

INCIDENT AND ACCIDENT REPORTING FORM



Incident reporting

Tick where appropriate to rate the incident/accident (refer to appendix 2 of policy)

Low risk Medium risk High risk

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.

Yes

No

Details of person reporting the incident

Full name

Job title

Department

Signature

Signature

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 Appendix 3)*

Yes

No

Did event involve a service user?

Was anyone seriously affected / injured by this event?

If yes, tick appropriate description

Client

Public

Volunteer

Relative/Carer

Staff

Agency

Visitor

Contractor

Other

Initial action taken

Outcome

Any other comments

For completion by manager

Which of the following applies to this event?

<input type="checkbox"/> Violence / aggression against staff	<input type="checkbox"/> Client safety	<input type="checkbox"/> Security
<input type="checkbox"/> Discrimination against staff	<input type="checkbox"/> Serious/notifiable event	<input type="checkbox"/> Near-miss
<input type="checkbox"/> Infection control	<input type="checkbox"/> Occupational health	<input type="checkbox"/> Other
<input type="checkbox"/> Health and safety	<input type="checkbox"/> Fire	<input type="text"/>

Rate the seriousness of this incident

<input type="checkbox"/> Negligible	<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Major	<input type="checkbox"/> Catastrophic
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Actions taken

<input type="checkbox"/> Report to H.C.C	<input type="checkbox"/> RIDDOR / HSE	<input type="checkbox"/> Risk assessment carried out
<input type="checkbox"/> Report as SUI / NI	<input type="checkbox"/> Repairs carried out	<input type="checkbox"/> Referred to occ. health
<input type="checkbox"/> Reviewed Policy	<input type="checkbox"/> First aid administered	<input type="checkbox"/> Care plan reviewed
<input type="checkbox"/> Police informed	<input type="checkbox"/> Health & safety manager informed	Other <input type="text"/>

Has a team debrief taken place following the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Simple root cause analysis

Incident description

Consequences

Preventative measures

Is a national Patient Root Cause Analysis required to assess this incident in more detail? Yes No

If yes, who will complete it?

Full name

Job title

Designation

Signature

Signature

Thank you for reporting this incident
The information provided by you will be held within OneCall24 database and will be anonymised for data analysis.