

O'Neill Home Care, Inc.// d.b.a. Home Instead

Name of Person Reporting Incident:

Care Pro Client Family Member Friend Other

Name of Person or People involved in the Incident:

Care Pro Client Family Member Friend Other

Date of Incident: Time: AM PM

Exact location of incident (address; room)

Involvement: Property Equipment Physical

Provide Complete Description of Incident (explain exactly what happened, why, how): (If more room is needed please continue in a separate word document and send an attachment.)

If physical involvement, describe extent of involvement:

First Aid Administered? Yes No

If so, by whom:

Physician notified? Yes No

Taken to Hospital? Yes No

What Hospital?

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Was Franchise Office Notified? Yes No

Was Emergency Contact Notified? Yes No

Name of contact notified:

Relationship of contact notified:

What was Emergency Contact's recommendations/suggestion?

Was this an exposure incident? Yes No

Please describe how a wound or open sore was exposed to another person's body fluid:

Were exposure options explained? Yes No

By whom?

What were the options?

Were there any witnesses to the Incident? Yes No

Name of Witnesses and contact:

Phone:

Date of Report:

Time:

AM

PM

Complete by:

Title:

Office Use Only:

Reviewed by:

Title:

Date of Review:

Follow-up Assessment (action taken to prevent recurrence):

Date Closed out incident:

Any further action needed: Yes No

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