## Incident reporting

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

*Low Risk* ☐ *Medium Risk* ☐ *High Risk* ☐

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**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* ☐

Yes No

**Was anyone affected or injured by incident / event?**

## Details of person reporting the incident

*Full name*

*Job title*

*Development*

*Signature*

*Date*

## Event details

| *Names of other(s) involved* | *Staff* | *Client* | *Visitor* | *Other* |
|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |

*Type of incident*

- ☐ *Near miss*
- ☐ *Personal accident*
- ☐ *Building damage*
- ☐ *Security event*
- ☐ *Clinical event*
- ☐ *Drug error*
- ☐ *Fire event*
- ☐ *Infection control*
- ☐ *Moving & handling*
- ☐ *Serious incident*
- ☐ *Other*

*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*
- ☐ *Relative Career*
- ☐ *Visitor*
- ☐ *Public*
- ☐ *Staff*
- ☐ *Contractor*
- ☐ *Volunteer*
- ☐ *Agency*
- ☐ *Other*

*Initial action taken*

*Outcome*

*Any other comments*

## For completion by manager

*Which of the following applies to this event?*

- ☐ Violence / aggression against staff
- ☐ Discrimination against staff
- ☐ Infection control
- ☐ Health and safety
- ☐ Clients Safety
- ☐ Serious/Notifiable event
- ☐ Occupational health
- ☐ Fire
- ☐ Security
- ☐ Near-miss
- ☐ Other

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*Rate the seriousness of this event*

☐ Negligible ☐ Minor ☐ Moderate ☐ Major ☐ Catastrophic

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*Actions taken*

- ☐ Report to H.C.C
- ☐ Report as SUI / NI
- ☐ Reviewed Policy
- ☐ Police informed
- ☐ RIDDOR / HSE
- ☐ Repairs carried out
- ☐ First aid administered
- ☐ Health & safety manager informed
- ☐ Risk assessment carried out
- ☐ Referred to occ. health
- ☐ Care plan reviewed

Other

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*Has a team debrief taken place following the incident?* Yes ☐ No ☐

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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*

*Signature*

*Job title*

*Development*

*Date* ☐☐ ☐☐ ☐☐☐☐

**Thank you for reporting this incident**

*The information provided by you will be held within Ascenteum Nursing database and will be anonymized for data analysis.*