

Appendix 1

This form should be completed and
submitted within 24 hours



INCIDENT or NEAR MISS REPORT

Part 1: Individual's Details

Reference Number:

Class/Group/Service:

Names of all individuals involved:

Part 2: Details of Incident or Near Miss:

Location:

Date:

Time:

Duration:

Person Reporting:

Witnesses:

Lone Working involved: Yes/No

Part 3: Type of Incident:

Nature: Attempted Contact, Contact (Highlight where appropriate)

Injury sustained YES/NO (If yes complete Part 13 of this form)

Part 3a: Types of Behavioural Incident (please highlight)

Description	
Physical contact	
Verbal/Abusive Language	
Self Injurious Behaviour (SIB)	
Absconding	
Property Damage/Destructive	
Sexualised Behaviour	
Other	
Details:	

Part 3b: Near Miss classification

Classification of a near miss: potential of injury/harm due to:- (please highlight or describe)			
Description		Description	
Slip, trip, fall		Being hit by a moving vehicle	
Handling, lifting, carrying		Fall from a height	
Electrical		Being hit by a falling object	
Exposed to/or contact with harmful substance, e.g chemical, gas		Coming into contact with moving machinery	
Other; Describe			

Part 4: Description of Events Leading up to and including the Incident or Near Miss

(Continue on a separate sheet if required)

“As Required” medication administered: Yes/No Time: Authorised by:

Part 5: Description of Immediate Actions including positive strategies and support:
(Continue on a separate sheet if required)

Part 6: Restrictive Interventions/Practice used YES/NO

Physical - Please Highlight Physical Intervention Techniques used:

T1 Basic Posture	T2 Turning	T3 Guiding	T5 Secure Comfort Hold
T6/1 Directing	T9 Figure Four Hold	T6/2 Cross Hold	T11 Figure Four Seated
T13 Arm/Chest Hold	T14 Push Escape	T18 2 Person Hold	T21/3 Seated Hold
T4 Comfort Hold	T6/1 Directing (Part 2)	T21/2 2 Person Seated Hold	T26 Armchair Decent
T28 Side Restraint	T29 Child Restraint	T31 Reverse Removal	

Duration of CALM techniques used:

Please Highlight Escape Techniques used:

LL2 1 Handed Shirt Pull	LL3 2 Handed Shirt Pull	LL4 Twisted Clothing Grab	LL6 Fix and Pull Away
HL11 One or Two handed Release	HL12 Parallel Grab Release	HL14 Elbow Release Against- Strangle/ Grab/ Hair Pull	
HL15 Rear Hair Grab	LL7 Nose Pinch		

Description of other forms of Restrictive Practice used:

Part 7: Description of Possible Causes:

Reference Number:

Part 8: Review of Options to Prevent Re-occurrence including minimising the use of Restrictive Practices
(H&S Rep input if a health and safety near miss)

Part 9: Initial Support Debriefing Comments:

Reflective Debriefing Date:

Person Responsible:

Reference Number:

Part 10: Young Person/Service User/Parents/Carers Comments (Where appropriate)

Parents/Carers Informed By:

Time:

Date:

Part 11: Managers Actions (refer to Appendix 1a)

Support Plan Reviewed: Date: Social Worker Informed (if required) YES/NO Date:

Risk Assessment Reviewed: Date: Care Inspectorate Informed (if required) YES/NO Date:

Accident Book to be completed (If required) YES/NO Date:

RIDDOR Report to be completed (If required) YES/NO Date:

Health and Safety Partner required to be Informed YES/NO Date:

Adult/Child Protection Issue – refer to Adult/Child Protection flowchart YES/NO

Comments:

Part 12: Report completed by and witnessed by:

Name: Signature: Date:

Witness by: Signature: Date:

Witness by: Signature: Date:

Witness by: Signature: Date:

INJURY FORM

Reference Number

Person Injured:* (Note: Complete a separate form for every person injured)

