

ESRD INCIDENT OR ACCIDENT REPORT FORM

1. Facility physical address, telephone number and license number.

2. Date of incident/accident.

3. Name and address of patient and/or staff involved (with attachments as needed).

4. Nature and extent of incident or accident. (Circle specific items below. Include details with attachments as needed).
 1. An incident requiring emergency treatment or hospitalization;
 2. A cleaning agent left in a machine that is subsequently used on a patient.
 3. Contamination of the water supply.
 4. Development of infection or communicative disease; and
 5. An accident or other event having a direct or immediate bearing on the health, safety, or security of a patient or staff member.

5. Name, title and phone number of person making report.

Signature _____

Date _____

902 KAR 20:018 Sec. 3(6) Incident and accident reports.

(a) A facility shall submit an incident report to the Cabinet for Health Services, Office of the Inspector General, within three (3) days of the occurrence of a reportable event.

(b) A facility shall retain a copy of the report for inspection by the Cabinet.

(c) Reportable events include:

1. An incident requiring emergency treatment or hospitalization;
2. A cleaning agent left in a machine that is subsequently used on a patient.
3. Contamination of the water supply.
4. Development of infection or communicative disease; and
5. An accident or other event having a direct or immediate bearing on the health, safety, or security of a patient or staff member.

PLEASE DO NOT WRITE ON THE BACK OF THIS FORM

Please mail to: Cabinet for Health and Family Services, Office of the Inspector General,
Division of Health Care, 275 East Main St., 5E-A, Frankfort, Kentucky 40621

or FAX to: (502) 564-6546