

## Reporting of Incidents

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May 2021	Brian Gunn	V3.0	Cyclical review

### Summary of Changes

Section	Change
Whole Policy	New procedure format.

# Reporting of Incidents

## Contents

1.0 Introduction .....	3
1.1 Incident .....	3
1.2 Accident .....	3
1.3 RIDDOR Incident.....	3
2.0 Ark Incident / Accident Recording Sysytem .....	2
2.1 Ark Incident Record.....	2
2.2 Ark Quarterly Incident Reporting Summary .....	3
2.3 Incident De - briefing .....	4
2.4 Manager on Call Procedure .....	4
3.0 Contacting Regulators.....	5
3.1 Health and Safety Executive /RIDDOR .....	5
3.2 Care Inspectorate.....	5
3.3 Local Authorities / Adult Protection .....	5
3.4 Scottish Housing Regulator – Nontifiable Events .....	6
4.0 Implementation and Review.....	6
4.1 Implementation .....	6
4.2 Review.....	6
Appendix 1 RIDDOR Guidance .....	7
Appendix 2 Incident Record .....	12
Appendix 3 Incident Flowchart .....	13
Appendix 4 Major Incident Flowchart .....	14
Appendix 5 Incident De-brief Guide .....	15
Appendix 6 Manager On –Call Report .....	22
Appendix 7 Medication Incident Guide .....	23

## 1.0 Introduction

Incident reporting and the effective management of incidents and accidents is essential for the provision of a safe environment for Ark staff, supported people and others affected by Ark work activities.

When an incident occurs, the known information and details should be recorded and an appropriate investigation carried out to identify the cause and decide what new control measures or workplace procedures need to put in place to prevent or reduce the likelihood of a re-occurrence.

### 1.1 Incident

An incident is any occurrence or near miss which is unusual, unplanned or unexpected, which has (or under slightly different circumstances may have) resulted in injury or ill health of people, or damage or loss to property e.g. medication, behaviours of concern and moving and handling.

### 1.2 Accident

The HSE define an accident as “any unplanned event that resulted in injury or ill health of people or damage or loss to property”.

Any physical contact with something is an accident e.g. fall to ground, hit by object or hit by people whether deliberate or not.

### 1.3 RIDDOR Incident

A type of incident, as described in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 .These Regulations require employers, the self-employed and those in control of premises to report specified workplace incidents.

The types of RIDDOR reportable incidents are noted in Appendix 1.

## 2.0 Ark Incident / Accident Recording System

### 2.1 Ark Incident Record

The incident recording form in Appendix 2, requires basic information from staff involved in the incident and the information on this record is used to start completing the reporting and investigation process.

This record must have all sections completed, as soon as possible after the incident, and in any event within three days.

The record should be completed electronically and emailed to your manager, but paper copies can be used if the Ark Manager allows this method of recording incidents.

Electronic and paper copies have to be saved on the service's incident / accident record folders on G drive.

The record must be signed and dated (by hand or electronically) by the staff member recording the incident.

The Care & Support Manager (CSM) will review and input all incident record details ensuring that all the information on the record is entered correctly and accurate before starting to investigate incident and record the findings.

Completed incident reports and follow up actions will be reviewed by either a Regional / Operations Managers and Priory functions.

See Appendix 3 Incident Flowchart and Appendix 4 Major Incident Flowchart.

## 2.2 Ark Quarterly Incident Reporting Summary

This is a required report and is a summary in an Excel spreadsheet that has to be completed by Ark Managers after an incident has been recorded.

Every Care and Support service has an Incident Reporting Summary in their 'ARK Services' folder in the Care and Support/ Service Regulatory Information folder on the General Drive. The process for completing this will be as follows:

- In all cases if the CSM suspects that the incident is reportable to RIDDOR, they should contact their Manager and Ark's Health and Safety Adviser, who will decide if the incident is to be reported to RIDDOR.
- For all incidents the CSM will input information from the incident / accident record into the GREEN sections of the quarterly Ark Incident Reporting Summary.
- The CSM should then investigate the incident and input information from their investigation into the **BLUE** sections of the summary.
- The CSM will decide what extra control measures are needed and record all actions on the Quarterly Ark Incident Reporting Summary.
- All **GREEN** and **BLUE** sections must be completed by the end of the quarterly reporting period.

- The **YELLOW** section of the summary will be completed as necessary by an Ark Senior Manager or by Ark's Health and Safety Adviser in the case of a requirement for an organisational response to a recorded incident.
- The Health and Safety Adviser will review the summary, checking the required sections are complete, and communicate with Managers about completing any actions arising from the incident.
- The Regional or Operations Manager will review all sections of the summary before the quarterly deadline for providing incident information.
- The Regional or Operations Managers as appropriate, will periodically check that actions have been completed.

