Respite Care Program - Incident Report

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service Office: | |  | | | | | | | | | |
| Client Involved: | |  | | | | Age: |  | | | Client No.: |  |
| Diagnosis: |  | | | | | Physician: | |  | | | |
| Place of Incident: | |  | | | | | | | | | |
| Date of Incident: | | **/ /** | Time: |  | If home, where: | | | |  | | |

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| **Drugs Taken within 12 Hours Previous to Incident** | | | | |
| **Name of Drug** | **Dose** | **Route** | **Time (am/pm)** | **Administered By** |
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|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Who was Notified?** |  | **Time** |  | **By Whom?** |
| **Family Notified?** | Yes | |  |  |  |  |  |
|  | No | |  |  |  |  |  |
|  | | | | | | | |
| **Physician Notified?** | Yes | |  |  |  |  |  |
|  | No | |  |  |  |  |  |
|  | | | | | | | |
| **Service Offices Notified?** | Yes | |  |  |  |  |  |
|  | No | |  |  |  |  |  |
| **Action Taken By Physician:** | | | | | | | |
|  | |  | | | | | |

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| Describe the incident and/or injuries (if any). If none, state "No apparent injuries." Report action taken by client, employee and physician. | |
| As Observed by Agency Employee: | |  | |  |
| As Reported by Agency Employee: | |  | |  |
|  | |
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| --- | --- | --- |
| Was employee injured in the incident? | Yes | No |
| Was Worker’s Compensation filed? | Yes | No |
| Was the incident reported to insurance carrier? | Yes | No |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Witnesses: |  | | | | | | | | |
| Date of Report: | |  | | Time: |  | | |  | |
| Reported by: | |  | | | | | *(Include Name and Job* | | |
| Report Completed by: | | |  | | | | *Classification)* | | |
| Director’s Signature: | | |  | | | Date: | | |  |

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| **This Incident Report is to be completed in case of accident, illness or death of a client while being served by Agency staff. Within 24 hours, send copy of this report to the ADS Respite Care Program Specialist and retain a copy in the client's file.** |