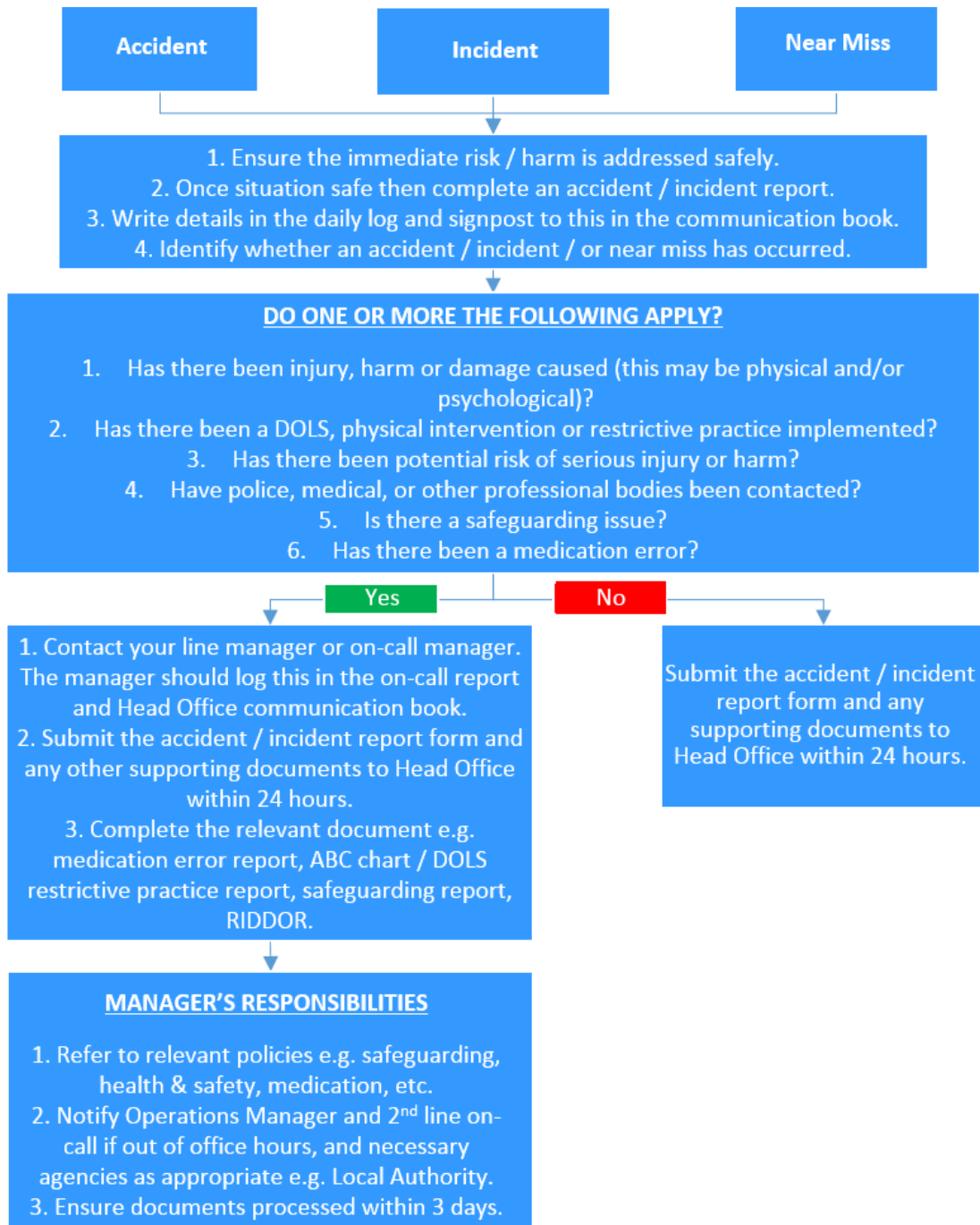




ACCIDENT / INCIDENT / NEAR MISS REPORTING

MA-02

At a Glance!



ACCIDENT / INCIDENT / NEAR MISS REPORTING

MA-02

Policy Statement

In order to ensure we provide a service that keeps the people we support and the people we employ safe it is important that we record all accidents, incidents or near misses where there is actual harm or risk of significant harm. An accident, incident or a near miss may involve the people we support, family members, staff, other professionals and the public.

Accident

“An unfortunate incident that happens unexpectedly and unintentionally, typically resulting in damage or injury.”

E.G. “John fell down the back step and broke his leg.”

Incident

“An instance of something happening: an event or occurrence.”

E.G. “Jane became anxious and slapped John.”

Near Miss

“A narrowly avoided collision or other accident.”

E.G. “Whilst driving a dog ran into the road but due to doing an emergency stop no-one was harmed.”

If whilst you are at work and an accident, incident or near miss occurs then you should complete an Accident / Incident Report Form (Ormerod AIRF) which can be downloaded from Bettal (also attached at appendix 1 to this policy). In some situations it will be necessary for you to contact your line manager or the on-call manager. In all cases completed Accident / Incident Report Forms must be delivered to the Head Office (2, Headroomgate Rd) within 24 hours.

We will fulfil our duties under current Health and Safety legislation to report accidents and ill health at work as defined under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Staff should refer to QP07 Health & Safety for further details.