Ark's Information Management System (AIMS) is being trialled with Care & Support staff and this has its own guidance for staff to use currently. This Incident Reporting Procedure will be updated when AIMS is fully launched across the organisation.

### 2.3 Incident De-briefing

Ark Care & Support has developed an incidents, accident and near misses de-briefing guide to support employees in the effective management of any stress caused by workplace incidents. Debriefing is a specific process designed to assist individuals dealing with the physical or psychological symptoms that are associated with a workplace incident. Debriefing allows those involved to process the event and reflect on the impact. The full guidance is available in Appendix 5.

### 2.4 Manager on Call Procedure

If a workplace incident happens out with the local Ark Manager's office hours, staff should phone the Ark Manager on call. Manager's on call should complete a report for every telephone call to them or if there are a number of calls about the same incident. See Appendix 6 for Ark Management On – Call Report.

This report is sent to the Manager of the service as soon as possible after the contact, (usually copying in the relevant Operations/Regional Manager). If Managers on call carry out a de-brief with staff, the Debriefing Guide details the expectations around this. Managers on call do not need to report to the Care Inspectorate, Local Authorities or Emergency Services. The Manager on call will guide staff on duty that are contacting them to complete any regulatory contact.

## 3.0 Contacting Regulators

### 3.1 Health and Safety Executive / RIDDOR

Ark's H&S Adviser or relevant nominated colleague will complete these reports online (F2508) and return to the HSE. Completed reports will be sent to Ark Manager's for further reporting to other external regulators.

### 3.2 Care Inspectorate

The Care Inspectorate requires incidents and accidents in certain categories to be reported to them by Ark Managers. This has to be completed using their on-line system which all Registered Managers have access to.

Incidents requiring Care Inspectorate reporting are:

An incident requiring notification is a serious unplanned event which had the **potential** to Cause:

- Harm or loss, physical, financial or material.

Accidents requiring Care Inspectorate reporting are:

An accident which we regard as any unforeseen event **resulting** in harm or injury to the Supported person which has resulted in:

- GP visit;
- Visit referral to hospital;
- RIDDOR's;
- Medication Incidents that meet criteria for reporting to Care Inspectorate, See Appendix 7 for guidance.

There are other categories also requiring to be reported, such as allegations of abuse, allegations of misconduct, and certain criminal convictions, further details of which can be found in the Care Inspectorate's Guidance Note which can be found via a search on the Care Inspectorate's website: [www.careinspectorate.com](http://www.careinspectorate.com)

### 3.3 Local Authorities – Adult Protection

Certain incidents (those involving concerns about an adult at risk, whether suspected, witnessed or disclosed) will require to be reported to the relevant Local Authority, in terms of the Adult Support and Protection (Scotland) Act 2007. Further guidance on the reporting of such incidents can be found in Ark's Adult Support and Protection of Procedure (G57a).

### 3.4 Scottish Housing Regulator – Notifiable Events

The Scottish Housing Regulator requires certain incidents and events to be notified to them As soon as possible in terms of its Notifiable Event guidance. These notifications are normally dealt with by the relevant nominated officer on behalf of the Chief Executive, but Ark Managers who become aware that an incident may qualify as a notifiable event should contact Ark’s Health and Safety Adviser and / or a member of the Quality & Compliance team.

Examples of Notifiable Events include:

- Any incident involving the Health & Safety Executive or a serious threat to tenant safety;
- Serious accidental injury or death of a tenant potentially affecting other tenants’ confidence in ARK or its property and ARK’s reputation; and
- Significant natural disasters such as fire, flood, building collapse etc. that are of a scale to affect ARK’s normal business, e.g. that require full or partial implementation of the Business Continuity Plan, or where a regulatory or statutory authority has notified its concerns (e.g. HSE, Fire Brigade).

There are other categories of Notifiable Event also requiring to be reported, further details of which can be found in Ark’s Notifiable Events Procedure (G50), and the Scottish Housing Regulator’s Guidance on Notifiable Events

## 4.0 Implementation and Review

### 4.1 Implementation

The Chief Executive is responsible for ensuring that this policy, and the procedures that support it, are followed by all employees and Board Members

### 4.2 Review

The Chief Executive will ensure that this procedure is reviewed at least every three years, and that any amendments required are submitted to the Board of Management for approval.

