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

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:-

- https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729d7974b09f1730795415.jpeg
- https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729d7974c01a1730795415.jpeg

NOTIFICATION			
INFORMED OF INCIDENT	**INITIAL**	**PERSON NOTIFIED**	**NOTIFIED RESIDENT'S RESPONSIBLE PARTY**
☑ Assistant General Manager ☑ General Manager ☑ Risk Management Committee ☑ Other other notification	agm gm rmc oth	Family Doctor:doc Time: 02:50 PM Other: other notified Time: 02:50 PM	☑ Yes ☐ No Name: RAO Date: 23 Oct 2024 Time: 02:50 PM
COMPLETED BY Rahi		**POSITION** developer	**DATE** 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