The organisation has a legal responsibility to notify CQC of certain situations as follows;

- Death of a Person using the service.
- Application to deprive a person of their liberty and the outcome
- Serious injury to a person who uses the service
- Abuse or allegations of abuse concerning a person who uses the service
- Incidents reported to or investigated by police
- **The CQC notification form can be downloaded via the website www.cqc.org.uk**

In the case of the above situations the service manager must complete the notification form which can be downloaded from the CQC website www.cqc.org.uk

The completed form is then to be e-mailed to the Operations Manager who will then send it to CQC.

All accidents and incidents will be investigated where relevant and we will collate all accident/incident reports which can be used to produce management information, analysis and identify trends.

1.0 Policy Principles

- 1.1 All employees have a duty to report a work related accident, incident or near miss.
- 1.2 The employee should notify their line manager and/or on-call as soon as possible following an accident or incident.
- 1.3 Where applicable the injured person or First Aider (Appointed Person) will record the event in the accident book and where first aid is administered, in the First Aid book.
- 1.4 The manager will inform the Office Manager of all accidents and incidents the Office Manager will notify the Chief Executive Officer.
- 1.5 When a major injury occurs this must be reported immediately (via phone or e-mail) to the Office Manager who will work with the Chief Executive Officer to notify the Health and Safety Executive.
- 1.6 Where relevant risk assessments will be reviewed after an accident/incident/near miss.
- 1.7 Where an employee has an accident at work which results in an absence of over three consecutive days this is to be reported to the Office Manager as soon as practicable.
- 1.8 All incident reports will be monitored and reported to the Chief Executive Officer in a monthly report. The results of the analysis should be used to improve practice, reduce risk and prevent recurrence, to ensure that any non-compliance, or any risk to non-compliance to the regulations is resolved as quickly as possible.

2.0 REPORTING AN ACCIDENT / INCIDENT / NEAR MISS

- 2.1 In the event of an accident / incident / near miss occurring, staff should remain calm and deal with the situation in a professional manner.
- 2.2 The manager should ensure that staff are able to recognise the difference between an accident and an incident or near miss, and the action that is required to deal with either.
- 2.3 Staff should record the accident / incident / near miss on the Accident/Incident/Near Miss Report Form (see appendix 1) and report the matter to their line manager in office hours, or the on-call if out of office hours (refer to on-call procedure).
- 2.4 All managers should know the circumstances under which an accident would become reportable as part of the RIDDOR Regulations. **To meet RIDDOR requirements relevant accident/incident/near miss forms will be reported to the HSE within three working days to meet legal timescales. The Office Manager will work with the Chief Executive Officer to notify the Health and Safety Executive.**

Accidents / Incidents reportable to RIDDOR:

- Death due to a work related accident.

Specified injuries reportable to RIDDOR:

- If the worker is incapacitated for 7 consecutive days or more due to an accident at work, not including the day of the accident but including rest days. It must be reported within 15 days.
- If the worker is incapacitated for 3 consecutive days or more must be recorded but not reported.
- Non-fatal accidents to non-workers where an injury has been sustained and they have been taken directly from the scene for treatment at hospital.
- Occupational diseases as per the list on the HSE website.
- Dangerous occurrences as per the list on the HSE website.

2.5 There may be occasions where an Accident/Incident/Near Miss requires further supporting evidence, examples of when this may be necessary are as follows:

Accidents

- Complete the Accident / Incident Report (appendix 1).
- Complete the accident book.
- Body map if applicable (appendix 7).
- Complete an ABC Chart as appropriate (see appendix 3 /4 / 5).
- Incidents relating to medication errors (appendix 6).
- Any individual form specific to the person we support as defined by the person's support team / multi agency team.

Incidents relating to safeguarding issues (please refer to safeguarding policy)

- Complete the Accident / Incident Report (appendix 1).
- Complete the safeguarding reporting form (appendix 2).
- Body map (appendix 7).

IN ALL CASES WHERE AN ACTUAL OR POTENTIAL SAFEGUARDING ISSUE IS IDENTIFIED YOU MUST CONTACT THE LINE MANAGER / ON-CALL MANAGER IMMEDIATELY. THE MANAGER SHOULD REFER TO THE SAFEGUARDING POLICY AND FLOWCHART FOR FURTHER ACTIONS REQUIRED (E.G. INFORM THE LOCAL AUTHORITY AND FAMILY AS APPROPRIATE) AND COMPLETE A NOTIFICATION TO CQC.

THE REGISTERED MANAGER MUST BE INFORMED OF ALL SAFEGUARDING ALERTS AND CQC NOTIFICATIONS AS SOON AS POSSIBLE.

- 2.6 All senior staff should be aware of notifiable incidents to CQC. **E.g. police involvement, safeguarding event (including actual or suspected abuse), serious injury or harm or death of service user, receipt of authorisation from Court of Protection for restrictive practice.** These notifications should be sent to the Operations Manager who will notify CQC.
- 2.7 All managers should enable staff to feel confident that they can report concerns about risks to Service Users, poor practice and adverse events without fear that they will be treated unfairly as a result of raising their concern, and promote a culture of openness.
- 2.8 Under no circumstances may staff respond to members of the media when an incident has occurred. The only authorised person to do this is the Chief Executive Officer unless delegated authorisation has been granted in writing by the Chief Executive Officer to a member of the Strategic Management Team.

