



NEAR NORTH PALLIATIVE CARE NETWORK

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INCIDENT REPORT

SECTION 1 PERSON(S) INVOLVED			
Employee			
Street Address		Sex	Age
City	Province	Postal Code	Telephone Number
Volunteer			
Street Address		Sex	Age
City	Province	Postal Code	Telephone Number
Client			
Street Address		Sex	Age
City	Province	Postal Code	Telephone Number
SECTION 2 -WITNESS			
Name		Address	
City	Province	Postal Code	Telephone Number
SECTION 3 DATE & TIME			
YEAR/MONTH/DAY		Time	
SECTION 4 LOCATION			
Street Address		City	Province
SECTION 5 TYPE OF INCIDENT			
Type of Incident	Observed <input type="checkbox"/> Not Observed <input type="checkbox"/>		
SECTION 6 CONTRIBUTING FACTORS			
Body Mechanics <input type="checkbox"/> Communication <input type="checkbox"/> Disregard of Instructions <input type="checkbox"/> Environmental Conditions <input type="checkbox"/> Assault Victim <input type="checkbox"/> Assault-Aggressor <input type="checkbox"/> Altercation Abuse <input type="checkbox"/> Attempted Suicide <input type="checkbox"/> Accidental Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Property Loss <input type="checkbox"/> Other <input type="checkbox"/> Explain _____ <i>Further Description of Incident use Section #10</i>			

SECTION 7 NATURE OF INCIDENT	
Verbal <input type="checkbox"/>	
Abrasion / Contusion <input type="checkbox"/> Back Injury <input type="checkbox"/> Possible Fracture <input type="checkbox"/> Cut <input type="checkbox"/> Burn <input type="checkbox"/> Assault <input type="checkbox"/> Physical <input type="checkbox"/>	
SECTION 8 DEGREE OF INJURY	
Non Applicable <input type="checkbox"/> None apparent <input type="checkbox"/> Slight No Treatment <input type="checkbox"/> Minor Treatment <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/>	
SECTION 9 NOTIFICATION - CHART DOCUMENTATION	
Doctor <input type="checkbox"/> Next of Kin <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Case Manager <input type="checkbox"/>	
SECTION 10 DESCRIPTION/DETAILS OF INCIDENT	
<i>Signature of Person Reporting Incident</i>	
SECTION 11 INVESTIGATION OF INCIDENT BY	DATES(S) OF INVESTIGATION
Program Coordinator <input type="checkbox"/>	Program Coordinator _____
Case Manager <input type="checkbox"/>	Case Manager _____
Police <input type="checkbox"/>	Police _____
Other <input type="checkbox"/> Specify _____	Other _____
SECTION 12 INVESTIGATION REPORT	
<i>Signature of Investigator</i>	<i>Date</i>