|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Event ID No:** | | | **SIR[[1]](#footnote-1) No:** | | | |
| **Type of Event** *(please tick)*  (for work place accidents complete the [WorkSafe template](http://www.worksafe.govt.nz/worksafe/notifications-forms/notifiable-events/forms/form-notifiable-death-injury-illness.pdf)) | | | | | | |
| adverse event  accident  serious harm(sentinel) incident  near miss incident    hazard  infection/notifiable disease[[2]](#footnote-2)  complaint (please attach if a written complaint) | | | | | | |
| verbal complaint (please summarise): | | | | | | |
| Other (specify): | | | | | | |
| Date of the event: | | | | Time of the event: | | |
| Place where the event occurred: | | | | | | |
| **People involved in the event** | | | | | | |
| Name(s) of service users’ involved: | | Name(s) of staff involved: | | | | Name(s) of other’s involved: |
|  | |  | | | |  |
|  | |  | | | |  |
|  | |  | | | |  |
| **Describe exactly what happened:** | | | | | | |
|  | | | | | | |
| **What action(s) was taken to minimise the outcome of the event/complaint:** | | | | | | |
|  | | | | | | |
| **People notified about the event/complaint:** | | | | | | |
| **Date/time** | **Name** | | | | **Designation** | |
|  |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |

|  |
| --- |
| **Describe any injuries/harm resulting from the event/complaint:** |
|  |

|  |
| --- |
| **What factors contributed to the adverse event/complaint:** |
|  |
|  |
| **Person completing this report:** |
| Name:       Designation: |
| Signature:       Date/time: |
| **Managers comments and plan:** |
| SIR to be completed yes  no  by whom:  [WorkSafe](http://forms.worksafe.govt.nz/notifiable-event-notification) notification completed: yes  no  by whom:  Report to be forwarded to Quality Forum: yes  no  Root Cause Analysis to be conducted: yes  no  Serious Harm Report to be completed: yes  no  People to be notified of the adverse event/complaint and its outcome (additionally refer to open disclosure):   |  |  | | --- | --- | | **Person to be notified** | **By whom** | | Service user |  | |  |  | |  |  | |
| **Any other comments or plan:** |
|  |
| **Quality Forum comments:** |
|  |
| All documentation completed: yes  no  relevant notifications made: yes  no  service improvement implemented: yes  no  event log is up to date: yes  no    service improvement is effective: yes  no  all processes completed: yes  no |
| Manager comments: |
| **Managers name:** **Signature:**  **Date:** |

**harm**

1. Service Improvement Request [↑](#footnote-ref-1)
2. [Notifiable disease](http://www.rph.org.nz/content/9bb56554-2f2d-4b09-ad05-bc22074eb102.html) is not the infection surveillance conditions but a disease that has to be reported to a Medical Officer of Health [↑](#footnote-ref-2)