2.9 All sections within the forms must be completed as fully as possible. Accident/Incident/Near Miss Reporting Forms must also include a code which will assist with identifying the type of accident/incident/near miss that has occurred. Where more than one code applies then the most serious or most significant code only should be used, codes can be found in section 3.0 of this policy.

2.10 In all cases completed Accident / Incident Report Forms must be delivered to the Head Office (2, Headroomgate Rd) within 24 hours. Ways this can be done include the following:

- Directly handing them in, either posting through the letter box or placing in the 'marked' tray on the windowsill outside the admin and finance office.
- By e-mail to incidents@ormerodtrust.org.uk
- By first class post (the cost of the stamp can be claimed back via an expenses form).

Following this all forms are stamped and logged by the admin department.

Forms are then placed into the Service Manager's trays for completing before being passed on to the Operations Manager.

The Operations Manager will identify further actions and send an e-mail requesting the work to be completed.

The completed forms are passed back to the admin department for recording, monitoring and evaluation.

3.0 CATEGORIES FOR ACCIDENT / INCIDENT NEAR MISS REPORTING

A critical part of our incident reporting and analysis is the use of categories. These are intended to improve the information we gather to analyse accidents, incidents and near misses. This will then flag up any trends or service related issues leading to more targeted interventions.

To enable this to happen there is a box on the accident report form to put in the appropriate accident code. These are as follows:

A: Accidental injuries, these are where a service user or employee suffers an injury to themselves as a result of a pure accident such as walking into doors etc.

B: Falls, these are accidents resulting from falls, trips or slips.

C: Illnesses, incidents resulting from sudden illness such as nausea, migraines, choking etc which have required medical intervention, or the deterioration of chronic symptoms.

D: Seizures, recording any major seizures which require medical intervention or the use of rescue medication. These can be major or localised e.g. limb jerking.

E: Medication errors which could be (S) staff errors (G) GP errors, (P) pharmacy error or (U) user errors.

F: Verbal assaults on (S) staff, (U) users or (C) members of the community.

G: Physical assaults on (S) staff, (U) users or (C) members of the community.

H: Severe and challenging changes in behaviour.

I: Outbreaks of infection causing illness.

J: Other challenging behaviour e.g. spitting, environmental.

K: Signs of agitation/anxiety e.g. behaviour, shouting.

L: Financial errors.

O: Any other incidents not covered by the above.

Once the Service Manager has received the report it is their responsibility to assign a category to the report, this is then passed to the Operations Manager for authorisation.

REGULATIONS AND OUTCOMES This procedure addresses:

Care and Welfare

*Reg. 9 Outcome 4
Prompt: 4B*

Management of Medicines

*Reg. 13 Outcome 9
Prompt: 9B*

Safety, Availability and Suitability of Equipment

*Reg. 16 Outcome 11
Prompt: 11C*

Assessing and Monitoring the Quality of Service Provision

*Reg. 10 Outcome 16
Prompts: 16A, 16B, 16C*

Assessing and Monitoring the Quality of Service Provision

*Reg. 10 Outcome 16
Prompt 16e*

Appendix 1 – Accident/Incident/Near Miss Report Form Ormerod -AIRF

| |
|--|
| SPECIFY THE SERVICE USED: i.e which house/dom su etc |
|--|

Please complete all relevant questions as fully and as accurately as possible

| | | | | |
|----------|-----------------|-----------------|------------------|----------------------|
| 1 | ACCIDENT | INCIDENT | NEAR MISS | CATEGORY CODE |
|----------|-----------------|-----------------|------------------|----------------------|

| | | | |
|----------|-------------------------|---------------------------------|---------------------|
| 2 | PEOPLE INVOLVED: | | |
| | SERVICE USERS | STAFF (name & job title) | OTHER PEOPLE |
| | | | |
| | | | |
| | | | |

| | | |
|----------|---------------------------------------|--|
| 3 | LOCATION OF ACCIDENT/INCIDENT: | |
|----------|---------------------------------------|--|

| | | | |
|----------|---|------|------|
| 4 | DATE & TIME OF ACCIDENT/INCIDENT | DATE | TIME |
|----------|---|------|------|

| | | |
|------------|------------------------------|---|
| 4.1 | DETAILS OF ACCIDENT/INCIDENT | PLEASE ATTACH A DAILY REPORT SHEET OR SEPARATE SHEET IF NEEDED |
| | | |

| | | |
|------------|--------------------------------|--|
| 5 | IF INJURY OCCURED | |
| 5.1 | NAME OF INJURED PERSON: | |
| 5.2 | NATURE OF INJURIES: | |
| 5.3 | HOME ADDRESS OF INJURED PERSON | |
| 5.4 | DETAILS OF DAMAGE TO PROPERTY | |

