

## Primecare Health – Incident Report Form

## An incident is a serious unplanned event that had the potential to cause harm or loss, physical, financial or material.

| Service User's address           |  |
|----------------------------------|--|
| Name and DOB of the service user |  |
| Date of incident                 |  |
| Time of incident                 |  |
| People involved in incident      |  |
|                                  |  |
| Incident reported by:            |  |

|                       |  | Incident<br>reported<br>to CI? | Date and<br>time report<br>being sent<br>to CI | Outcomes<br>/comments |
|-----------------------|--|--------------------------------|--|-----------------------|
| Missed visit          | If the incident has caused the client to be harmed. Please report to CI within 24 h. Please attach missed visit form | YES/NO                         |  |                       |
| Allegation of abuse   | In all cases of allegation of abuse please report it immediately to CI   | YES/NO                         |  |                       |
| Infection outbreak    | All suspected or<br>known outbreaks of<br>infection has to be<br>reported to CI<br>immediately                       | YES/NO                         |  |                       |
| Death of service user | If death occurs or was indentified when service was being provided please report to Cl                               | YES/NO                         |  |                       |

| Allegation of    | All misconduct of     | YES/NO |  |
|------------------|-----------------------|--------|--|
| misconduct       | behaviour that        |        |  |
|                  | warrants              |        |  |
|                  | investigation,        |        |  |
|                  | dismissal or other    |        |  |
|                  | disciplinary action   |        |  |
|                  | has to be reported to |        |  |
|                  | CI within 24 h.       |        |  |
| Medication error | If there is a         | YES/NO |  |
|                  | medication error      |        |  |
|                  | which harmed or       |        |  |
|                  | might harm the        |        |  |
|                  | service user please   |        |  |
|                  | report to the GP      |        |  |
|                  | immediately and to CI |        |  |
|                  | within 24h, please    |        |  |
|                  | attach medication     |        |  |
|                  | error form            |        |  |
| Others           | Please speak to your  | YES/NO |  |
|                  | line manager for      |        |  |
|                  | further advice        |        |  |
|                  |                       |        |  |

| Description of incident |  |  |  |  |
|-------------------------|--|--|--|--|
|                         |  |  |  |  |
|                         |  |  |  |  |
|                         |  |  |  |  |
|                         |  |  |  |  |
|                         |  |  |  |  |
| Action taken            |  |  |  |  |
|                         |  |  |  |  |
|                         |  |  |  |  |
|                         |  |  |  |  |
| Manager's signature     |  |  |  |  |
|                         |  |  |  |  |
| Date                    |  |  |  |  |