

## Incident reporting

### 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

### Details of person reporting the incident

Full name

Job title

Development

Signature

Date

### Event details

Names of other(s) involved

Staff

Client

Visitor

Other

## Event details

*Names of other(s) involved*

*Staff*

*Client*

*Visitor*

*Other*

# Inna Care Incident Reporting Form

## 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)

Did event involve a service user?

Yes

No

Was anyone seriously affected / injured by this event?

If yes, tick appropriate description

Client

Public

Volunteer

Relative/Career

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"/> Clients 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 event

- |                                     |                                |                                   |                                |                                       |
|-------------------------------------|--------------------------------|-----------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Negligible | <input type="checkbox"/> Minor | <input type="checkbox"/> Moderate | <input type="checkbox"/> Major | <input type="checkbox"/> Catastrophic |
|-------------------------------------|--------------------------------|-----------------------------------|--------------------------------|---------------------------------------|

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="text" value="Care plan reviewed"/>      |
| Police informed                             | Health & safety manager informed                | Other                                                |

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes                      | No                       |

Has a team debrief taken place following the incident?

### 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

Development

Signature

Date

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