| | | | | |
|------------|----------------------------------|-------------------|------------|-----------|
| 6 | ACTION TAKEN IF NECESSARY | | YES | NO |
| 6.1 | ON-CALL MANAGER NOTIFIED | | | |
| 6.2 | ON-CALL MANAGER ATTENDED | | | |
| 6.3 | MEDICAL ADVICE SOUGHT | PLEASE SPECIFY... | | |
| 6.4 | EMERGENCY SERVICES CONTACTED | | | |
| 6.5 | TAKEN TO HOSPITAL | PLEASE SPECIFY... | | |
| 6.6 | EXTERNAL AGENCY CONTACTED: | PLEASE SPECIFY... | | |
| 6.7 | FAMILY CONTACTED | PLEASE SPECIFY... | | |

| | | | | |
|------------|------------------------------------|---|------------|-----------|
| 7 | FURTHER ACTION | | YES | NO |
| 7.1 | HEALTH & SAFETY EXECUTIVE INFORMED | | | |
| 7.2 | RIDDOR COMPLETED | | | |
| 7.3 | NOTIFIABLE DISEASE | REFER TO HEALTH & SAFETY EXECUTIVE WEBSITE www.hse.gov.uk | | |

| 8 | RISK ASSESSMENT | | YES | NO |
|-------------------|---|-------|-----|----|
| 8.1 | WERE RELEVANT RISK ASSESSMENTS IN PLACE | | | |
| 8.2 | IF NO WHEN WILL RELEVANT RISK ASSESSMENTS BE COMPLETED | DATE: | | |
| 8.3 | HAVE ANY TRAINING SUPPORT ISSUES BEEN HIGHLIGHTED. IF YES WHAT ARE THEY | | | |
| PLEASE SPECIFY... | | | | |
| 8.4 | DO AMENDMENTS NEED TO BE MADE TO THE CARE PLAN | | | |
| PLEASE SPECIFY... | | | | |

| | | | |
|---|---------|-------------|-------|
| 9 | SIGNED: | PRINT NAME: | DATE: |
|---|---------|-------------|-------|

| | | | |
|---|--|-------------|-------|
| IF THIS IS AN ACCIDENT YOU WILL ALSO NEED TO COMPLETE THE BLUE ACCIDENT FORM | | | |
| 10 | COMMENTS, INCLUDING ACTION TO BE TAKEN TO MINIMISE REOCCURENCE To be completed by the relevant TEAM MANAGER | | |
| | | | |
| 10.1 | SIGNED: | PRINT NAME: | DATE: |

THIS FORM SHOULD NOW BE TAKEN TO HEADQUARTERS AND PLACED IN THE ACCIDENT/INCIDENT TRAY ON THE 1ST FLOOR LANDING WITHIN 3 WORKING DAYS

| | | | |
|------|---|-------------|-------|
| 11 | COMMENTS, INCLUDING ACTION TO BE TAKEN TO MINIMISE REOCCURENCE To be completed by the relevant SERVICE MANAGER | | |
| | | | |
| 11.1 | SIGNED: | PRINT NAME: | DATE: |

THIS FORM IS NOW PASSED TO THE OPERATIONS MANAGER WITHIN 3 WORKING DAYS

| | | | |
|------|-------------------------------------|-------------|-------|
| 12 | OPERATIONS MANAGER COMMENTS: | | |
| | | | |
| 12.1 | SIGNED: | PRINT NAME: | DATE: |

Appendix 2 – Safeguarding Report Form

| | |
|---|---|
| SERVICE | |
| SERVICE USER NAME | |
| SERVICE USER DATE OF BIRTH | |
| SERVICE USER ADDRESS | |
| DATE AND TIME OF INCIDENT | |
| NAME OF STAFF REPORTING | |
| NAME OF MANAGER DEALING WITH SITUATION / INVESTIGATION | |
| OTHER PEOPLE INVOLVED | |
| SUMMARY OF INCIDENT / ALLEGATION OR SIGNPOST TO FULL REPORT | INCIDENT REPORT COMPLETED? YES / NO ABC CHART COMPLETED? YES / NO |
| REPORTED TO CQC | YES / NO DATE REPORTED |
| REPORTED TO POLICE? | If yes what is the LOG NUMBER..... DATE REPORTED..... DETAILS OF POLICE AUTHORITIES / DEPARTMENTS |
| REPORTED AS A SAFEGUARDING | If yes, which authority? DATE REPORTED..... NAME OF PERSON THIS WAS REPORTED TO..... |

Service Managers Signature.....

Date.....

Operations Managers Signature.....

Date.....

Appendix 3 - Example of ABC Chart

| | <u>Antecedent</u> | <u>Behaviour</u> | <u>Consequence</u> |
|-----------------------------|--|---|---|
| Date & Time | Try to answer the following types of questions... | Try to answer the following types of questions... | Try to answer the following types of questions... |
| Who was Present? | <p>What was happening 'X' minutes <u>before</u>?</p> <p>Who said what before incident?</p> <p>Who did what before incident?</p> | <p>What actually happened during the incident? – What did David do?</p> <p>Who did it happen to?</p> <p>What was said during the incident? (X, staff other people)</p> | <p>What happened <u>after</u> the behaviour?</p> <p>Did X say /do anything afterwards?</p> <p>Did anyone else say / do anything afterwards?</p> |
| Where did it happen? | <p>Any other sensory stimulation – noise, temperature, demand of activity?</p> <p>Any reports of underlying mood from X – feeling hungry, sad, worried, lonely, angry?</p> <p>Any other information that is important before the incident happened</p> | <p>How intense was the behaviour?</p> <p>Did it include any verbal challenge <u>and</u> physical challenge</p> <p>How long did it last for?</p> <p>Any other information that is important about the behaviour.</p> | <p>Did any activity stop?</p> <p>Did any location change – ie returned home / went out?</p> <p>How was X, X minutes / hours afterwards?</p> <p>Any other information that is important about the consequences</p> |

Appendix 4 - Example of completed ABC chart

SERVICE USER NAMEA N OTHER.....

