# Recording Reporting and Investigation of Adverse Events

# Westmorland & Furness Care Services

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## Policy

To ensure all staff are fully aware of their role and responsibilities when dealing with accidents, incidents, cases of ill health and near miss events.

## Procedure

**All Services other than Support at Home**

1. The recording, reporting and investigation of work-related adverse events (accidents, incidents, near miss or cases of ill health) involving employees, members of the public, independent contractors, service users and other persons, either on Council Premises or other locations where an adverse event has arisen out of or in connection with the Council’s work.
2. Effective adverse events investigation can assist in providing valuable insight into inadequacies in risk control and actions to prevent future injuries or loss. It will also help to inform an investigation into any claim that may arise.
3. The Health and Safety Procedures No 6 Recording, Reporting and Investigating of Adverse Events (Accidents, Incidents and near misses) can be found in the Council Safety Manual.
4. Accident, incident and near misses must be reported and entered directly onto the ICASS system via the portal.
5. Those members of staff using the electronic care recording system must record any service user accidents, incidents and/or near misses on the accidents / incidents and near miss log. This must be signed off and the e-safety ICASS number also recorded. Consideration must be taken to decide if the incident needs to be reported to CQC via a notification.
6. For those establishments that do not currently have direct access to the E-Safety ICASS portal, Accident, incident and near miss report forms can be accessed via Health and Safety.

### For Employees:

1. If you have an accident at work, or in connection with work the law requires you to tell your employer as soon as possible. You can do this by making an entry in the hard copy accident book B1-510, or by having someone do this on your behalf.
2. Staff must report all accidents, incidents and near misses to their supervisor or line manager who will complete the Council Corporate report via the E-Safety System once the facts have been ascertained.

### Service User:

1. All services using the electronic care recording system must report service users service user accidents, incidents and / or near misses must be recorded on the electronic on the accident / incident / near miss / falls log and then the manager / supervisors must be adding the details to the ICASS health and safety database E-Safety.

Other services NOT using the electronic system must report an accident / incidents / near miss onto the ICASS system.

1. Information can be collated using the accident, incident form. This is an interim arrangement to capture information within an appropriate timeframe prior to entering the details onto the E-Safety System.
2. Forms should be sent to the relevant manager to enable them to record and or verify the details of action taken to prevent a recurrence. This data must be captured on the E-Safety System.
3. For reports entered directly onto the E-Safety System, managers receive an automatic report notification from the system. The report must be viewed and if required additional information that wasn’t previously available can be recorded i.e., name of a witness, equipment used etc.

If the investigation has highlighted additional remedial actions, they must be recorded at this stage. Managers can also use this section to assign the implementation of remedial actions and compliance monitoring to supervisors and key workers.

1. The completed accident, incident report can be printed and retained with the service users care plan if required.
2. For establishments where access to a computer is limited non-editable version (PDF) should be used when completing a report form by hand.

(Near miss is an incident which had the potential to cause harm, injury, ill health or property damage)

1. All completed reports must be verified by the relevant manager so that an investigation can be conducted in most cases this will be minimal basic evidence gathering exercise to identify what went wrong and determine what steps must be taken to prevent the same thing happening again. Providing sufficient information to enable the manager to confirm that the proposed remedial actions have been implemented to a satisfactory standard to eliminate or reduce the risk to a manageable level.
2. Any investigation that takes place should be proportionate to the event that occurred.
3. Depending on the seriousness of the event it may be necessary to contact the Health and Safety Team 01228 221616. Outside of office hours the answerphone will give details of the emergency contact. Accidents and incidents that are RIDDOR reportable must be entered on E-Safety and Corporate Health and Safety Team advised of the accident, incident report number HealthandSafety@cumbria.gov.uk
4. A member of the Health and Safety Team may contact the manager, supervisor, involved and injured persons to obtain further details. The manager may be asked to collate witness statements along with additional evidence.

### Support at Home Service

1. Support workers must report accidents / incidents / near misses using their telephone mobile App and will also require a verbal conversation with their line manager and central business function. This is for all support worker staff accidents / incidents / near misses. This is then transposed to Cygnum where it will be picked up by the duty supervisor, it maybe that the supervisor requires a further conversation with the staff member to clarify facts. It is then the requirement that the incident is reported via the E-Safety Portal and an action date must be added to the Cygnum report.
2. All other Support at Home staff must report to their line manager and the incident reported via the E-Safety portal.