## Appendix 1

## RIDDOR Guidance

RIDDOR = Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Types and categories of RIDDOR

- Fatality
- Specified Injury
- Over 7 Day Injury
- Dangerous Occurrences
- Industry Diseases
- Hospitalisation – immediately for third parties
- Hospitalisation of Employees

### RIDDOR types

#### Fatality

The death of any person as a result of an incident arising out of, or in connection with, work must be notified immediately to the HSE by telephone. The same procedure will be followed as for reporting any other serious accident. N.B. A death occurring within one year from date of any accident which took place at work is also reportable)

#### Specified Injury

- Any person suffering from any of the following injuries or conditions as a result of an accident arising out of, or in connection with, work must be reported to HSE / RIDDOR;
- Where any person at work, as a result of a work-related accident, suffers any bone fracture diagnosed by a registered medical practitioner, other than to a finger, thumb or toe;
- Amputation of an arm, hand, finger, thumb, leg, foot or toe;
- Any injury diagnosed by a registered medical practitioner as being likely to cause permanent blinding or reduction in sight in one or both eyes;
- Any crush injury to the head or torso causing damage to the brain or internal organs in the chest or abdomen;
- Any burn injury (including scalding) which covers more than 10% of the whole body's total surface area; or causes significant damage to the eyes, respiratory system or other vital organs;
- Any degree of scalding requiring hospital treatment; and
- Loss of consciousness caused by head injury or asphyxia.
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
- Acute illness requiring medical treatment including those believed to result from exposure to biological agents, toxins or infected material.



## **Over Seven Day Injury**

Over Seven Day Injury is where an employee is unable to carry out their normal work duties for more than seven consecutive days (excluding the day of the accident but including any days which would not have been working days).

These should be reported by sending a completed RIDDOR form within 15 days, which will be completed by Ark's Health and Safety Adviser. There is no requirement to immediately telephone the HSE for this type of injury.

## **Dangerous Occurrences**

- There are RIDDOR reportable Dangerous Occurrences – not to be confused with what we would consider a dangerous occurrence.
- Dangerous Occurrences must be reported immediately using the on line form F2508 sent to the HSE within ten days, e.g.:-
- The collapse, overturning or failure of a load bearing part of a lift, or lifting equipment.
- The unintended collapse of any building or structure under construction, alteration or demolition of more than 5 tonnes of material or any floor or wall of any place of work.
- The collapse of any scaffolding over 5 metres high.
- Electrical short circuit or overload causing fire or explosion.
- Any explosion or fire resulting in the suspension of normal work for more than 24 hours.
- Accidental release of a biological agent likely to cause a major injury or damage to health.
- Accidental release of, or escape of any substance which may cause a major injury or damage to health.
- Other criteria for reporting Dangerous Occurrences are noted in RIDDOR

## **Reportable Industrial Diseases**

The diseases which are required to be reported are those which have been contracted via work activities and mainly involved blood borne diseases although there are some other diseases listed. Medical confirmation is required.

For some infectious diseases Public Health authorities may also be involved.

Certain diseases which have been contracted at work are also reportable to the enforcing authority in the same way as over seven day injuries, and dangerous occurrences. Form F2508A must be completed by ARK's Health and Safety adviser and forwarded to the Enforcing Authority, but first of all a medical certificate should be submitted by the employee to verify the nature of the disease. Advice and support can be given by ARK's Health and Safety Adviser.

Reportable diseases include occupational cancer; asthma; dermatitis; legionella; T.B tetanus; work-related upper limb disorders (i.e. repetitive strain injury caused by repeated movements which cause harm to the muscles and skeletal system); infections due to biological agents, e.g. hepatitis

### Hospitalisation – immediately for third parties

Any accident which results in a person not at work i.e. service user, visitor or other third parties suffer an injury arising out of, or in connection with work being undertaken which results in them being taken from the premises directly to a hospital for treatment by whatever means, taxi, ambulance or private car must be reported to RIDDOR within 10 days.

### Hospitalisation of employees

The HSE has removed the need to report the hospitalisation of employees for over 2 Hours, as of October 1<sup>st</sup> 2013 .There are certain cases where a report may apply but are not applicable to Ark`s work in the care sector.

### Examples of RIDDOR & Non-RIDDOR Incidents

Person Involved	Accident Details	Type of Injury	Reportable under RIDDOR?
Support Worker	Fell off stepladder while cleaning cupboard in kitchen. Sustained broken arm	Specified Injury	YES Send F2508 within 10 days
Employee	Hurt back while digging garden at employee`s home. Off work for 5 days	Strain	NO Not reportable. Accident not at work.
Admin Officer	Banged head on door at work. Taken to hospital. Detained for 24 hours. Returned to work 2 days later.	Major Injury	NO Not reportable. Use Ark`s reporting procedure.
Person we support	Tripped over vacuum cleaner left by support worker and broke leg.	Specified Injury	YES Send F2508 within 10 days.
Person we support	Died in sleep	Fatality	NO Not reportable if natural causes
Person we support	Found on bedroom floor with broken leg	Specified injury	NO Not reportable providing no one saw it happen, and/or