DOB ...01/.01./1977.....

PLEASE ENSURE THIS FORM IS COMPLETED AND ATTACHED TO A COMPLETED INCIDENT REPORT

| | ANTECEDENT (What happened before?) | BEHAVIOUR (What did the person do?) | CONSEQUENCE (What was the outcome?) |
|---|---|--|---|
| <p>DATE & TIME</p> <p>17/12/2015 17:35</p> | <p>AO had been sitting in the lounge with AB. AO had been watching Count Down laughing and talking with AB about the programme. At 17:00 AO had drank 300mls of tea with full support from staff using his dysphasia cup.</p> <p>At 17:25 AB asked AO if he wanted to go to the toilet. AO stood up and walked into the bathroom. AB supported AO onto the toilet and told AO that he would leave the room to give some privacy but would stand outside the bathroom door so AO could ask for help if it was needed.</p> <p>AB stood outside the door of the bathroom listening for AO.</p> <p>AB heard AO making a groaning noise so went into the bathroom.</p> <p>AO was having a seizure 17:34 (30 secs please see seizure record).</p> <p>AO appeared to recover from the seizure 17:35 and became agitated. The lounge, hallway and bathroom were a consistent warm temperature and the environment</p> | <p>AO screamed and shouted f*** Off 4 times. AO then stood up from the toilet and strode quickly through the bathroom door towards AB who had moved away and was standing in the hallway outside the bathroom as per protocol. AB told AO that everything was OK and told AO to go back to the bathroom. AO's tone of voice was calm and reassuring. AO then spat at AB and raised his right hand above his head and with a flat palm he then swiped towards AB but no contact was made as AB ensured a safe distance was maintained At this stage throughout the incident AB kept AO within direct sight. AO screamed again and shouted F*** Off repeatedly 7 times, AO then ran at staff with his right arm raised. The locked door protocol was implemented. The door was locked for 3 mins. AB remained stood on the other side of the door but could no longer visually observe AO. AO offered verbal reassurance to AO</p> | <p>Following the incident AB verbally reassured AO telling him that everything was going to be OK at around 17:50 AO sat in the lounge, he appeared to be quieter than usual, AO had stopped sobbing and saying he was sorry. The TV was put on and staff made suggestions of AO's favourite programmes he might like to watch, however, AO did not respond to staff other than giving brief glances. The TV was left on showing a favourite programme of AO's but AO did not appear to watch the TV. AO appeared very pre-occupied watching his left hand and finger movement which he moved in time to his speech and intonation. It was difficult to distract AO from watching his hand / fingers or engage him in conversation or other activity.</p> <p>AO was offered his teatime meal at 18:30 but experienced difficulties eating and drinking due to the lack of engagement and staff were unable to distract him from</p> |

| | | | |
|--|--|---|---|
| | was quiet as other service users and staff were elsewhere. | telling him that everything was OK and that he was close by. AO began to cry, he then began to sob and kept repeating "I'm Sorry." The hallway door was unlocked, staff maintained a safe distance. AO began to mumble quietly and accepted verbal prompts from staff to sit in the lounge. | watching his hand. AO made minimal and fleeting eye contact with staff and mumbled quietly to himself but his speech could not be understood. AO continued with these behaviours and was quieter than usual until he went to bed at 21:30. AO settled in bed. |
| WHO WAS PRESENT STAFF (AB) | | | |
| SERVICE USER (AO) | | | |
| WHERE DID IT HAPPEN Bathroom and hallway at 2 Seaview Place, St. Annes | | | |

Has there been a DOLS or restrictive practice implemented **Yes**

Please describe the practice

The hallway door was locked as per the protocol and risk management plan. AO presented with behaviours that are recognised as a potential high risk of physical assault towards staff member AB. AO was screaming and shouting 'F*** Off' then ran at AB with his right arm raised. AO also spat at staff member AB.

How long was the DOLS / Restriction implemented for?**3 minutes**.....

Were risk assessments followed **Yes**

Were protocols followed **Yes**

Was the practice authorised **No**

If No; why were they not followed and who was notified (manager / on-call)?

MR on-call and service manager was notified.

Although the restrictive practice has been agreed within an MDT and including family, documentation is outstanding from COP.

If No to any of the above please explain and state what actions are being taken to ensure compliance (to be completed by the manager if appropriate).

The local authority have been contacted and a request made for COP work to be completed / documents sent through. Social worker SA contacted by e-mail on 20/12/2015 for the request.

Post Incident Observations.

Please describe your perception of the person's mood

AO appeared quieter and more withdrawn than usual. He appeared to be very distracted by watching his hand movements, this prevented AO from engaging fully in his evening activities. AO was settled in bed at 21:00.

