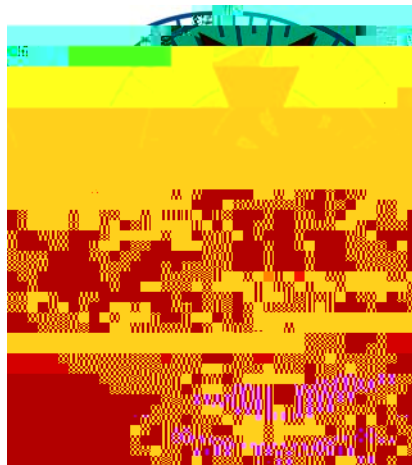


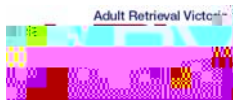


ADULT RETRIEVAL VICTORIA

Irish Maps Press

September 2009





ARV INCIDENT REPORT

Instruction Sheet

PURPOSE

The purpose of the ARV Incident Report is to record any issues, unusual situations or variations to normal practice relating to adult retrieval activities across the state.

The information captured on this form will be reviewed to ensure that circumstances around an identified case are explored, any suggested actions are considered and improvements to the system are introduced if required.

If the incident has OH&S implications please also complete a Hazard Injury Incident Form (HII) available from the Business Manager

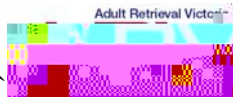
PROCESS

1. The ARV Incident Report may be completed and lodged by:
 - f* Critical Care Coordinators
 - f* Retrieval Physicians
 - f* AAV staff (including Flight Coordinators, MICA Flight Paramedics and Flight Paramedics)
 - f* Retrieval Administrators / Retrieval Administration Support Officers (RASOs)
 - f* any AV staff involved in an adult retrieval.
2. Please complete the details on the ARV Incident Report and submit it by **fax** to Business Manager, ARV on 1300 36 78 82.
3. A copy of the relevant template is available on the ARV drive or can be accessed by contacting the ARV Business Manager directly on 9945 9959.

NEXT STEPS

The Business Manager, ARV will be responsible for assigning the incident report to the relevant business owner for consideration and monitoring them to ensure they are actioned, and an appropriate outcome is achieved.

A response to the issue lodged will be provided to the originator of the report.



ARV INCIDENT REPORT

The purpose of the ARV Incident Report is to record any issues, unusual situations or variations to normal practice relating to adult retrieval activities across the state.
 (If the incident has OH&S implications please also complete a Hazard Injury Incident Form (HII) available from the Business Manager.)
 Please refer to the ARV Incident Report Instruction Sheet for further details on completing this form.

Case No (if known):		Date:	
Patient Name:			
Diagnosis:			
DOB:		Gender:	
		Approx Weight:	
Transfer from:		Transfer to:	
Parties involved	<i>f</i> <i>f</i>		
Issue raised by:		Issue lodged by:	
DESCRIPTION OF ISSUE:			
SUGGESTED ACTIONS FOR IMPROVEMENT:			
Please forward this document to Business Manager at ARV on 1300 36 78 82			

