

T & L 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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