			there are no obvious work related contributing factors which identified that fall protection was not required
Delivery Staff (contractor)	Driver twisted ankle while in Ark managed premises. On a hoover cable ,unable to drive for 8 days but able to work in office	Over 7 day injury	YES Send F2508 within 15 days to enforcing authority Their employer should report but in case they don't, we do
Part-time employee	Normally works Mon-Wed. Injured back while lifting boxes on Monday. Absent Tues and Wed and returned to work the following Wednesday.	Over 7 day injury	YES As unable to work even though not on shift Send F2508 within 15 days to enforcing authority.
Visitor	Tripped over frayed carpet in Ark managed premises. Broken arm	Specified Injury	YES Send F2508 within 10 days.
Support Worker	Assaulted by person we support. Off work for 8 days with shock and bruising	Over 7 day injury	YES Send F2508 to enforcing authority within 15 days.

## RIDDOR Reporting Timescales Chart

	IMMEDIATELY BY PHONE	IN WRITING WITHIN 10 DAYS	IN WRITING WITHIN 15 DAYS
FATALITY- WORK RELATED	✓	✓	
SPECIFIED INJURY- WORK RELATED		✓	
OVER 7 DAY INJURY – WORK RELATED			✓
HOSPITALISATION OF VISITOR / PUBLIC – NOT WORK RELATED		✓	
OCCUPATIONAL DISEASE – WORK RELATED		✓	
DEATH OF EMPLOYEE WITHIN A YEAR OF OCCUPATIONAL DISEASE		✓	
FATALITY/MAJOR INJURY ON PUBLIC ROADS WHILE ON WORK DUTIES	✓	✓	

- HSE contact number- for fatality, major injury on a public road while at work- 0845 300 99 23
- Specified Injuries – Where any person at work, as a result of a work-related accident, suffers any bone fracture diagnosed by a registered medical practitioner, other than to a finger, thumb or toe.
- Amputation of an arm, hand, finger, thumb, leg, foot or toe.
- Any injury diagnosed by a registered medical practitioner as being likely to cause permanent blinding or reduction in sight in one or both eyes.
- Any crush injury to the head or torso causing damage to the brain or internal organs in the chest or abdomen.
- Any burn injury (including scalding) which covers more than 10% of the whole body's total surface area; or causes significant damage to the eyes, respiratory system or other vital organs;
- Any degree of scalping requiring hospital treatment;
- Loss of consciousness caused by head injury or asphyxia.
- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
- Acute illness requiring medical treatment including those believed to result from exposure to biological agents, toxins or infected material.

Incidents involving Supported People may also require reporting to Care Inspectorate and Social work

## Appendix 2

# ARK INCIDENT / ACCIDENT RECORD

Employee/Service User/Public/Other

### 1. Incident details

Date of incident:	Time of incident :	Location of Incident :
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### 2 . Person/ s affected by the incident / accident

### 2. About the person filling in this form (if not the person who had the accident)

Name:	Name:
Address:	Address
Postcode:	Postcode:
Employee <input type="checkbox"/> Service User <input type="checkbox"/> Public <input type="checkbox"/> Other <input type="checkbox"/>	Employee <input type="checkbox"/> Other <input type="checkbox"/>

### 3. Work task Involved in incident:

Supporting service user at home  Supporting service user in the community   
Office / admin duties  Works by contractor  Other

