**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 006**

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| **1. Person injured/affected:**  X  Cameron Tamage  Name: Gender: Male Female  Home address:  38 Chestnut Grove Southend on Sea Essex  Status: Carer Client/Service User  X |

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| **2. Incident/Accident details:**  1420  20/8/15  Date of incident/accident Time:  Premises/site Exact location:  Camp Site  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).  Cameron had been asking all morning for Simon to text his mum/dad to go to football on Saturday, he had been grabbing at Simons arm and poking him. Simon requested for Cameron to stop each time telling him to stop grabbing and that once the morning activities was over a text would be sent to his parents, which was done. Cameron then persisted in asking what was happening and grabbing. Again he was told to stop the grabbing, as Simon turned to talk to another person Cameron slapped him round the face.  Simon took hold of his arm and lowered it to his side and told Cameron never to do that again and that he needed to take 10mins out. Steve then spoke to Cameron and took him for a walk to calm down. On his return he did apologise to Simon, but the grabbing continued and further telling him to stop from other staff did not avert this action. Staff had to continually reiterate that it is not appropriate to keep grabbing them or other person.  Cameron did not join in the next activity and stayed in camp to help Monique clearing up after lunch. |

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| **4. Witnesses name and contact details:**    Steve Mervish. 07782 168999  X  **Statement(s) attached: Yes No** |

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| **5. Accident Type (please tick one box only)**  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  X  **Nature of Incident -** Physical assault threat/verbal abuse property damaged responsible for  (inc. telephone and written) their actions  X  **Nature of Activity -** support/ personal care transporting client other  assisting (please specify)  N  N  N  **Other Factors -** was carer/ were police was a weapon some form of prejudice  client alone? involved? used?    Y  Y  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)  Face  **If injured detail injury**: cut/abrasion  bruise burn/scald  twist/strain  Slap to Face  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)  N/A  **people informed: e.g. next of kin, parents** |

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| **8.**  22/8/15  SC Sargent  Signature Date  Staff  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?** |

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| **10. Recommended action to be taken?** |

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| **11. Staff completing this form**    Name signed Job title    (please print)      Office address Tel no. Date |