

INCIDENT REPORT

RKL GROUP, INC. & KL SOLUTIONS, INC., d.b.a. Home Instead Senior Care

Name of Person Reporting Incident: _____

____ CAREGiver ____ Client ____ Family Member ____ Friend ____ Other _____

Name of Person or People involved in the Incident: _____

____ CAREGiver ____ Client ____ Family Member ____ Friend ____ Other _____

Date of Incident: _____ Time: ____:____ A.M. P.M.

Exact Location of Incident (i.e., address, room): _____

Involvement: ____ Property ____ Equipment ____ Physical

Provide Complete Description of Incident (explain exactly what happened, why, how):

If Physical Involvement, Describe Extent of Involvement: _____

First Aid Administered? ____ Yes ____ No

By Whom? _____

Physician Notified? ____ Yes ____ No

Name of Physician: _____

Taken to Hospital? ____ Yes ____ No

By Whom? _____

Hospital Name: _____

Was Emergency Contact Notified? _____Yes _____No

Name and Relation of Contact Notified:_____

Was Contact Direct or was a message left? _____ Time:_____

What was Emergency Contact's recommendation/suggestion? _____

Was this an Exposure Incident? _____Yes _____No

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

Were Post Exposure options explained? _____Yes _____No

By whom?: _____

List any witnesses:

and their phone numbers:

Date of Report: _____ Time: _____:_____ A.M. P.M.

Completed by: _____

(Name of Person and Title)

Reviewed by: _____

(Name of Person and Title)

Date of Review: _____

Follow-up Assessment (action taken to prevent recurrence): _____