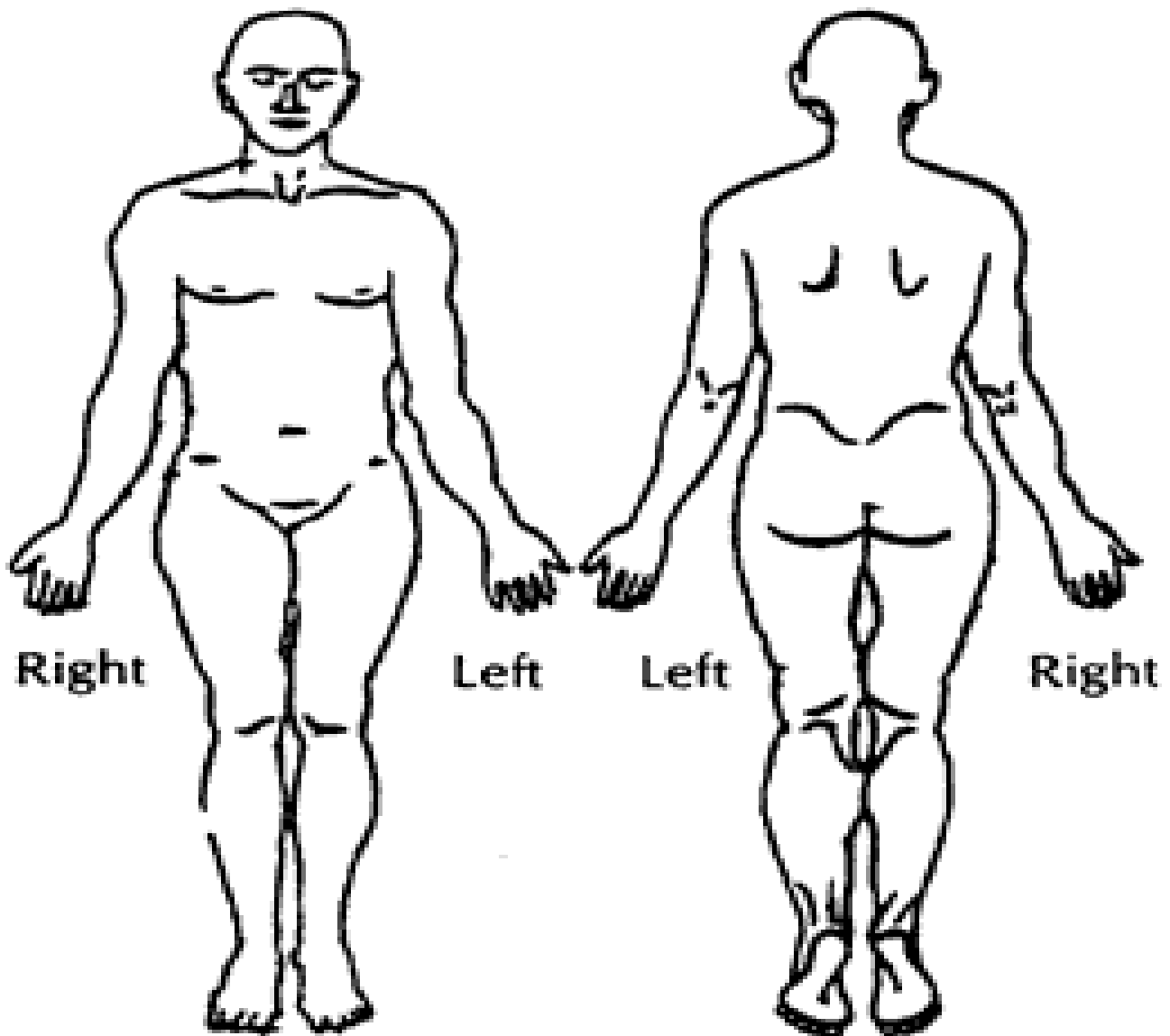
Day/Date:

Person Reporting:

Contact Details:

Description of Injury:

Mark clearly the site of injury:



Treatment Information: (*Tick boxes*)

Reference Number

No Treatment ☐
Attended G.P ☐
Treatment in Hospital ☐
Sent Home ☐

Resumed Work ☐
First Aid ☐
Detained in Hospital ☐

Details of First Aid Treatment

Accident book is required to be completed when the injury sustained exceeds a scratch or a bruise

Parent/Carer informed by:

Name:

Date:

Time:

Signature:

* Telephone log completed where required