We regard **accidents** (some or something harmed) and **incidents** (no harm done on this occasion but it might if incident was repeated) and **concerns** (something observed that seemed to be wrong or unsafe) as learning opportunities and as matters that should be fully and promptly recorded. Thank you for completing this form. If you need assistance, please ask a member of staff (such as Senior Nurse, manager or receptionist)

|  |  |
| --- | --- |
| 1. | **Please describe the incident**  |
| On what date did it happen?  |  | What time?  |  |
| Where did it happen?  |   |
| What happened? *If you are completing this form of behalf of a person who was injured please ensure that their contact details are included in section 3* |  |
| What harm or damage occurred? *If you or someone else was injured please describe the injury and the part of the body affected*  |  |
| Did anyone else see what happened? *If they did provide their name and contact details if known*   |  |
| What caused the accident or incident *(if you know)*  |  |
|  | Did you receive any first aid? Please tell us who administered first aid treatment.  |  |
| 2.  | Please give us information about **you**, the person completing the form  |
| Name  | Home address  |  |
| Contact details |
| Postcode  |  |
| Telephone number  |  |
| Email  |  |
| Date of Birth  |  |
| Please circle which best describes you  |  |
| Post held (if hospital employee)  |  |
| Signature  |  |
| 3.  | Please give us information about the person who was harmed if not **YOU**  |
|  | Name  | Home address  |  |
| Contact detailsHome address, email, telephone number  |
| Postcode  |  |
| Telephone number  |  |
| Email  |  |
| Date of Birth  |  |
| Please circle which best describes you  | *Employee/volunteer/patient/visitor/contractor other\* Please specify*  |
| Post held (if hospital employee)  |  |
| Signature  |  |

Now: please pass this form to a manager or Receptionist. It will be handled in confidence. You are welcome to ask for a copy for your records

|  |  |
| --- | --- |
| Report received By  |  |
| Date Received  |  |
| I.D number\*   |  | \*When you receive a form please give it an id number to identify it by. It’s ok to simply use your initials and todays date. E.G js12.12.17 |
| **DETAILS OF MANAGERS ACTIONS** |
| In case of accidents, what kind of accident was it?  |
| TICK  |  |
|  | No Injury sustained  |  **FOR ALL CATAGORIES IN RED CONTACT A MEMBER OF MANAGEMENT TEAM WHO MUST REPORT ANY OF THESE ONLINE TO THE HSE IMMEDIATELY** |
|  | Minor injury or illness |
|  | Fatality  |  |
|  | Specified Injury  | *See* [***http://www.hse.gov.uk/riddor/reportable-incidents.htm***](http://www.hse.gov.uk/riddor/reportable-incidents.htm) *for list of specified injuries*  |
|  | Over 7 day injury  | *i.e. the injured person was absent from work or unable to do their normal work for 7 days or more, not counting the day of the accident. Report within 15 days*  |
|  | Dangerous Occurrence  | *As defined in RIDDOR*  |
|  | Reportable occupational Disease  |
|  | Accident when a non-employee is taken directly to hospital for treatment  |  |
| Details of RIDDOR REPORT http://www.hse.gov.uk/riddor/report.htm | DATE REPORTED  | **Risk Assessment Reviewed** |
| HSE ref no  | Reported by | Please list Risk assessments that have been reviewed?  |  |
|  |  |
| If the injured person is an employee, were they complying with safe working procedures or requirements?(e.g. safe working procedures, use of PPE etc) please give details  |  |
| **State what action has been taken to prevent a reoccurrence**  |
| Manager Signature  |  | Date  |  |
| Print Name  |  | Job Title  |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Now please send to a Senior Manager \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |
| --- |
| **DETAILS OF SENIOR MANAGERS ACTIONS** * Remedial action has been taken/is being taken/is not required \*delete as appropriate
* The circumstances of the incident/accident have been investigated and to the best of my knowledge the statements are true? YES or NO? \*delete as appropriate
* Is report required for CQC/CGC/insurer/other? **YES/NO?**
 |
| *Comments* |
| Senior Manager Signature  | Date  |
| **Please log on the accident/incident database** **Scan and save to M:Health and Safety/accident forms**  | Record Number  |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Send completed form to H&S competent person \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |
| --- |
|   |
| *Comments*  |
| Signed  |  | Date |  |