### 4.. Description of the incident

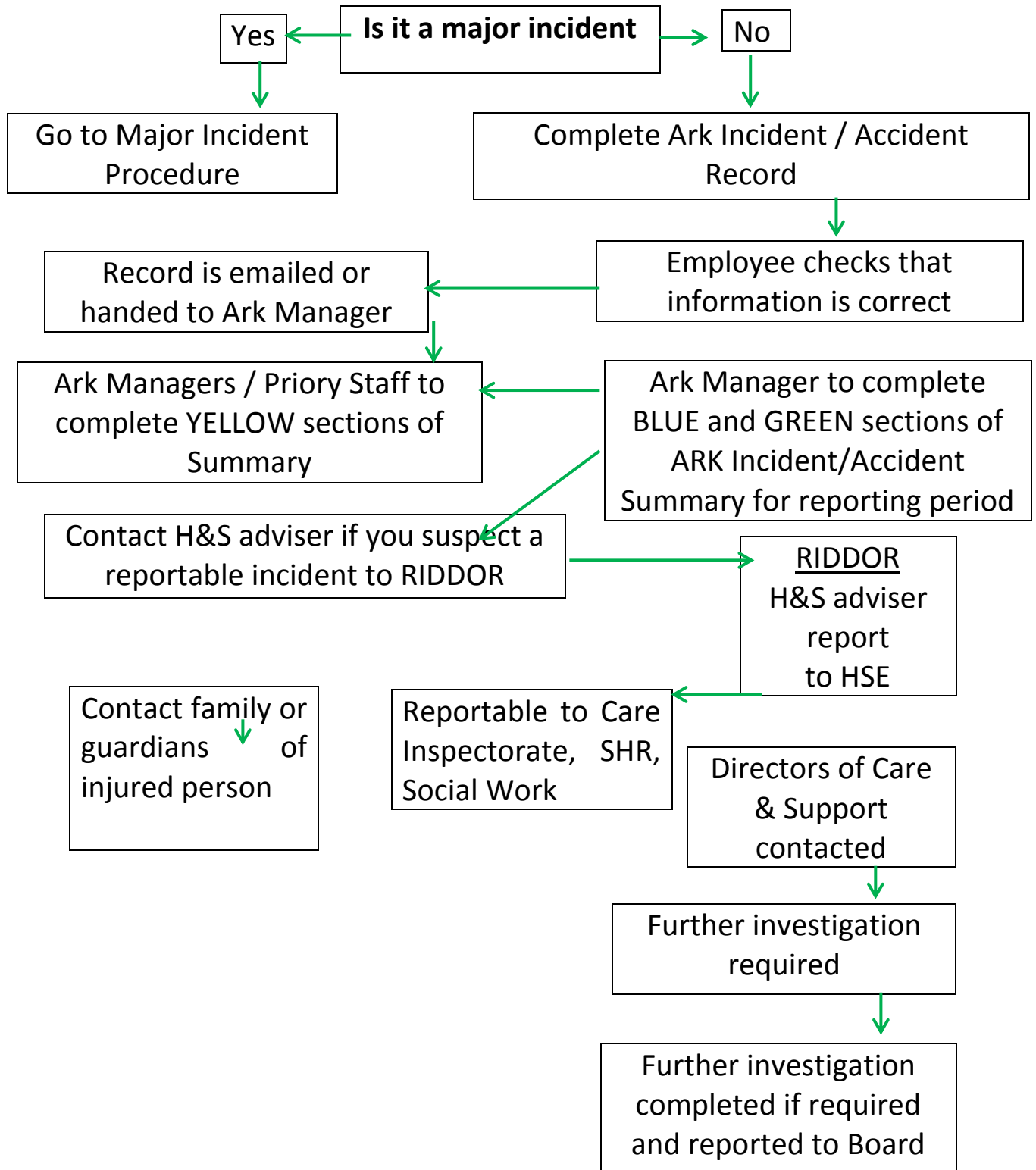
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Signature:	Print name:	Date of record completed:
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**Now hand over or email this form to your manager**

