NEXO ACCESS

Incident / Accident Report

REPORT TIMELINES (Nexo program): verbal to Nexo dispatch immediately, and within 3 hours for any injury. Serious events: within 24 hours. Written report (this form): by end of the next business day.

1 · WHEN AND WHERE

DATE OF INCIDENT

TIME (AM/PM)

TRIP NUMBER

REPORT DATE

LOCATION OF INCIDENT (ADDRESS OR PLACE)

2 · WHO WAS INVOLVED

MEMBER NAME

MEMBER ID (IF APPLICABLE)

HEALTH PLAN / PROGRAM

MEMBER PHONE

OTHER MEMBERS INVOLVED (NAMES)

PROVIDER (COMPANY)

DRIVER NAME

VEHICLE (PLATE / FLEET #)

OTHER STAFF INVOLVED (NAME / ROLE)

REPORTED BY (NAME / TITLE / PHONE)

Call Nexo dispatch first, immediately. Then complete this form the same day: it is the record, and it always works.

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3 · WHAT KIND OF EVENT (CHECK ALL THAT APPLY)

SERIOUS: report to Nexo within 24 hours

- ☐ Death
- ☐ Serious physical injury
- ☐ Allegation of abuse
- ☐ Allegation of neglect
- ☐ Emergency hospitalization
- ☐ Suicide attempt or threat
- ☐ Missing person
- ☐ Police or EMS involved
- ☐ Serious medication error
- ☐ Improper use of restraints
- ☐ Theft of member property
- ☐ Aspiration / choking

REPORTABLE: written by next business day

- ☐ Vehicle accident (any severity)
- ☐ Minor physical injury
- ☐ Property damage
- ☐ Medication error (minor)
- ☐ Ingestion of harmful substance
- ☐ Burns
- ☐ Bloodborne pathogen exposure
- ☐ Passenger conflict
- ☐ Fall without injury
- ☐ Service disruption / late pickup
- ☐ Wheelchair or equipment failure
- ☐ Other (describe below)

IF ABUSE OR NEGLECT IS ALLEGED: the involved staff member is removed from all member contact immediately.

SUPERVISOR CERTIFYING REMOVAL (PRINT NAME / TITLE)	SIGNATURE	DATE

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4 · WHAT HAPPENED

Facts in order, plain words: what you saw, what was said, what you did. Send photos to dispatch when you can.

5 · IMMEDIATE ACTIONS TAKEN (CARE GIVEN, WHO HELPED, WHERE THE MEMBER WENT)

6 · WITNESSES

WITNESS 1 (NAME / PHONE)

WITNESS 2 (NAME / PHONE)

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7 · WHO WAS NOTIFIED (FILL WHAT APPLIES)

	PERSON	DATE	TIME (AM/PM)
Nexo dispatch			
Case manager			
Family / guardian			
Nurse or physician			
Protective services			
Police (report #)			

SIGNATURES

DRIVER (SIGNATURE / DATE)	PROVIDER MANAGEMENT (SIGNATURE / DATE)	NEXO (SIGNATURE / DATE)

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