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

| DATE OF INCIDENT (D/M/Y)<br><br>23 Oct 2024 | Time<br><br>02:48 PM | LOCATION OF INCIDENT<br><br>room | WITNESSED BY<br><br>mng |
|---|---|---|---|
| DATE OF DISCOVERY (D/M/Y)<br><br>23 Oct 2024 | Time<br><br>02:48 PM | LOCATION OF DISCOVERY<br><br>room | DISCOVERED BY<br>mng |

| TYPE OF INCIDENT | | SAFETY DEVICES IN USE BEFORE OCCURRENCE | OTHER WITNESSES? |
|---|---|---|---|
| ☑ Fall | ☑ Resident Abuse | **Yes No N/A** | ☑ Yes ☐ No |
| ☑ Fire | ☑ Treatment | Fob was within reach<br>☑ ☐ ☐ | Name:<u>nm 1</u> |
| ☑ Security | ☑ Loss of Property | Call bell within reach<br>☐ ☑ ☐ | Position:<u>pos 1</u> |
| ☑ Elopement | ☐ Choking | Caution signs in place<br>☐ ☐ ☑ | Name:<u>nm 2</u> |
| ☑ Aggressive Behavior | ☐ Death | | Position:<u>pos 2</u> |
| ☑ Other <u>other incident</u> | | Other <u>other safety</u> | |

| Condition At Time Of Incident | Fall Assessment | Ambulation | Fire |
|---|---|---|---|
| ☑ Oriented | ☑ Medication Change | ☐ Unlimited | Yes No |
| ☐ Sedated | ☑ Cardiac Medications | ☑ Limited | Alarm pulled ☑ ☐ |
| ☐ Disoriented | ☐ Mood Altering Medications | ☑ Required assistance | False alarm ☐ ☑ |
| ☑ Other (Specify) | ☐ Visual Deficit | ☐ Wheelchair | Extinguisher used ☑ ☐ |
| | ☑ Relocation | ☑ Walker | Personal injury ☐ ☑ |
| | ☑ Temporary Illness | ☑ Other (Specify)<br><br><u>other Ambulation</u> | Resident or facility property damage ☑ ☐ |

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

| Fact |
|---|

**Attachments:-**

- https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729d0ced7c0f1730793678.jpeg

- https://hamiltondinnerapp.intellidt.com/uploads/public/FormResponses/media/6729d0ced8acb1730793678.jpeg

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

## FOLLOW UP (For Management Use Only)

| ISSUE (Problem) |
|---|
| **Issue text** |
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| **FINDINGS (Gather Information)** |
| **Findings text** |
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| **POSSIBLE SOLUTIONS (Identify Solution)** |
| **Solutions text** |

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| **ACTION PLAN** |
| **Plan text** |
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| **FOLLOW UP (Examine Result – Did the Plan work?)** |
| **Follow up text** |
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