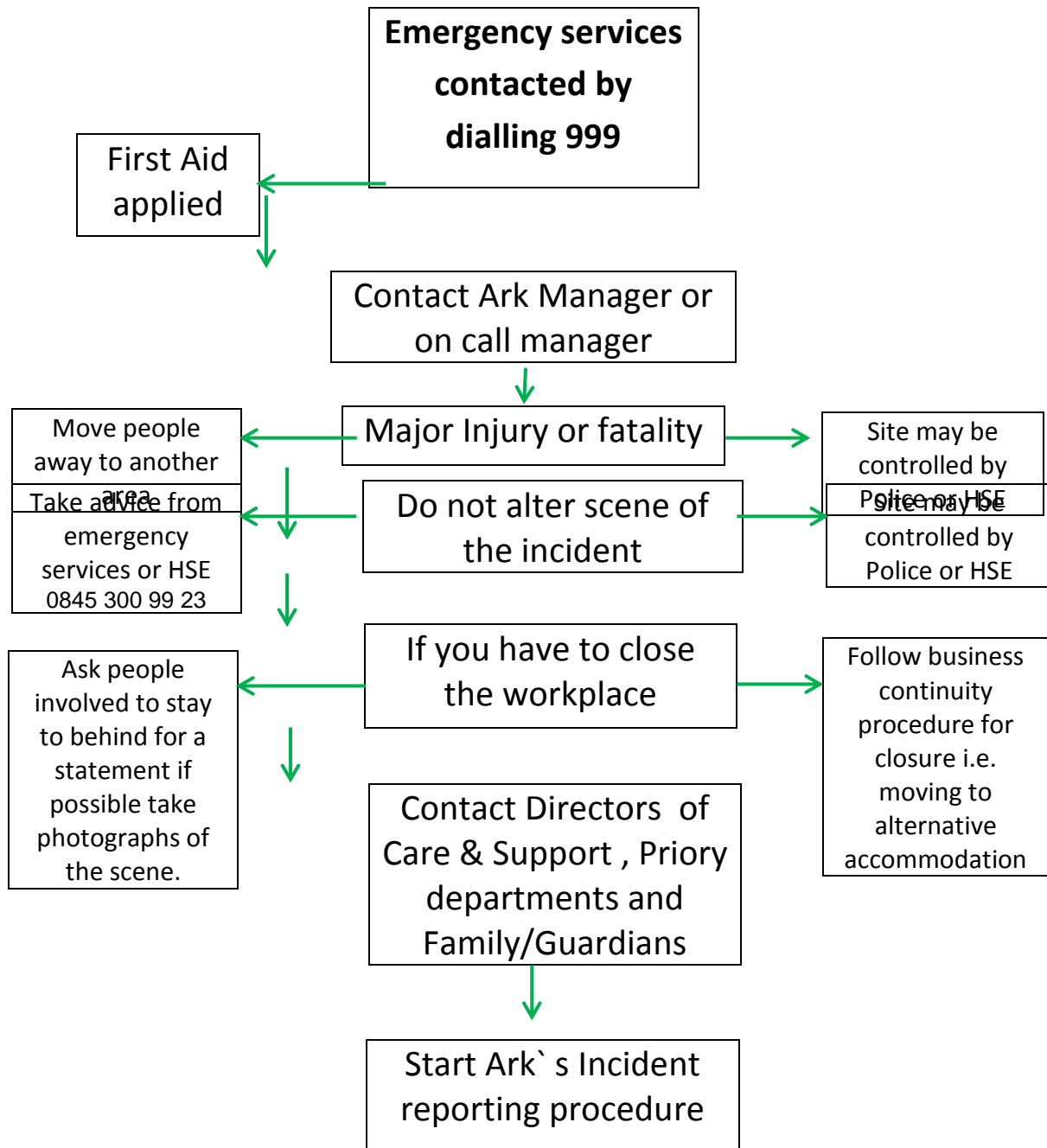
## Appendix 3

### Incident flowchart



## Appendix 4

### Major Incident or Fatality Flowchart



## Appendix 5

# Ark

## Incidents, Accidents, Near Misses and the Debriefing Process

### CONTENTS

1. Introduction	3
2. Guide	3
3. Responsibilities	3
3.1 Line Management Responsibilities	3
3.2 Employee Responsibilities	4
4. Procedure	4
4.1 Incident Debriefing	4
4.2 Debrief Follow-up Meeting	5
5. Relevant Policies	6
Appendices	
1. Appendix I: Incident Debrief Form	7
2. Appendix II: Follow-up Debrief Form	8

### 1. INTRODUCTION



The organisation has developed an incidents, accidents and near-misses debriefing process guide to support employees in the effective management of any stress caused by incidents, accidents and near misses. At ARK, “Debriefing” is a specific process designed to assist individuals dealing with the physical or psychological symptoms that are associated with an incident, accident or a near-miss. Debriefing allows those involved to process the event and reflect on its impact.

## **2. GUIDE**

This guide is put in place to ensure that we achieve the following so far as reasonably practicable:

- Ensure employees receive support from management following an incident, accident or near miss;
- Ensure a consistent approach across ARK;
- Provide a guide document for management to support employees using reflection and open discussion;
- Ensure employees are aware of the availability of ARK Employee Assistance Programme;
- Ensure employees and managers recognise the need to learn from any incidents.

Incidents, Accidents, and Near-Misses may cause distress as a result of:

- Aggression and violence towards employees or between service users;
- Aggression and violence towards employees from a member of the public;
- Service user death; service users who self-harm or attempt suicide;
- Being witness to a serious crime within organisation or the community;
- Crime committed against a service user;
- Service user sustaining a serious injury;
- Fire at an ARK location;
- Adult or Child protection issues;
- Service user reported as a “missing person”.

It is important to note here that the list above is not exhaustive.

## **3. RESPONSIBILITIES**

### **3.1 Line Management Responsibilities**

**Following a serious incident, managers must:**

- Complete Incident Debrief Form with employees as soon as possible following a serious event – within 48 hours for non-critical incidents and as soon as possible and no later than 24 hours for critical incidents. This step must be completed either face to face or by telephone using the appropriate sections of the debrief which must be signed by both parties at earliest opportunity not exceeding 72 hours unless there is senior management approval. (For Managers On-Call, the Incident Debrief form must be completed and emailed to the appropriate line manager in the next working day for all parties to sign off accompanied with the Management On-Call Report on the event).

