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Client Safety Incident Report Form

The purpose of this form is to assist with the identification and management of adverse events and near misses; and minimize risks and potential injury to clients and employees. Subsequently, recommendations will be developed for quality improvement and risk management.

Name of Individual Reporting:----------Title----------Date of Event:----/----/--------
Place of Incident----------
Describe incident in detail:

Describe immediate action taken to prevent further harm:

How would you categorize this event?
No Harm Incident
Near Miss or Close Call
Adverse Event
Critical Incident

The event involved: Fall. Medication. Intravenous / Injection. Procedure. Other:----------
At what time of the day

Contributing Factors:
Miscommunication between: staff/client, health team member, Inadequate information, on-call not available; staff shortage, care plan unavailable, medical device malfunction/lack of availability, product labeling confusion, slippery floor, felt pressured to perform task quickly, did not feel adequately prepared to manage the care or skill, fatigued ,work area layout problematic, need for rapid care management decisions, environment prone to distractions and interruptions, client confused, unsteady or weak, care not delegated, violence, fight, bullying/harassment/abuse,

How might this situation be prevented in the future (a systems solution)?

Who was notified:----------Title----------Date--------/--------Time------
Is further action required: No Yes.
How should this be improved to prevent future occurrence

Privileged and confidential for quality improvement purposes. Return this form as outlined by your program