PM
COMPLETED BY **Rahi**		**POSITION** **developer**

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