**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: 007**

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| **1. Person injured/affected:**  X  Adam Smith  Name: Gender: Male Female  Home address:  84 Silverdale Avenue Westcliff on Sea Essexc  Status: Carer Client/Service User  X |

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| **2. Incident/Accident details:**  23:00  26/10/15  Date of incident/accident Time:  Premises/site Exact location:  Upper walkway to hotel rooms  Thorpe Park - Shark Hotel  (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).  Adam along with all the several others, was running along the upper walkway of the hotel to the rooms, he lost his footing and fell over. Adam put his right hand out to save his fall, which due to heavy fall he bruised his palm, he also had a small abrasion to his left knee and to the left of his face. |

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| **4. Witnesses name and contact details:**    Simon Sargent - 07796 678939  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)  Right Hand, Left Knee, Left side of face  X  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  **any other details:** (details of first aid should be included here and records kept locally)  Adam was treated by myself, cleaned the abrasions to his knee and face, both where clean. Hid right hand was run under cold water for 15minutes to aid the pain. The following morning Adam was re checked and there was no visible difference in the bruising or abrasions.  Parent, Alison  **people informed: e.g. next of kin, parents** |

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| **8.**  28/10/15    Signature Date  Carer  Simon Sargent  If signing on behalf of the affected person please state your: Name Position  154 South Crescent Southend on Sea Essex SS2 6TA  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 |