### Physical Assault, Threats and Verbal Abuse and Challenging Behaviours:

Staff, service users, contractors and visitors and any person who is exposed to and or has witnessed an incident must be given the opportunity to attend a debriefing session. This information must be captured on the relevant debriefing record ([Appendix 1 - Employee Incident Debriefing Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45202131519.docx), [Appendix 2 - Service User debriefing record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4520213177.docx) or [Appendix 3 - Member of the Public / Other Incident Debriefing Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45202131914.docx)) If staff do not wish to attend, this will be respected however they must provide sufficient and factual details about the incident to enable management to complete an accident, incident or near miss report. It is imperative that staff provide adequate information to any investigation that may be conducted following an incident, so that the appropriate conclusion can be reached, and appropriate remedial actions identified and implemented.

Staff members that choose not to participant in a debriefing session must be offered additional support such as advice from Occupational Health referral (self-referral can be completed), counselling, mentoring etc. This information must be recorded on the debriefing record. ([Appendix 1 - Employee Incident Debriefing Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45202131519.docx))

### Challenging Behaviour

For specific advice and guidance pertaining to managing behaviours please refer to Care Services procedure M2 Procedure.

## Appendix 1 – Incident Debriefing Record – Employee

[Appendix 1 - Employee Incident Debriefing Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45202131519.docx)

To be completed as soon as possible after the event with the Manager / Supervisor

Date, time and place of incident:

Name the people involved:

Provide brief details of the incident (Refer to the Health & Safety form and M2 Serious incident record Appendix 4):

What did you do during the incident?

How did you feel during the incident?

How do you feel now?

Did you sustain any physical injury as a result of the incident? YES / NO

If YES, provide brief details of the injury:

Did you receive medical attention for the injury? YES / NO

If YES, from whom did you receive attention?

Were you absent from work as a result of the incident (either due to physical injury or emotional distress)? YES / NO

If YES, provide brief details of the absence:

If you were injured or absent from work as a result of the incident has the following documentation been completed:

Accident Book - YES, NO, N/A

Absence Self Certification Form - YES, NO, N/A

GP Fit Note - YES, NO, N/A

What further support can I offer you? (e.g., PPC, member of staff to mentor, training etc)

By when?

Were there any signs or reasons that may have led to the incident occurring?

Actions resulting from the incident (e.g., Review or develop person centred care plan, risk assessments, behaviour protocols, medical intervention or Positive Handling Plan etc)?

Supervisor / manager: Date: Signed:

Staff: Date: Signed:

## Appendix 2 – Incident Debriefing Record

[Appendix 2 - Service User Incident Debriefing Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4520213177.docx)

To be completed as soon as possible after the event by the Link Worker or other appropriate Team Member.

Name of Service User receiving the debriefing:

Name the other people involved:

Date and time of incident:

ICASS ref no:

Give brief details of the incident (refer to the Health & Safety form or the M2 Serious incident record Appendix 4), in particular the way in which the Service User was involved:

Physical Health Check

Did you sustain any physical injury as a result of the incident? YES / NO

If YES, provide brief details of the injury:

Did you receive medical attention for the injury? YES / NO

If YES, from whom did you receive attention?

Service User Feedback / Comment

How did you feel during the incident?

How do you feel now?

What did you do during the incident?

What further support can I offer you?

By when?

Actions / Follow Up

Actions resulting from the incident / debriefing

Care Services Team Member:

Position:

Completion Date:

Service User Signature / or representative: Date:

## Appendix 3 – Incident Debriefing Record – Member of the Public / Other

[Appendix 3 - Member of the Public / Other Incident Debriefing Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45202131914.docx)

To be completed by the Manager or Supervisor when contacted by the person.

How did the person make contact e.g., telephone / face to face:

Name of Person:

Address or contact details (if provided):

Status / Role (In relation to the incident):

Names of the other people involved:

Date and time of incident:

Give brief details of the incident (refer to the Health and Safety Form or the M2 Serious incident record Appendix 4), in particular the way in which the person was involved:

Feedback / Comment

How did you feel during the incident?

How do you feel now?

What did you do during the incident?

What further support can I offer you?

By when?

Did you sustain any physical injury as a result of the incident? YES / NO

If YES, provide brief details of the injury:

Did you receive medical attention for the injury? YES / NO

If YES, from whom did you receive attention?

Actions / Follow Up

Actions resulting from the incident / debriefing.

Care Services Team Member:

Position:

Completion Date:

Member of the Public / Other:

Position:

Completion Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Copy to Person: