

Growing Hope incident reporting policy

What is an incident?

Any event which has led to potential or actual harm or injury, to family dissatisfaction or to damage/loss of property.

Examples include injury to a member of staff, loss of personal data (e.g. diary or work phone), trauma or injury to a member of the public, verbal or physical abuse, trips and falls within the carpark or clinic space, a fire.

Protocol in the event of an incident

- 1) Call emergency services if this is required.
- 2) Call the assistance of others if required.
- 3) Ensure everyone involved is protected from further risk and removed from the situation if necessary.
- 4) Remove any equipment that is involved and make sure that it clearly is given an 'out of order' sign.
- 5) If the incident is related to a child record the detail within a note on Canopy.
- 6) Record the incident on an incident form within the team drive.
- 7) Inform your line manager of the incident.
- 8) Decision to be made with the line manager as to the severity of the incident, if the incident is significant (e.g. a major injury or death) the trustees should be informed immediately. If the incident is minor (e.g. a slip in the clinic) this should just be noted within the incident folder.

The incident report form (as attached in this policy) must be completed following any incident and saved within the team drive.

Date adopted: **April 2018**

This policy should be read alongside other Growing Hope policies.

<p>Date of accident/ incident</p> <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> <p>Time of accident/ incident</p> <table style="margin: 0 auto;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">:</td> <td style="padding: 0 10px;">am</td> <td rowspan="2" style="padding-left: 20px;">Delete as appropriate</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;"> </td> <td style="padding: 0 10px;">pm</td> </tr> </table>				:	am	Delete as appropriate		pm	<p style="text-align: center;">Describe Accident/Incident</p>
:	am	Delete as appropriate							
	pm								
<p style="text-align: center;">Names of individuals involved</p> <p>Name: _____</p> <p>Name: _____</p> <p>Employee/volunteer Completing form: _____</p> <p style="padding-left: 40px;">Job Title: _____</p> <p>Contact number: _____</p> <p>Visitor <input type="checkbox"/> Employee <input type="checkbox"/></p>	<p style="text-align: center;">What treatment was required?</p> <p>None <input type="checkbox"/> First Aid <input type="checkbox"/> Hospital <input type="checkbox"/></p>								
<p>What led to the incident occurring?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">What part of the body was injured?</p> <table style="margin: 0 auto;"> <tr> <td rowspan="3" style="border: 1px solid black; width: 100px; height: 100px;"></td> <td style="padding: 0 10px;">right</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 0 10px;">left</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 0 10px;">n/a</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p style="text-align: center;">Please draw a body map if appropriate.</p>		right	<input type="checkbox"/>	left	<input type="checkbox"/>	n/a	<input type="checkbox"/>	
	right		<input type="checkbox"/>						
	left		<input type="checkbox"/>						
	n/a	<input type="checkbox"/>							
<p style="text-align: center;">Where did the incident occur?</p> <p>Location/Building: _____</p> <p>Floor/Room: _____</p>	<p style="text-align: center;">What was the injury? (eg. fracture, bruise, laceration)</p> <div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div>								



Growing Hope |
Registered charity 1176358

Growing Hope, KXC, 237 Pentonville Road,
London, N1 9NG | 07496 528506
info@growinghope.org.uk

<p>What happened following the incident?</p> <p>_____</p> <p>_____</p>	<p>Email this completed form to the address below</p> <p>Any time lost from work subsequent to this injury must be reported to the Growing Hope trustees.</p> <p>Email: info@growinghope.org.uk</p>
<p>What will be done to prevent a similar incident occurring again?</p> <p>_____</p> <p>_____</p> <p>_____</p>	