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 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