A Healthcare and Life Sciences MGA

COMMITTED TO BROKERS

MED THREE INSURANCE GROUP

106 FRONT STREET. EAST, SUITE 303 TORONTO, ON M5A 1E1
MAIN: 416-477-2353 FAX: 416-477-2399

Notice of Incident Reporting Form

Notification Requirement of insurance policy: It is the responsibility of the Insured to notify the Insurer of any incident or circumstance that the Insured becomes aware of which might reasonably give rise to a claim being made against the Insured.

The information contained in this reporting form is for the use of the solicitors (Miller Thomson LLP) that have been retained by the Insurer in order to provide advice and defend any litigation that may result. Internal incident reporting forms can be attached to this document as a means to avoid duplication.

NAMED INSURED:				
CLAIMANT:				
Date of Incident:		Time:		
Location:				
Has a formal complaint or claim been made?	☐ Yes ☐ No If yes, by what means has the complaint or claim been made: ☐ Verbally ☐ Written			
Person Involved:	☐ Inpatient ☐ Out Patient ☐ Emergency Patient ☐ Visitor ☐ Volunteer ☐ Student ☐ Nursing Staff ☐ Medical Staff ☐ Other (please specify):			
	Name:		Address:	
	Phone:		Medical Record No.:	
	Attending Physician/Staff:			
Witness:	**Name:**		**Address:**	
	Phone:			
Person Completing Report:	**Name:**		**Title:**	
	Phone:	**ext.**	**Date:**	
Signature of person completing this report:				

LOCATION OF INCIDENT: (WHERE DID IT HAPPEN)

Please describe the events (provide facts only, no opinion, and identify any equipment involved)

TYPE OF INCIDENT

A) Patient Care/Clinical	☐ Allegation of Abuse	☐ Altercation	☐ Assault – Aggressor
	☐ Struck by Equipment	☐ Assault- Victim	☐ Attempted Suicide
	☐ Self-Inflicted Injury	☐ Consent Issue	
	☐ Drug related:		
		☐ Unintended drug or dose	
		☐ Unauthorized administration	
		☐ Unauthorized use by patient	
	☐ Misadventure/failure of health professional		
B) Non-Patient Care	☐ Fire	☐ Food/beverage	☐ Complaint
	Follow up required: ☐ Yes ☐ No		☐ Copy on file: ☐ Yes ☐ No
C) Property	☐ Broken/Lost/Stolen		
	☐ Patient/Personal (please describe):		
	☐ Insured Property (please describe):		

D) Equipment	☐ Equipment Failure or malfunction			
	Equipment Involved:			
	Manufacturer:			
	Serial Number:			
	Under contract:	☐ Yes ☐ No	Taken out of service:	☐ Yes ☐ No
E) Falls	☐ Fall			
Getting In/Out of or fall from:	Bed/crib	☐ Yes ☐ No	Transfer/Transport	☐ Yes ☐ No
	Chair	☐ Yes ☐ No	Toilet/Commode	☐ Yes ☐ No
	Lost balance	☐ Yes ☐ No	Tub/Shower	☐ Yes ☐ No
	Slipped/Tripped	☐ Yes ☐ No	Parking lot/sidewalk	☐ Yes ☐ No
	Stretcher/table	☐ Yes ☐ No		

IMPACT OF INCIDENT: (CHECK AS MANY BOXES AS MAY APPLY)

☐ Abrasion/bruise/contusion	☐ Allergic reaction	☐ Back injury	☐ Bleeding/hemorrhage
☐ Burn	☐ Loss of limb/appendage	☐ Fracture/possible fracture	☐ Laceration
☐ Needle stick/exposure to body fluids		☐ Puncture	☐ Rash
☐ Sprain/strain	☐ Death	☐ Contamination	

Other:

SEVERITY IMPACT CODE:

☐ 1. Minimal discomfort/damage, no interventions required, no interruption of service, no increased length of stay
☐ 2. Moderate discomfort, minor interventions required, no interruption of service, no increased length of stay
☐ 3. Severe/Extreme discomfort/damage, moderate/major intervention required, significant interruption of service, significant increase of stay and potential for future intervention

OTHER CONTRIBUTING FACTORS

Patient	**Equipment**	**Medication**
☐ Agitated	☐ Bed/Treatment table	☐ Improper Patient ID
☐ Bowel/Bladder problem	☐ Brakes	☐ Misread/Misinterpreted Label
☐ Consent Issue	☐ Call button/Devise	☐ Misread/Misinterpreted Order
☐ Disoriented/confused	☐ Cellular phone	☐ Incorrect transcription
☐ Disregarded instructions	☐ Chair/commode/wheelchair	☐ Procedure for processing order not followed
☐ Hearing Impaired	☐ Crutches/walker	☐ Delay/failure to record
☐ Inability to speak	☐ Electrical	
☐ Language barrier	☐ IV Equipment/supplies	Administration
☐ Patient interference	☐ Lab equipment/supplies	☐ Medication not available
☐ Pre-existing medical condition	☐ Lifts	☐ Failure to Notice
☐ Sedation/intoxication	☐ Medical gases	☐ ASO
☐ Unable to Understand	☐ Pumps	☐ Discontinue order
☐ Uncooperative	☐ Restraints	☐ Hold order
☐ Unexpected movement	☐ Side rail	☐ Other:
☐ Visually impaired	☐ Stretcher/table	
☐ Visitor Assisting Patient	☐ Tub/shower/whirlpool	
☐ Other:	☐ Surgical Articles	
	☐ Ventilator	
	☐ X-ray equipment	
	☐ Elevator	
	☐ Other:	