- Complete a Follow-up Debrief as soon as possible and within 7 days for serious incidents and 72 hours for critical incidents;
- Engage employees to review and reflect on the incident;
- Discuss with employees any updates/further action required;
- The line manager must provide a copy to each individual employee involved and file it in the employee's personal file. If an employee is off work due to an incident, accident, near miss, the line manager must still carry out the debriefing and make arrangements for the form to be completed as soon as possible. It is the responsibility of line management to ensure that any necessary follow up action is carried out;
- If the debriefing cannot not be completed within the agreed timescale, this must be highlighted to senior management to consider the next steps.

### 3.2 Employee Responsibilities

#### **Following an incident, accident or near-miss, employees must:**

- Inform line management whether they are distressed or unable to cope with the circumstances following an incident, accident or near-miss;
- Complete an Incident Reporting Form as soon as possible or in the next working day;
- Participate fully in all discussions; be open and transparent;
- Request support and/or supervision if this is required;
- Use reflective practice and should inform management of anything that may need updated following incident e.g. risk assessments, support plans, staff practice.

## **4. PROCEDURE**

Whilst carrying out debrief sessions, managers should encourage employees to discuss the incident, accident or near miss openly; Employees must fully engage with the process to provide all the information they are able to remember regarding the incident. It is important that managers actively listen to the employee. Managers must take notes and complete the Incident Debrief Form in Appendix I. If it is necessary, clarify the information received from the employee involved in the incident. See Appendices I and II.

### 4.1 Incident Debriefing

#### **At the point when an employee contacts line management including management on-call, managers must:**

- Establish if the employee is able to discuss the event;
- Establish as much information about incident, where, when, who and what;
- Collate an outline of the event stating what exactly happened and what actions were taken to remediate risk;
- Establish how the situation was left; was the response sufficient? Or do employees require any advice on anything else?
- Confirm that employees are capable to continue to work;

- Establish whether employees have any concerns about how the situation was left, for example:
  - Are there any concerns for the service users' physical or mental health?
  - Are there any concerns for the service users' or employees' safety?
  - Obtain information of anyone/agencies that need to be informed of the incident and so within the required timescales for each agency. Please note that events reportable to RIDDOR must be discussed with Health and Safety Advisor immediately.
  - Are there any established contacts/communications that need to be followed up and by whom? Risk assessments or paperwork to be updated.
  - Check that employees have recorded the event in an incident report;
  - Remind employees about the Employee Assistance Programme;
  - Arrange a follow up meeting to take place within 48 hours or as soon as possible or next working day at the latest if this is related to a Major Incident. See Incident Reporting Policy and Procedure (HS04) for more information.

#### 4.2 Debrief Follow-up Meeting

Within 7 days after the initial debriefing meeting, a follow up meeting must be carried out with the employee(s) involved. The follow-up meeting should allow for deeper reflective practice and assess the following list:

- What happened in lead up to incident (triggers, environmental factors);
- Establish the details of the incident;
- What was response to the incident? Was it the correct response and in line with ARK's procedures?
- Explore what employees were thinking as events unfolded;
- Ascertain how thoughts translated into actions;
- Establish what employees were feeling as events unfolded;
- Establish what the worst aspect of the experience was for individual employees;
- Establish whether employees have been thinking about the incident and in what ways it might have affected them;
- Encourage individuals to separate out what might be personal issues from issues that they think should be taken back to the relevant teams;
- Establish whether there is anything employees would change about their actions;
- Establish what, if anything, employees' learning from the event;
- Establish what employees believe the service/team can learn from the event;
- Establish what employees believe has changed or has to change (risk assessments, practices);
- Clarify the points that will be taken back to the relevant teams;
- Copies of Debrief forms should be kept in employees' individual personnel files and appropriate details recorded on ARK's records of the incidents in line with ARK's Data Protection Policy and Procedure.

It is important to note here that the list above is not exhaustive.

## 5. RELEVANT POLICIES

The list of the policies and procedures below is not exhaustive; however, the documents listed below are useful and relevant to assist the reader in the understanding of this process guide.

- Protection of Adults at Risk (CS03)
- Supporting Positive Risk Taking (CS04)
- Restraint (CS06)
- Child Protection (CS09)
- Death of a Service User (CS11)
- Missing Persons (CS12)
- Behaviour of Concern (CS17)
- Health and Safety (HS01)
- Manager's Guide to Health and Safety (HS02)
- Risk Assessment (HS03)
- Incident Reporting (HS04)
- Managing Aggression at Work (HS11)
- Lone Working (HS12)
- First Aid (HS14)
- Stress at Work (HS20)
- On Call (HR39)

## Incident Debrief Form

Note: It is important to note here that the form below is not exhaustive and must be used as a guide only.

