PPCO FACILITY ABUSE REPORTING FORM

(use only to report to Manager when PPCO online reporting is not available)

(addressograph or label who the abuse occurred to)

Event Date:	**Date Reported to PPCO:**
Reporter Name:	**Type of Reporter:** ☐ Staff ☐ Agency Staff ☐ Family ☐ Friend ☐ Self ☐ Other
Reporter Contact Info:	**Reporting Facility Email:**

ALLEGED VICTIM DETAILS

Type of Person Affected ☐Patient/resident ☐Other

Preferred Language: ☐ English ☐ French ☐ Other

Is the patient/resident's address different than the location of the incident? ☐ Yes ☐ No

Was another facility involved ☐ Yes ☐ No

2nd Facility Name:_____

Injury incurred? ☐ Yes ☐ No

Did the event result in patient/resident death? ☐ Yes ☐ No

Specific Event Type: ☐Physical ☐ Financial ☐ Mental & Emotional ☐ Sexual ☐ Neglect ☐ Other

Physical Abuse Details: ☐ Push/fall ☐ Grabbing ☐ Forced care ☐ Pinch ☐ Rough handling ☐ Hit/kick ☐ Choking ☐ Thrown item ☐ Biting ☐ Scratch ☐ Slap ☐ Unknown ☐Other: _____

Sexual Abuse Details: ☐ Fondling over clothing ☐ Fondling under clothing ☐ Kissing ☐ Lewd language ☐ Partial/full nudity ☐ Penetration, digital ☐ Penetration, object ☐ Sexual intercourse Other: _____

Financial Abuse Details: ☐ Staff ☐ Family

Neglect Details: ☐ Bathing ☐ Communication Issue ☐ Delay in providing care ☐ Dietary ☐ Disconnected/Ignored call bell ☐ Equipment malfunction ☐ Equipment maintenance ☐ Improper transfer ☐ Inadequate assessment ☐ Intoxicated ☐ Improper implementation of treatment/care plan ☐ Medication error ☐ Patient/resident left unattended ☐ Restraints☐ Skin breakdown ☐ Staff sleeping during shift ☐ Surgical error ☐Toileting ☐ Unauthorized departure Other: _____

Brief Factual Description: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Contributing Factors (Select all that apply):

☐ Cognitive Impairment ☐ Communication Failure ☐ Confused/disoriented ☐ Current diagnosis/condition ☐ Inability to speak ☐ Inability to understand ☐ Insufficient monitoring ☐ Loss of temper ☐ Medication/sedation ☐ Patient – lack of family cooperation ☐ Patient – lack of understanding ☐ Patient – language barrier ☐ Patient – to be determined ☐ Patient – confused/disoriented ☐ Patient/resident agitated ☐ Protocol not followed ☐ Patient – lack of compliance/adherence ☐ Sight impaired ☐ Staff – impaired ☐ Teased/provoked ☐ Willful misconduct Other: _____

Immediate Actions (Select all that apply): ☐ Redirect resident/patient ☐ Apology made ☐ Disciplinary action ☐ Reinstruction of staff ☐ Documentation provided ☐ Hardware Removed ☐ Hardware Repaired ☐ Re-Education of Staff ☐ Software Uninstalled ☐ Software Upgraded ☐ Reinstruction of visitor/other ☐ Staffing adjustment ☐ Talk to patient ☐ Treatment arranged☐ Treatment provided ☐ No action ☐ Unknown ☐ Other: _____

ALLEGED ABUSER DETAILS

First Name: _____ **Last Name:** _____

PHIN: _____ **DOB:** _____ **Estimated Age (if DOB unknown):** _____

Gender: ☐ Male ☐ Female ☐ Two-Spirited ☐ Does not wish to disclose ☐Other

Preferred Language: ☐English ☐French ☐Other

Relationship to alleged victim:

☐ Agency staff ☐ Co-patient/co-resident ☐ Staff ☐ Family ☐ Friend ☐ Visitor ☐ Unknown abuser

☐ Other: (specify) _____

PARTIES INVOLVED/WITNESS #1

Role in event: ☐ Involved party ☐ Notified party ☐ Witness ☐Other (specify) _____

Classification of Witness: ☐Employee ☐Legal ☐Parent/Guardian ☐Physician ☐Other (specify)_____

First & Last Name of Witness: _____

Title: _____ **Phone:** _____ ☐cell ☐landline ☐other

Notes:

_____

_____

PARTIES INVOLVED/WITNESS #2 (if applicable)

Role in event: ☐Involved party ☐Notified party ☐Witness ☐Other (specify) _____

Classification of Witness: ☐Employee ☐Legal ☐Parent/Guardian ☐Physician ☐Other (specify)_____

First & Last Name of Witness: _____

Title: _____ **Phone:** _____ ☐ cell ☐ landline ☐ other

Notes:

_____

_____

LAW ENFORCEMENT INVOLVEMENT ☐ Yes ☐ No

Police Report #: _____ **Officer Name:** _____

Officer Badge #: _____ **Law Enforcement Contact Number:** _____

Criminal Charges Laid: ☐ Yes ☐ No

Notes:

_____

_____