

Supplementary Material C: Riskman Incident Reporting System Database

- 1) Riskman Number _____
- 2) Ward ☐ 1. 2H Sunshine Hosp
☐ 2. 3B Footscray Hosp
☐ 3. 2A Sunshine Hosp
- 3) UR ID _____
- 4) Date _____
- 5) Time of fall _____
- 6) Type of fall ☐ Roll out of Lolo bed with crash mat insitu
☐ Witnessed fall no headstrike
☐ Witnessed fall – with headstrike
☐ Unwitnessed fall
- 7) PVM Insitu ☐ Yes
☐ No
- 8) Patient Falls Risk Category ☐ High
☐ Moderate
☐ Low