

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 is clearly 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 on the google drive.

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**

Date Reviewed: **February 2021**

This policy should be read alongside other Growing Hope policies.

Accident and Incident reporting form

<p>Date of accident/ incident</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>Time of accident/ incident</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">:</td> <td style="padding-left: 5px;">am</td> <td style="padding-left: 20px;">Delete as appropriate</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">:</td> <td style="padding-left: 5px;">pm</td> <td></td> </tr> </table>				:	am	Delete as appropriate	:	pm		<p>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>Job Title: _____</p> <p>Contact number: _____</p>										
<p>Visitor <input type="checkbox"/> Employee <input type="checkbox"/></p>	<p>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>What part of the body was injured?</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin-right: 10px;"></div> <div> <p>right <input type="checkbox"/></p> <p>left <input type="checkbox"/></p> <p>n/a <input type="checkbox"/></p> </div> </div> <p>Please draw a body map if appropriate.</p>									
<p style="text-align: center;">Where did the incident occur?</p> <p>Location, building, floor, room _____</p> <p>_____</p>	<p>What was the injury? (eg. fracture, bruise, laceration)</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin-left: auto; margin-right: auto;"></div>									
<p>What happened following the incident?</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">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 style="text-align: center;">info@growinghope.org.uk</p>									
<p>What will be done to prevent a similar incident occurring again?</p> <p>_____</p> <p>_____</p>										