Please describe any behaviours

Following the incident AO appeared to be quieter than usual for the remainder of the evening. AO appeared very pre-occupied watching his left hand and finger movement which he moved in time to his speech and intonation. It was difficult to distract AO from watching his hand / fingers or engage him in conversation or other activity.

AO experienced difficulties eating and drinking due to the lack of engagement.

AO made minimal and fleeting eye contact with staff and mumbled quietly to himself but his speech could not be understood.

Please explain what support / reassurance was provided to the person

5 minutes after the locked door had been unlocked AO was sitting in the lounge. Staff offered AO verbal reassurance that things were OK. Staff asked AO if he would like to watch / listen to some music on TV. AO did not respond to the suggestions other than giving brief glances to the staff. The music channel was put on TV as this is a favourite programme of AO's. Staff remained with AO ensuring that he was OK and supported him with his evening activities.

Are there any further concerns / comments / observations? If yes please explain them

Please refer to fluid and food intake charts and epilepsy records.

Staff signature.....

Date.....

Following the incident the manager should review the practices implemented and identify areas of concern or changes that are required. If any please state these below

.....
.....
.....

Managers Signature

Date.....

Appendix 5 – Example of completed incident report relating to ABC chart

SPECIFY THE SERVICE USED: A N OTHER

i.e which house/dom su etc

Please complete all relevant questions as fully and as accurately as possible

| | | | | | | |
|----------|-----------------|-----------------|-------------------------------------|------------------|----------------------|----------|
| 1 | ACCIDENT | INCIDENT | <input checked="" type="checkbox"/> | NEAR MISS | CATEGORY CODE | H |
|----------|-----------------|-----------------|-------------------------------------|------------------|----------------------|----------|

| | | | |
|----------|-------------------------|-------------------------------------|---------------------|
| 2 | PEOPLE INVOLVED: | | |
| | SERVICE USERS | STAFF (name & job title) | OTHER PEOPLE |
| | A N OTHER | A BRENT CSW | |
| | | | |
| | | | |

| | | |
|----------|---------------------------------------|--|
| 3 | LOCATION OF ACCIDENT/INCIDENT: | BATHROOM AND HALLWAY 2, SEAVIEW PLACE, ST. ANNES. |
|----------|---------------------------------------|--|

| | | | |
|----------|---|--------------------|---------------|
| 4 | DATE & TIME OF ACCIDENT/INCIDENT | DATE 17/12/2015 | TIME 17:35 |
|----------|---|--------------------|---------------|

| | | |
|------------|-------------------------------------|---|
| 4.1 | DETAILS OF ACCIDENT/INCIDENT | PLEASE ATTACH A DAILY REPORT SHEET OR SEPARATE SHEET IF NEEDED |
|------------|-------------------------------------|---|

PLEASE SEE ATTACHED ABC CHART FOR FULL REPORT

| | | |
|------------|--|-----|
| 5 | IF INJURY OCCURRED THIS MUST BE COMPLETED | |
| 5.1 | NAME OF INJURED PERSON: | N/A |
| 5.2 | NATURE OF INJURIES: | N/A |
| 5.3 | HOME ADDRESS OF INJURED PERSON | N/A |
| 5.4 | DETAILS OF DAMAGE TO PROPERTY | N/A |

| | | | |
|------------|----------------------------------|-------------------------------------|-------------------------------------|
| 6 | ACTION TAKEN IF NECESSARY | YES | NO |
| 6.1 | ON-CALL MANAGER NOTIFIED | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | ON-CALL MANAGER ATTENDED | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.3 | MEDICAL ADVICE SOUGHT | | <input checked="" type="checkbox"/> |
| | PLEASE SPECIFY... | | |
| 6.4 | EMERGENCY SERVICES CONTACTED | | <input checked="" type="checkbox"/> |
| 6.5 | TAKEN TO HOSPITAL | | <input checked="" type="checkbox"/> |
| | PLEASE SPECIFY... | | |
| 6.6 | EXTERNAL AGENCY CONTACTED: | | <input checked="" type="checkbox"/> |
| | PLEASE SPECIFY... | | |
| 6.7 | FAMILY CONTACTED | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | PLEASE SPECIFY... | | |

| | | | |
|------------|------------------------------------|--------------------------|-------------------------------------|
| 7 | FURTHER ACTION | YES | NO |
| 7.1 | HEALTH & SAFETY EXECUTIVE INFORMED | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7.2 | RIDDOR COMPLETED | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | | | |
|-----|--------------------|---|--|---|
| 7.3 | NOTIFIABLE DISEASE | REFER TO HEALTH & SAFETY EXECUTIVE WEBSITE www.hse.gov.uk | | X |
|-----|--------------------|---|--|---|

| 8 | RISK ASSESSMENT | | YES | NO |
|---|---|-------|-----|----|
| 8.1 | WERE RELEVANT RISK ASSESSMENTS IN PLACE | | X | |
| 8.2 | IF NO WHEN WILL RELEVANT RISK ASSESSMENTS BE COMPLETED | DATE: | | |
| 8.3 | HAVE ANY TRAINING SUPPORT ISSUES BEEN HIGHLIGHTED. IF YES WHAT ARE THEY | | X | |
| PLEASE SPECIFY... BREAKAWAY TRAINING | | | | |
| 8.4 | DO AMENDMENTS NEED TO BE MADE TO THE CARE PLAN | | | X |
| PLEASE SPECIFY... | | | | |

| | | | |
|---|-----------------|----------------|------------------|
| 9 | SIGNED: A BRENT | PRINT NAME: AB | DATE: 17/12/2015 |
|---|-----------------|----------------|------------------|

| | | | |
|---|---|-------------|-------|
| IF THIS IS AN ACCIDENT YOU WILL ALSO NEED TO COMPLETE THE BLUE ACCIDENT FORM | | | |
| 10 | COMMENTS, INCLUDING ACTION TO BE TAKEN TO MINIMISE REOCCURENCE To be completed by the relevant TEAM MANAGER | | |
| | | | |
| 10.1 | SIGNED: | PRINT NAME: | DATE: |

