

## Incident Recording Form

This form is to be completed **immediately after** an incident or near miss has occurred – for best results complete as a group with staff (and relatives if appropriate) who witnessed the incident

<b>Name of Resident:</b>	
<b>Date Incident Occurred:</b>	
<b>Time Incident Occurred:</b>	
<b>Location of Incident:</b>	
<input type="checkbox"/> Lounge <input type="checkbox"/> Bedroom <input type="checkbox"/> Corridor <input type="checkbox"/> Dining room <input type="checkbox"/> Conservatory <input type="checkbox"/> Garden <input type="checkbox"/> Outside of the unit <input type="checkbox"/> Bathroom <input type="checkbox"/> Office <input type="checkbox"/> Another residents bedroom <input type="checkbox"/> Namaste room <input type="checkbox"/> Other (please state where) _____	
<b>Antecedents: What was happening immediately prior to the incident? Resident was...(tick all that apply)</b>	
<input type="checkbox"/> Eating <input type="checkbox"/> Being Hoisted <input type="checkbox"/> Receiving Personal Care <input type="checkbox"/> Being offered medication <input type="checkbox"/> With family member <input type="checkbox"/> Noisy environment <input type="checkbox"/> Interacting with others <input type="checkbox"/> Walking in garden <input type="checkbox"/> Environment temperature <input type="checkbox"/> Food taken away/brought <input type="checkbox"/> TV turned off /changed <input type="checkbox"/> Being out-paced <input type="checkbox"/> Other (please state what): _____	
<b>Behaviour: What behaviour occurred? (tick all that apply)</b>	
<input type="checkbox"/> Shouting <input type="checkbox"/> Swearing <input type="checkbox"/> Making threats <input type="checkbox"/> Hitting <input type="checkbox"/> Kicking <input type="checkbox"/> Grabbing <input type="checkbox"/> Pinching <input type="checkbox"/> Spitting <input type="checkbox"/> Digging in nails <input type="checkbox"/> Putting self on floor <input type="checkbox"/> Throwing objects <input type="checkbox"/> Choking <input type="checkbox"/> Pouring a drink over someone / on the floor <input type="checkbox"/> Other (please state what): _____	
<b>Who was involved in the incident:</b>	
<b>Name of staff present during the incident:</b>	
<b>Name of any relatives present:</b>	
<b>Consequences: What happened immediately after the behaviour occurred? (tick all that apply)</b>	
<b>What did you try to do to de-escalate the situation?</b> <input type="checkbox"/> Feelings validated <input type="checkbox"/> Offered a cup of tea as distraction <input type="checkbox"/> Sat with resident and used life history info to redirect to more pleasurable focus <input type="checkbox"/> Guided to another area for safety <input type="checkbox"/> Removed stimulus that was causing distress and returned to resident after a short period <input type="checkbox"/> Made area safe to be in for the resident (including moving other residents away) <input type="checkbox"/> Turned on music / sang with resident <input type="checkbox"/> Other (please state what): _____	<b>Was it effective?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Write any additional comments here and over the page:	

Continue any additional comments here:

**Do: What was the outcome following the incident?**

**Resident:**

- The residents vital observations were taken by staff
- The resident was seen by the GP / any other physical health investigations were completed
- The resident was required to go to hospital
- None of the above needed

**If another resident/ visitor was involved:**

- The resident / visitors vital observations were taken by staff
- The resident/ visitor was seen by the GP / any other physical health investigations were completed
- The resident/ visitor was required to go to hospital
- None of the above needed

**Staff (including domestic staff):**

The incident was reported to:

- Primary Nurse                       Shift Co-ordinator                       Deputy Unit Manager                       Unit Manager
- Attended occupational health                       Attended A&E                       Attended GP appointment

**Please write any issues / recommendations about the form here**