

**REPORTING OF ADVERSE INCIDENTS
by GENERAL OPHTHALMIC SERVICES**

<u>Reported by:</u> 1. Name: 2. Optometrist / Manager / Other (please delete) 3. Contact Telephone No:		4. Practitioner Personal Code: 5a. Premises Code/List Number:	
6. Date of Incident:	7. Date Aware:	8. Date of Report:	
9. Patient Involved? Yes / No (please delete)	10. Age:	11. Sex:	
12. Medication Incident? Yes / No (please delete) 13. If Yes please give name of medication:			
14. Other HSC Organisation Involved? Yes / No (please delete) (e.g. trust / GP/ other) 15. If Yes give sufficient details to allow followup e.g. location / consultant / hospital number etc			
16. <u>Brief summary of incident</u> (Should not contain personal detail of patient)			

Please email completed Word Document (*not scanned*) to:

pcintranet.west@hscni.net

If this is not possible then post **typewritten** document to:
 Health and Social Care Board, Directorate of Integrated Care
 County Hall, 182 Galgorm Road, Ballymena BT42 1QB

17. Possible Cause / Contributory Factors

18. Action taken by contractor with regard to this event:

19. Action taken by contractor to prevent recurrence:

20. Has there been family/user/carer involvement regarding the incident? Yes / No / N/A?
(please delete)

21. If Yes – Please give details:

22. Other organisations notified by Contractor? Yes / No (please delete)

(e.g. Police / Professional Regulatory Body / CSM/ NIAC/ HSE/ Trust / Other.)

23. If Yes – Please give details:

24. Other comments:

HSCB Use Only: FPS Reference No [DN – prefix with N/S/E/W]

Logged by

Date

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