THIS FORM SHOULD NOW BE TAKEN TO HEADQUARTERS AND PLACED IN THE ACCIDENT/INCIDENT TRAY ON THE 1ST FLOOR LANDING WITHIN 3 WORKING DAYS

| | | | |
|------|--|-------------|-------|
| 11 | COMMENTS, INCLUDING ACTION TO BE TAKEN TO MINIMISE REOCCURENCE To be completed by the relevant SERVICE MANAGER | | |
| | | | |
| 11.1 | SIGNED: | PRINT NAME: | DATE: |

THIS FORM IS NOW PASSED TO THE OPERATIONS MANAGER WITHIN 3 WORKING DAYS

| | | | |
|------|-------------------------------------|-------------|-------|
| 12 | OPERATIONS MANAGER COMMENTS: | | |
| | | | |
| 12.1 | SIGNED: | PRINT NAME: | DATE: |

Appendix 6 – Medication Error / Discrepancy Report Form

NAME OF SERVICE USER:

Date of Error / Discrepancy: **Time of Error / Discrepancy:**

Please provide a description of the medication error or discrepancy.

Has the G.P. been informed about this error? Please record any advice given or actions taken.

Has the CQC been informed about the discrepancy (following procedure MA-22, Care Quality Commission Statutory Notifications)? YES / NO

Date CQC informed:

Has the Safeguarding Adults Team been informed? YES / NO

Date Safeguarding Adults Team informed:

Where it is a serious drug error, has the owner / proprietor been informed? YES / NO

Date owner / proprietor informed:

Has the Service User and the Service User's family been informed? YES / NO

Date Service User and Family informed:

The error / discrepancy has been entered on the Service User's Care Plan, C4-079 and the Medication Administration Record, C4-050.

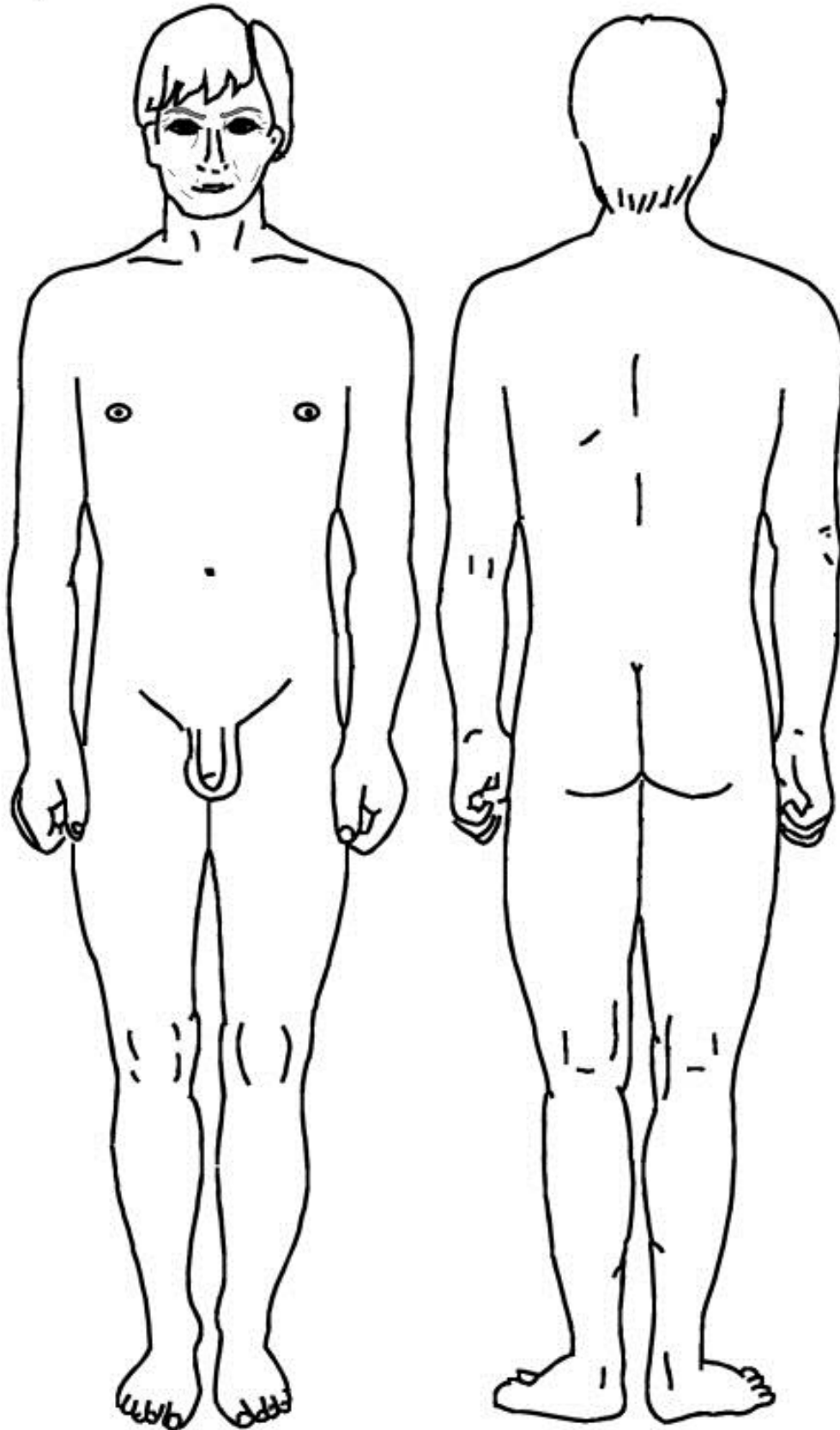
Date: Signature:

