PRACTICE INCIDENT FORM

**INCIDENT** means an unexpected and undesirable event/situation that is not consistent with the routine care of a patient/client. Example: patient receiving the incorrect dose of medication.

**ADVERSE EVENT** means a negative or unfavourable reaction or result that was unintended, unexpected or unplanned. Example: patient does not have a documented allergy to penicillin, received penicillin, had a severe allergic reaction.

**NEAR MISS** means an event or circumstance which has the potential to cause serious physical or psychological injury, unexpected death or significant property damage, but did not occur due to chance or timely intervention. Near misses are free lessons in proactive risk management and error prevention.

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| **Part A**: This section to be completed by the person involved or witness to the incident | |
| ❑ **Patient** ❑ **Staff** ❑ **Other** | |
| **Date**: / / | **Time**: |
| **Location**:  **Incident observed** ❑ | |
| **Person reporting incident:**    **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **On-duty Doctor/Practice Manager**:  **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Nature of report**:  ❑ Adverse event ❑ Incident ❑ Near miss | |

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| **Part B**: Description of adverse event / incident / near miss |
| **What happened?** |
| **Where did it happen?** |
| **Why did it happen?** |
| **Were there any witnesses?** |
| **Immediate action taken?** |
| **Doctor notified**:  **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time**: \_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Part C**: Details of patient or staff member involved | |
| **Name**: | **Date of birth**: / / |
| **Address**: | |
| Contact number: | |
| Email address: | |

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| **Part D**: Management/action notes – Practice Manager, Practice Partner or treating Doctor to complete |
| **Issues identified because of this event**: |
| **Action taken**: |
| **Recommendations**: |
| Do issues require consultation with other Practice staff? ❑ Yes ❑ No |

**Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Practice Partner / Practice Manager)