Department/Service/Area Name:			
Employee(s):			
Line Manager:			
Description of the Event:			
Immediate Action Taken:			
Any concerns for service user's health: No Yes			
Any concerns for service users' safety: No Yes			
Has employee(s) any concerns about how the situation was left: No Yes			
Each individual employee able to continue to work: No Yes			
Anyone/agencies that have been or need to be informed of the incident:			
Social Work/Local Authority	No Yes	H&S/RIDDOR	No Yes
Care Inspectorate	No Yes	GP/Hospital	No Yes
Senior Management	No Yes	Family/Guardians	No Yes
Contacts/communications that need to be followed up and by whom			
Incident Report Form completed: No Yes			
Date the incident Report completed:			
Date agreed for the follow up debrief meeting:			

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Line Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix II: Follow Up Debrief Form

Note: It is important to note here that the form below is not exhaustive and must be used as a guide only.

Notes on Reflections on the incident:
Individual learning from the incident:
Team learning from the incident – Anything that should be taken back to the relevant teams:
Further action to be taken in relation to the incident – Anything that has to change:
Future Planned Support for Employee:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
Line Manager: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix 6

### Ark Management On-Call Report

Service	
Staff member who called	
Date/Time of call	
Subject of call (SP name(s), staff member(s) involved and type of enquiry/incident)	
Detail of enquiry/incident:	
Immediate management guidance, support and recommendations given:	

Manager On-Call:

Date:

## Appendix 7 - Medication Incident Guide

### Controlled drug medication incidents which are reportable to CI and Ark

Guidance - Examples of Controlled Drugs are ;

Schedule 2 Morphine, Pethidine, Fentanyl, Diamorphine

Schedule 3 Temazepam, Midazolam, Buprenorphine, Tramadol

Schedule 4 Benzodiazepines (Diazepam) and anabolic steroids

Schedule 5 Dihydrocodeine, Codeine Linctus, Co-codamol

**Notifications must be made for the following types of events involving schedule 2-5 controlled drugs**

Prescribing or dispensing error by e.g. pharmacy or doctor/dentist.

Prescribed medication not available to be administered.

Person given wrong dose of medication.

Person given wrong medication.

Medication not recorded as given and no recorded explanation or justification.

Medication incident/error resulting in injury.

Medication incident/error referred to the Police.

Medication incident/error referred to the Procurator Fiscal.

Medication incident/error requiring input or advice from healthcare professional.

Medication incident/error resulting in hospital admission.

Medication incident/error considered as an adult or child protection matter.

Medication incident/error: 'near miss' that could have led to injury of harm.

Medication missing or stolen.

Medication or controlled drug records falsified.

Staff referred to professional registration body re: medicines management.

Staff left during or before investigation re: missing or stolen medication.

Staff left during or before investigation re: poor practice in management and administration of medication.

#### Timescale

Services should report the incident within 24 hours, with any follow up notification.

( timescale extended at weekends )

(e.g. outcome of investigation) reported as soon as appropriate.

#### Notification

Care Inspectorate -There is a separate e - form for controlled drug notifiable incidents with guidance available from the CI HUB

Ark - Report as an incident and report to H&S quarterly



## **Medication incidents relating to non - controlled drugs that are also reportable to the CI and Ark**

**For all errors below, Ark staff must contact a GP / NHS24 / Pharmacist for advice , and when the medical professional has advised there is a potential / risk of harm, then the CI and Ark must be notified.**

Where a period of monitoring/observations was required.

Where medicine out of stock for more than 48 hours.

Omissions – any prescribed dose not given.

Wrong dose administered, too much or too little.

Unprescribed medicine – the administration to a resident of any medicine not authorised for them.

Wrong dose interval.

Wrong administration route – administration of a medicine by a different route or in a different form from that prescribed.

Administration of a drug to which the resident has a known allergy.

Administration of a drug past it's expiry date.

## **Other medication incidents relating to non-controlled drugs that require notification to the CI**

Errors that resulted in GP visit or hospital admission.

Referred to the Police / ASP team / Social Work.

Where staff were reported to a professional body - for example SSC / Nurses and Midwifery Council.

Where medicine regularly (more than once) not given as prescribed.

### **Timescale**

Services should report the incident within 24 hours, with any follow up notification ( timescale extended at weekends )

(e.g. outcome of investigation) reported as soon as appropriate.

### **Notification**

There is a separate e - form for non - controlled drug notifiable incidents available in the registered service CI log in.

Ark - Report as an incident and report to H&S quarterly.

## **Non controlled drug medication incidents which are reportable to Ark but which are not reportable to CI;**

Medication incidents where GP/ NHS 24/pharmacist has been contacted as above and no harm was identified by them.

Tablets dropped on floor by staff.

Missed signature on MARR sheet.

### **Notification**

Ark - Report as an incident and report to H&S quarterly.