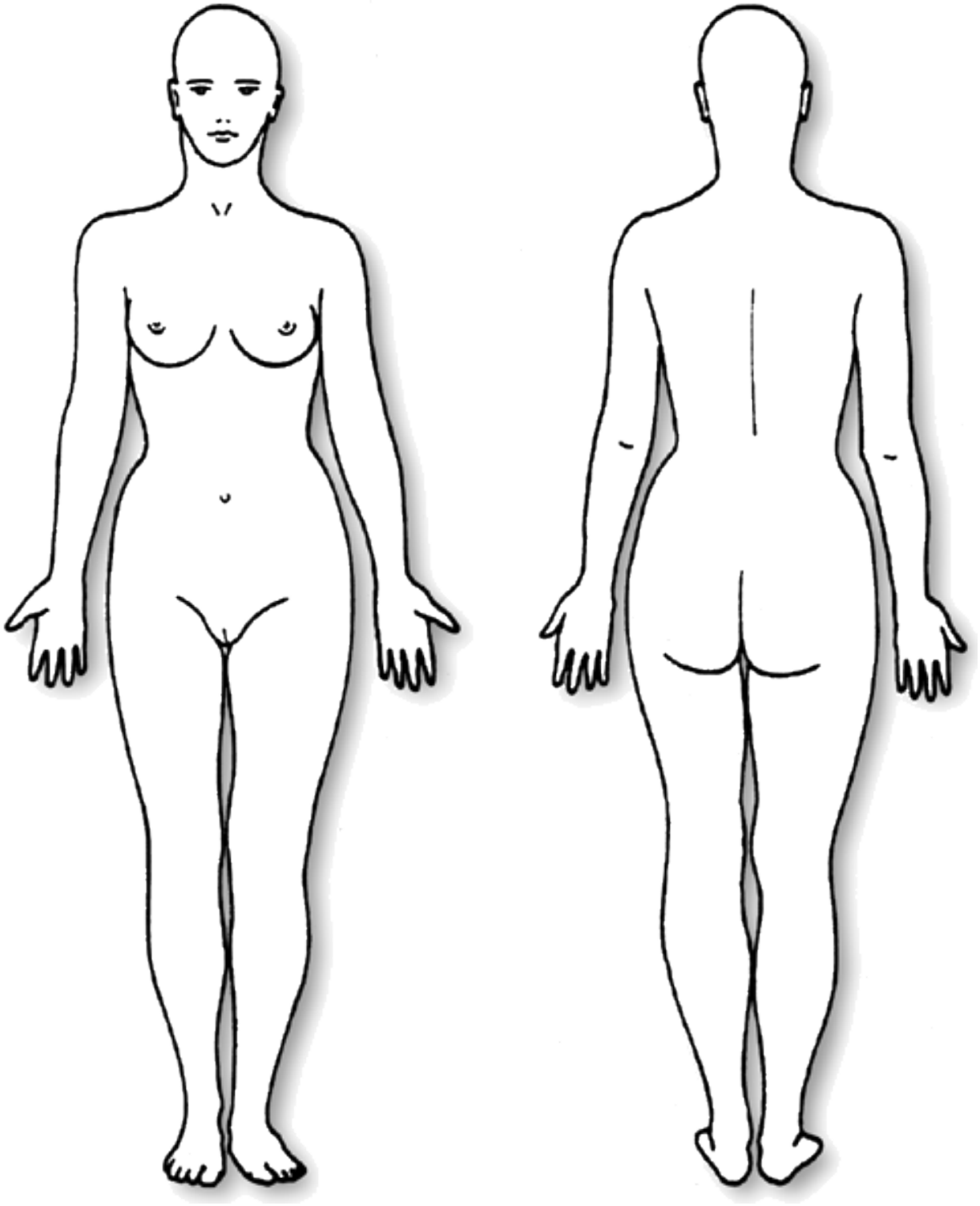
Please attach this form to the relevant incident report.

Appendix 7 – Body map

NAME OF PERSON:

DATE OF ACCIDENT/ INCIDENT:





Please attach this form to the relevant incident report.