

INCIDENT INVOLVED:      ☒ Resident      ☐ Visitor      ☒ Staff      ☒ Other oth inc

DATE OF INCIDENT (D/M/Y)  23 Oct 2024	Time  02:48 PM	LOCATION INCIDENT  room
DATE OF DISCOVERY (D/M/Y)  23 Oct 2024	Time  02:48 PM	LOCATION DISCOVER  room
TYPE OF INCIDENT  <div><div><input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Security <input checked="" type="checkbox"/> Elopement <input checked="" type="checkbox"/> Aggressive Behavior <input checked="" type="checkbox"/> Other <u>other incident</u></div><div><input checked="" type="checkbox"/> Resident Abuse <input checked="" type="checkbox"/> Treatment <input checked="" type="checkbox"/> Loss of Property <input type="checkbox"/> Choking <input type="checkbox"/> Death</div></div>		SAFETY DEVICES I USE BEFO OCCURRE  Yes No N  Fob was wit reach <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  Call bell wit reach <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>  Caution sign place <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>  Other <u>other</u> <u>safety</u>
Condition At Time Of Incident  <div><input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Sedated <input type="checkbox"/> Disoriented <input checked="" type="checkbox"/> Other (Specify)</div>	Fall Assessment  <input checked="" type="checkbox"/> Medication Change  <input checked="" type="checkbox"/> Cardiac Medications  <input type="checkbox"/> Mood Altering Medications  <input type="checkbox"/> Visual Deficit  <input checked="" type="checkbox"/> Relocation  <input checked="" type="checkbox"/> Temporary Illness	Ambulation  <input type="checkbox"/> Unlim <input checked="" type="checkbox"/> Limite <input checked="" type="checkbox"/> Requi assistance  <input type="checkbox"/> Wheelchair <input checked="" type="checkbox"/> Walke <input checked="" type="checkbox"/> Other (Specify)  <u>other</u> <u>Ambulation</u>

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

Fact

Attachments:-

<https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/67299fa7349dc1730781095.jpeg>

<https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/67299fa73583c1730781095.jpeg>

**NOTIFICATION**

**INFORMED OF INCIDENT**

**INITIAL**

**PERSON  
NOTIFIED**

☒ Assistant General Manager

agm

Family Doctor  
doc

☒ General Manager

gm

Time: 02:50

☒ Risk Management Committee

rmc

Other: other notified

☒ Other other notification

oth

Time: 02:50

**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**