**Friends and Places Together– Incident/Accident Report**

Part A – to be completed and sent to Chief Officer within 48 hours of incident/accident by (or on behalf of) each person affected by an accident, occupational disease, violence (actual or threat) Please tick all appropriate boxes, leave blank boxes that don’t apply, use a continuation sheet if necessary: Tick here if continuation sheet has been used

**Report No: Sarge 004**

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| **1. Person injured/affected:**  X  Amy Adamson  Name: Gender: Male Female  Home address:  Fremantle, Southend on Sea Essex  Status: Carer Client/Service User  X |

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| **2. Incident/Accident details:**  1425  21/8/15  Date of incident/accident Time:  Premises/site Exact location:  Laser Tag 2  Stubbers  (eg. room no., kitchen) |

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| **3. About the Incident/Accident:** What happened? (who was doing what at the time of the accident).  During the Laser Tag activity Amy fell over in the area causing some pain and swelling to left knee. Ice applied. |

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| **4. Witnesses name and contact details:**    X  **Statement(s) attached: Yes No** |

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| **5. Accident Type (please tick one box only)**  X  moving/handling of object slip/trip/fall on same level violence moving/handling of person  fall from height road traffic collision struck against machinery/equipment  animal contact struck by electrical injury near miss  sharp object awkward movement hot/cold contact hazardous substance  other (please specify) |

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| **6. Complete for violent incidents only - Incident details (please tick one box)** please tick if person  was not necessarily  **Nature of Incident -** Physical assault threat/verbal abuse property damaged responsible for  (inc. telephone and written) their actions  **Nature of Activity -** support/ personal care transporting client other  assisting (please specify)  **Other Factors -** was carer/ were police was a weapon some form of prejudice  client alone? involved? used?    physical intervention/restraint challenging behaviour  **Details of third party/aggressor involved:** Name & Address: |

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| **7. If injured:**  What part(s) of the body were affected e.g. head, arm (please indicate left or right)  Left knee  X  **If injured detail injury**: cut/abrasion  bruise burn/scald  twist/strain  fracture foreign objectother(please specify)  **consequences**: none first aid received sent to hospital  X  **any other details:** (details of first aid should be included here and records kept locally)  Wound cleaned by attended by Instructor and applied plaster to cover the wound. Stubbers first aid form completed by Stubbers staff Lucy Helam  BWM Team Leader Simon Sargent  **people informed: e.g. next of kin, parents** |

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| **8.**  22/8/15  SC Sargent  Signature Date  Leader  Simon Sargent  If signing on behalf of the affected person please state your: Name Position  154 South crescent Southend on Sea Essex  Address |

**PART B - *To be completed by the Chief Officer***

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| **9. What action has been/could be taken to prevent a re-occurrence?**  No Action required as accident due to trip whilst taking part in activity following instructions and accepting the risks involved |

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| **10. Recommended action to be taken?**  Amy spoken to and advised to slow down during activities of this nature. |

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| **11. Staff completing this form**  Name signed Job title  SC Sargent  Team Leader  Simon Sargent  (please print)  154 South Crescent  Southend on Sea  SS2 6TA  22/8/15  7/15  07796 678 939  Office address Tel no. Date |