

Incident Reporting and Management

Document control | INC-POL-001 | Adapted from ASF Policy 23 and Form F03 (SOP-N18, FRM-N03)

Field	Content
Title	Incident Reporting and Management
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Approver and signature	{{roles.chief_executive.name}}, chief executive Signature: _____ Date: _____
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Standards and criteria supported	Standard 1, criterion 1.11
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

1. Purpose

To record, investigate and learn from incidents, so that harm is reduced and patients and staff are protected [E-006, EC].

2. Scope

All incidents affecting patients, staff, visitors, equipment, data or the building at {{facility.legal_name}}.

3. Responsibilities

Role	Responsibility
{{roles.quality_lead.name}} quality lead	Reviews every incident and keeps the incident log.
{{roles.risk_manager.name}} risk manager	Scores risk and tracks corrective actions.
{{roles.ward_or_department_head.name}} ward or department head	Reports within 24 hours and starts immediate action.

4. Procedure

1. Make the scene safe and give immediate care. Report the incident verbally to the ward head at once [EC].
2. Complete the incident report within 24 hours [E-006].
3. Quality lead logs the incident and grades harm and risk [EC].
4. Investigate serious incidents with a root-cause review within 45 days [EC].
5. Tell the patient or family and record the disclosure (see the disclosure procedure) [EC].
6. Share the lesson learned with the team and check the action is done [EC].

5. Records

Incident report, incident log, investigation report, action log (kept for {{facility.records_retention_years}} years).

6. Evidence

ID	Source	Link / status
E-006	ASF Policy Framework v1.2.	see source
E-009	ASF Expert Committee consensus. Timeframes are EC decisions.	see source

EC = ASF Expert Committee consensus.