**Incident / Accident Report Form (IAR)**

Use this form to report any unexpected incidents related to employee safety, patient care or treatment, as well as visitors, interns and residents.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of person filling this form | | Position of person filling this form | | | | | |
| Name of person affected by incident: | | | | Age | Medical Number | | Gender |
| Occupation Status of affected person:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **•** | **•** Hospital Staff | **•** | Casual Worker | **•** | Student | **•** | Inpatient | **•** Other (specify) | | **•** | **•** Medical Staff | **•** | Resident Staff | **•** | Visitor | **•** | Outpatient | | | | | | | | |
| Date of Incident | Time | | Location | | | Signature of person filling this form | |

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| **Category of Incident / Accident** | | | | | | | | |
| **What are you reporting?** | | **• Near Miss** error happened or did not happen. **No harm to patient.** | | | **• Sentinel Event** Death or **serious irreversible physical or psychological harm** to a patient has occurred as result of an error | | | **• Patient Death** |
| **Type of incident/accident:** | | | | | | | | |
| • Needle Prick | Physical Trauma | | • Verbal / Physical Abuse | | | • Poor patient preparation | • Utility systems-related event | |
| • Sharp Injury |
| • Biological Exposure | * Laceration * Pressure Ulcer | | • Fall | | | • Breach of Safety | * Post-op complication | |
| • Blood Spill |
| • Chemical Spill |
| • Radioactive Exposure | • Extravasation | | • Mis-  Identification | | | • Breach in confidentiality | • Infection-related event : | |
| • Fire |
| • Burn |
| • | * Per-op complication | | • Wrong-site surgery | | | • Patient positioning | • Anesthesia-related event | |
| • |  | | • Transfusion related event | |
| • Theft | • Unintentional event related to Implanted Port | | • Infant discharge to wrong family | | | • Error In Documentation | • Medical equipment-related event | |
| • |
| • Adverse Drug Reaction | • Medication error | | | | | • Other *(specify):* | | |
| **Reserved only for medication errors:** | | | | | | | | |
| **Type of Medication Error:** | | | | **What Went Wrong?** | | | | |
| **•** Error in Transcribing |  |  |  | **•** Wrong Time | | **•** Omission of dose | | |
| **•** Dispensing Error |  |  |  | **•** Wrong Route | | **•** Extra / Overdose | | |
| **•** Error in Prescribing |  |  |  | **•** Wrong Drug | | **•** Wrong Dilution | | |
| **•** Error in monitoring of Drug Effects | |  |  | **•** Wrong Patient | | **•** Wrong Rate | | |
| **•** Error in Administration |  |  |  | **•** Wrong Dose | | **•** Drug Interaction | | |
| **Summary of what happened:** | | | | | | | | |
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| *IAR serial Number:* | IAR / | / 20 | - | - |  |

PS-FR-01