

Ministry of Health and Wellness

INCIDENT REPORT FORM

Patient or Staff Safety Event

Infection Prevention and Control

INCIDENT INFORMATION

Date and time of incident:

Hospital, unit and/or specific location of incident:

Type of incident – the incident could have increased the risk of or caused which of the following:

- | | |
|--|--|
| <input type="checkbox"/> Surgical site infections | <input type="checkbox"/> Central line associated bloodstream infections |
| <input type="checkbox"/> Ventilator-associated pneumonia | <input type="checkbox"/> Catheter-associated urinary tract infections |
| <input type="checkbox"/> Primary bloodstream infections | <input type="checkbox"/> Hospital-acquired pneumonia |
| <input type="checkbox"/> Infected decubitus ulcers | <input type="checkbox"/> Peripheral line associated bloodstream infections |
| <input type="checkbox"/> Multi-drug resistant organisms | <input type="checkbox"/> Transmission of SARS-CoV-2, influenza or RSV |
| <input type="checkbox"/> Other: | |

Incident description as per reporter

Comments (if any) by employee/s involved in the incident

Name/s and designation of employee/s who filled this section:

Comments (if any) by officer-in-charge of the unit / location

Name and designation of officer-in-charge who filled this section:

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Breaches in the policy of the Ministry of Health and Wellness (if any)

In this context policy means any letter, protocol, guideline or standard operating procedure that has been approved by the Senior Chief Executive, Permanent Secretary, Director General Health Services or Director Health Services.

Type*	Title	Date of policy	Page no.	Description of breach

* - letter, protocol, guideline or standard operating procedure

PERSONS INVOLVED IN INCIDENT

Staff

In cases where the identity of the involved staff is unknown, the Officer-in-Charge of the ward or unit shall be mentioned.

Surname	First name	Gender	Designation	Phone number

Patient/s involved (if any)

Surname	First name	Unit no.	Gender	Age	Bed no. / ward	Diagnosis

IMMEDIATE ACTIONS TAKEN

Type of incident:

- ☐ No harm ☐ Near miss ☐ Harmful requiring short-term medical treatment
- ☐ Harmful causing long-term or permanent disability ☐ Death

Description of the injury caused (if any) as per reporter, staff and/or officer-in-charge

Explain any immediate action that was taken to ensure safety of staff and/or patients (by reporter)

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NOTIFICATION

Was disclosure carried out (to concerned patient/s)? ☐ Yes ☐ No ☐ Not relevant

Designation of reporter:

- | | | | | |
|---|--|---------------------------------------|---|--|
| <input type="checkbox"/> Nursing Officer | <input type="checkbox"/> Charge Nurse | <input type="checkbox"/> Ward Manager | <input type="checkbox"/> Nursing Supervisor | <input type="checkbox"/> Nursing Administrator |
| <input type="checkbox"/> Registered Medical Officer | <input type="checkbox"/> Community Physician | <input type="checkbox"/> Specialist | <input type="checkbox"/> Consultant | <input type="checkbox"/> Consultant-in-Charge |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> RPHS | | | |

This incident is being reported to one of the following heads for necessary action:

- ☐ Consultant-in-Charge: Name
- ☐ Regional Nursing Administrator: Name
- ☐ Regional Public Health Superintendent: Name
- ☐ Regional Health Director: Name

It is the reporter's responsibility to ensure that this incident form reaches the above person.

A copy of this form should be forwarded to the regional IPC team for record-keeping purposes.

Signature of reporter	Name of reporter	Date
.....
Signature of witness / officer-in-charge	Name of witness / officer-in-charge	Date
.....

DECISION TAKEN BY HEAD

This section should be filled by the person to whom the incident was reported. 'Head' in this context means CIC, RNA, RPHS or RHD.

☐ **This incident is being referred to the Incident Investigation Committee. The RHD should have a copy of this form.**

Note that all incidents leading to long-term or permanent disability or death must be referred to the Incident Investigation Committee.

☐ **This incident will not be referred to the Incident Investigation Committee, but the following action/s should be taken.**

Action/s

It is the responsibility of the head to ensure that proper feedback is forwarded to the concerned parties so that the above actions are implemented. The head should let the IPC team know what action was recommended.

Signature of head	Name of head	Date
.....