|  |  |
| --- | --- |
| **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)