



AMALA INSTITUTE OF MEDICAL SCIENCES

(AN ISO 9001:2008 CERTIFIED HOSPITAL)
Amala Nagar, Thrissur - 680 555

Incident Report Form

(Incident: Any deviation from usual medical care that causes an injury to the patient or poses a risk of harm, It includes errors, preventable incidents and hazards)

Instructions:

- ✓ Please complete this form to record all incidents to patients, staff and other persons.
- ✓ Please report within 24 hours of incidents occurrence and where **death or serious injury has occurred due to the incident, report immediately.**
- ✓ Staff, Patients, Visitors or Bystanders can fill this form and handover to Quality Control Department. But completing this form does not constitute an admission of liability of any kind by any person.
- ✓ Record facts only, not opinions.
- ✓ Any equipment involved in the incident should be quarantined where possible for examination.

Details of the incident

Date of Incident: 12/6/24 Time: 1:30 Exact location: Near Devmatha Hostel

Description of Incident (Who, What, Where, How, Why, Include sequence of events, personnel involved, body part injured, reason for incident; If it is medication error, include brand name, manufacturer & dosage) Ananya

Singh, pierced needle through the shoe into the sole, bleed for few seconds in front of Devmatha hostel. While standing, friend took out the needle and threw it there, there is skin abrasion and minor bleeding, hence gone to ED for tetanus shot, then came to

Individual Affected

- None Patient Staff Student/Internee
 Visitor Volunteer Other (_____)

Details of the person (s) affected (if any):

1 year MBBS student

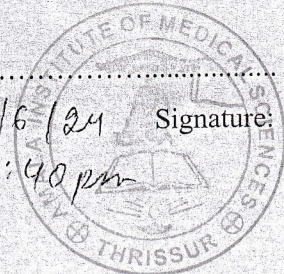
Type of incident (Tick as many as applicable & Specify)

- | | | |
|---|--|--|
| <input type="checkbox"/> Medication event | <input type="checkbox"/> Surgical event | <input type="checkbox"/> Patient care event |
| <input type="checkbox"/> Policy or Procedure violation | <input type="checkbox"/> Documentation error | <input type="checkbox"/> Communication error |
| <input type="checkbox"/> Device or Product failure | <input type="checkbox"/> Facility issue | <input type="checkbox"/> Environmental issue |
| <input type="checkbox"/> Exposure to hazardous material | <input type="checkbox"/> HIC event | <input type="checkbox"/> Criminal Event |
| <input type="checkbox"/> Others (Specify): | | |

Immediately Notified to: Consultant In-charge/HOD Patient / Patient relatives ICN

Others

Incident Reported by: Ananya Singh Date & Time: 12/6/24 3:40 pm Signature: [Signature]



(To be written by Quality Control Department staff)

Incident Type: Near Miss Adverse Event Sentinel Event

Root Cause Analysis (RCA) (A factor is considered a root cause if removal of it from the problem-fault-sequence prevents the final undesirable event from recurring):

Enquiry by:

Signature:

Date & Time:

Corrective & preventive action (CAPA):

CAPA implemented by:

Signature:

Date & Time:

CAPA Verified by:

Signature:

Date & Time:

Approved By:

Signature:

Date & Time:

Near Miss: A possible incident which did not affected, but carries a significant chance of a serious adverse outcome.
Adverse Event: Physical harm, damage or pain not otherwise classified as a Near Miss or Harmful Event / Sentinel Event.
Sentinel Event: An unexpected occurrence involving death or serious physical or psychological injury, or the risk there of the impairment last for a minimum period of two weeks.