

Incident Report

Name of person reporting the incident: _____

☐ Care Professional ☐ Client ☐ Family Member ☐ Friend ☐ Other

Name of person/people involved in the incident: _____

☐ Care Professional ☐ Client ☐ Family Member ☐ Friend ☐ Other

Date of Incident: _____ Time: _____

Exact location of incident (address/room): _____

Involvement: ☐ Property ☐ Equipment ☐ Physical ☐ Medication

Provide a complete description of the incident (explain exactly what happened, why, how). If more room is needed, please continue in a separate document and send an attachment.

If physical involvement, describe extent of involvement.

First aid administered? ☐ Yes ☐ No

If so by whom: _____

Physician notified: ☐ Yes ☐ No

Taken to hospital? ☐ Yes ☐ No

What hospital? _____

Was franchise office notified? ☐ Yes ☐ No

Was emergency contact notified? ☐ Yes ☐ No

Name and relationship of contact notified: _____

What was emergency contact recommendations/suggestions?

Was this an exposure incident? ☐ Yes ☐ No

Please describe how a wound or open sore was exposed to another person's body fluid.

Were exposure options explained? ☐ Yes ☐ No

Were there any witnesses to the incident? ☐ Yes ☐ No

Name of witness and contact information: _____

Date of report: _____ Time: _____

Report completed by: _____ Title: _____

Office Use Only

Reviewed by: _____ Title: _____

Date of review: _____

Follow up assessment:

Date closed out incident: _____ Any further action needed: _____

