**Provisional Clinical Incident Assessment**

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| Notification by: | Date & Time Received: |
| CAD Number: | Date & Time Received: |
| QHSE Form Ref: Score: | Date & Time Received: |
| Clinical Incident Subject: | |
| Clinical Severity Level Assessment: Level I Level II Level III | |
| **Summary of Events:** | |
| Staff involved: | |
| Name: | Employee Number: |
| Clinical Category: | Contract: |
| Name: | Employee Number: |
| Clinical Category: | Contract: |
| **Preliminary Assessment:** | |
| **Proceed to Full Investigation?** | NO YES |
| **Recommendations:**  *Example:*   * *Place Clinician in safe controlled environment with operation manager and await senior Manager /DCI* * *Obtain copies of dispatch report and audio files* * *Update Protocol, Policies, Guidelines etc.* | |
| **CLOSURE** | **FULL INVESTIGATION** |
| Notification of Closure via email to  PMO: (Name)  Reporter: (Name)  Manager: (Name) | Nominated DCI  Name:  Designation:  Date and Time Assigned: |
| Officer Undertaking Provisional Assessment:  Designation:  Date: |  |
| CMMS Director / Delegate  Signature:  Date: |  |
| CMMS Director / Delegate  Name and Stamp: | Dr |