one 24

INCIDENT AND ACCIDENT REPORTING FORM

Incident repo	rting			
Tick where approp	riate to rate the incident/ac	ccident (refer to appendix 2 of policy) High Risk		
Yes No Was anyone affected or injured by incident / event? If yes, please also complete a blue H.S.E. Accident form and notify appropriate managers immediately.		No		
Netails of ne	rson renorting the i	ncident		

Details of person reporting t	he incident	
Full name	Signature	
Job title		
Development	Date	

Event details				
Names of other(s) involved	Staff	Client	Visitor	Other

Type of incident		
Near miss	Clinical event	Moving & handling
Personal accident	Drug error	Serious incident
Building damage	Fire event	Other
Security event	Infection control	
Location		
Description of event (Refer to Policy A	Appendix 3)	
		Yes No
Did event involve a service user?		Yes No
Did event involve a service user? Was anyone seriously affected / injure	d by this event?	Yes No
Was anyone seriously affected / injure If yes, tick appropriate description Client	Public	Yes No Volunteer
Was anyone seriously affected / injure		

I	nitial action taken
(Dutcome
	Any other comments

For completion by manager

Which of the following applies to this event?

Violence / aggression against staff

Clients Safety

Security

Discrimination against staff

Serious/Notifiable event

Near-miss

Infection control

Occupational health

Other

Health and safety

Fire

Rate the seriousness of this event

Negligible

Minor

Moderate

Major

Catastrophic

Actions taken

Report to H.C.C

RIDDOR / HSE

Risk assessment carried out

Report as SUI / NI

Repairs carried out

Referred to occ. health

Reviewed Policy

First aid administered

Care plan reviewed

Police informed

Health & safety manager informed Other

Yes

No

Has a team debrief taken place following the incident?

Simple root cause analysis

Incident description

Consequences			
Preventative measures			
s a national Patient Root Cause Analysis re	quired to assess this incident in more detail?	Yes	No
f yes, who will complete it?			
Full name	Signature		
Job title			
Development	Date		