

CHAPTER: 4 – Serious Incident Reporting Form

ANNEXURE: 9	Serious Incident Reporting Form		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
PREPARED BY	Pankaj Mehrotra	UNDER REVIEW	Dr. Dipankar Debnath

Incident Reporting (Snapshot)					
Resident Name					
Resident Room No		Resident Age		Male	Female
Date and time of Incident					
Was Family Informed		Yes	No		
Was Social Welfare Department Informed		Yes	No		
Action Taken					
Staff Responsible / On-duty					
Name of Home Manager					
Signature & Date of Home Manager					

S.No	Type of Incident			Police Report	Management Intervention	Family Informed
	Missing & Lost Resident					
1	Missing / Lost Resident					
1.1	Date and time of missing	DD/MM/YY	Time			
1.2	Date and time of being found	DD/MM/YY	Time			
1.3	Resident not found	DD/MM/YY	Time			
1.4	Reasons for missing					
1.5	Action Taken	DD/MM/YY	Time			
1.6	Detailed remarks about the incident					
Staff Responsible / On-duty				Signature		
Name of Home Manager				Signature		

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S.No	Type of Incident			Police Report	Management Intervention	Family Informed
	Resident's Abuse					
2	Resident Abuse					
2.1	Physical Abuse by Staff	DD/MM/YY	Time			
2.2	Physical Abuse between Residents	DD/MM/YY	Time			
2.3	Physical Abuse by Visitors	DD/MM/YY	Time			
2.4	Personal Intimacy Abuse	DD/MM/YY	Time			
2.5	Emotional / Psychological Abuse	DD/MM/YY	Time			
2.6	Financial Abuse	DD/MM/YY	Time			
2.7	Depriving resident of Care Services (personal care, food etc)	DD/MM/YY	Time			
2.8	Isolation / Neglect	DD/MM/YY	Time			
2.9	Action Taken	DD/MM/YY	Time			
2.10	Detailed remarks about the incident					
Staff Responsible / On-duty				Signature		
Name of Home Manager				Signature		

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S.No	Type of Incident			Police Report	Management Intervention	Family Informed
	Physical Harm					
3	Physical Injury					
3.1	Injuries due to Falls	DD/MM/YY	Time			
3.2	Self-harm injuries	DD/MM/YY	Time			
3.3	Physical injury due to attempted Suicide	DD/MM/YY	Time			
3.4	Physical fight with Staff	DD/MM/YY	Time			
3.5	Physical fight with other Residents	DD/MM/YY	Time			
3.6	Physical Injury due to Staff Medical Negligence & Error	DD/MM/YY	Time			
3.7	Physical injury due to Self-medication error	DD/MM/YY	Time			
3.8	Moving & Handling Injury (Bed transfer, Hoist transfer, Assisted Bathing, Wheelchair mis-handling, assisted walking)	DD/MM/YY	Time			
3.9	Injury due to lack of Maintenance	DD/MM/YY	Time			
3.10	Physical injury outside home premises	DD/MM/YY	Time			
3.11	Fire inside resident's room / Home areas	DD/MM/YY	Time			
3.12	Action Taken	DD/MM/YY	Time			
3.13	Detailed remarks about the incident					
Staff Responsible / On-duty				Signature		
Name of Home Manager				Signature		

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S.No	Type of Incident			Police Report	Management Intervention	Family Informed
	Health, Medical & Wellbeing					
4	Medical Emergency					
4.1	Medication Error by staff resulting in Hospitalization	DD/MM/YY	Time			
4.2	Self-administration resulting in hospitalization	DD/MM/YY	Time			
4.3	Normal Medical Emergency	DD/MM/YY	Time			
4.4	Emotional Breakdown	DD/MM/YY	Time			
4.5	Psychological Changes (Self-isolation, Withdrawal, Self-locking inside room)	DD/MM/YY	Time			
4.6	Spiritual / Personal Beliefs Changes	DD/MM/YY	Time			
4.7	Temporary Memory Loss / impairment	DD/MM/YY	Time			
4.8	Allergic reaction	DD/MM/YY	Time			
4.9	Medical / Personal Data Breach	DD/MM/YY	Time			
4.10	Emergency due to Pests, animal bites	DD/MM/YY	Time			
4.11	Action Taken	DD/MM/YY	Time			
4.12	Detailed remarks about the incident					
Staff Responsible / On-duty				Signature		
Name of Home Manager				Signature		

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S.No	Type of Incident			Police Report	Management Intervention	Family Informed
	Suicide & Death					
5	Death of a Resident					
5.1	Suicide	DD/MM/YY	Time			
5.2	Attempt to Suicide	DD/MM/YY	Time			
5.3	Death in Care Home	DD/MM/YY	Time			
5.4	Death at Hospital	DD/MM/YY	Time			
5.5	Death outside Home Premises	DD/MM/YY	Time			
5.6	Action Taken	DD/MM/YY	Time			
5.7	Detailed remarks about the incident					
Staff Responsible / On-duty				Signature		
Name of Home Manager				Signature		