GREYSTOKE HOME HEALTH

101B – 920 2A Avenue North
Lethbridge, Alberta • T1H 0E3
Phone (403) 320-0911
Fax (403) 320-0955

Event / Incident Report – Employee Form

Serious incidents involving an adverse outcome are to be reported as soon as is safe;

This form must be completed and submitted to office within 24 hours of event / incident.

GENERAL EVENT / INCIDENT INFORMATION	
Date of Incident:	Date Reported:
Time of Incident:	Time Reported:
Person Reporting Event:	Phone # of Person Reporting:
Full Name of Employee Involved:	Full Name of Client Involved:
Location of Incident (specific address or description)	

Employee Description of Near Miss, Event or Incident ***Program***: ☐ Children's ☐ PDD ☐ Home Care

Describe early situational indications; what happened just before the incident. Describe any preventative measures used.
Give a precise description of the incident including what was said, observed or heard. Describe any preventative measures used.
If restrictive procedure used, describe what, when, how long, and who used it. Was individual informed of their rights (advocacy, grievance)
Is there any history of the action of concern and have previous strategies been employed to address it?
Who was notified of the incident (Agency, police, parent, guardian, etc.)? When? Please indicate brief summary of involvement / action taken.

continue on other side- ***signature required***

GREYSTOKE
HOME HEALTH

Employee Description of Near Miss, Event or Incident: (continued)

Describe early situational indications; what happened just before the incident. Describe any preventative measures used.
Give a precise description of the incident including what was said, observed or heard. Describe any preventative measures used.
If restrictive procedure used, describe what, when, how long, and who used it. Was individual informed of their rights (advocacy, grievance)
Is there any history of the action of concern and have previous strategies been employed to address it?
Who was notified of the incident (Agency, police, parent, guardian, etc.)? When? Please indicate brief summary of involvement / action taken.

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Employee Signature

For office use only

_____ _____
Supervisor / Manager Signature Date / Time

☐ Event entered into JIRA : _____ ☐ Guardian / Funder / CCCM : _____
Date / Initials Notified Date / Initials

Please attach any additional documentation.