

Reporting an Accident or Incident Form

This form is to be completed by the HCC employee who has been involved in the accident or incident. Where the accident or incident relates to a client or member of the public or non-HCC Employee then it should be completed by, or on behalf of the responsible manager.

HOC Minor Incident Form (see categories below) information is reviewed by the Manager and held on the HOC Incident DB.

HCC Accident and Incident - this form is to assist in the reporting of accidents where direct access to the on-line Accident Reporting System is not available. Any information recorded using this form must be entered on to the Corporate Accident Reporting System with 24 hours of the Accident/incident occurring.

HOC Minor Incident or Safeguarding Form (IF) – NOT reported online

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| ☐ Minor safeguarding, bullying, behaviour | ☐ Minor medical issue |
| ☐ Damage to property | ☐ Theft |
| ☐ Missing person | ☐ Sickness |
| | ☐ Other |

HCC Accident / Incident – (Reported online within 24 hrs)

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| ☐ Accident – something that resulted in injury | ☐ Road Traffic accident/incident (that resulted in an injury) |
| ☐ Near Miss | ☐ Violence and aggression (a person is abused, threatened or assaulted) |
| ☐ Occupational ill Health (refer to Manager) | ☐ Dangerous Occurrence (Refer to manager) |

Details of person involved:

First name:		Surname:	
HCC Employee	☐ School Pupil	☐ Member of the public / non-HCC employee	☐ DOB (if known)
Address (if member of public)			
	Postcode:	Phone No:	
Was anybody else involved? No ☐ Yes ☐ Add details as above on separate sheet			

Location of incident

Name of premises: (or location)			
Where on the premises did the incident take place			
Description of activity	<i>(Archery, walking about site etc.)</i> 		
Name of school / group / course		Instructor name (if taught activity)	
Person completing report (if different)		Signed - person completing report	
Date of incident		Time of incident	

Details of incident
On 12/12/2019, a 10-year-old male patient was brought to the Emergency Department (ED) by his mother. The patient was found unconscious at home by his mother. The mother reported that the patient had been acting normally throughout the day. She noticed that he was not responding to her calls and found him unconscious on the floor. She immediately called 911 and the patient was transported to the ED. On arrival to the ED, the patient was found unconscious and unresponsive. His vital signs were: heart rate 110 bpm, blood pressure 120/80 mmHg, respiratory rate 20 breaths per minute, and oxygen saturation 98% on room air. The patient had no obvious trauma or injuries. The medical history was unremarkable, and the patient was on no medications. The patient was taken to the ED resuscitation room, where he was intubated and placed on mechanical ventilation. A CT scan of the head was performed, which showed no acute abnormalities. The patient was transferred to the Pediatric Intensive Care Unit (PICU) for further management. The patient's condition remained stable, and he was extubated on the second day of admission. He was able to eat and drink on the third day and was discharged home on the fourth day. The patient's mother was counseled on the importance of monitoring the patient's behavior and seeking medical attention if he had any further episodes of unconsciousness.

What was the main injury? (Cut, fracture, bruising etc)
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What part(s) of the body was affected? (Arm, leg, head etc) Left / Right

Before completing this section please refer to the following guidance: [HOC - Accident & Incident Form Wording Guidance](#)

Describe what happened and consider the following; who else was involved, any adverse conditions, equipment or PPE being used, chemicals or substances involved, behaviour of individuals at the time.
(Use separate sheets for diagrams, photos/CCTV or [witness statements](#) if required)

Was the person taken from the site of the accident to hospital? **Yes / No** If yes, did they receive treatment? **Yes / No**

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Result of injury (Circle)

No treatment	First Aid	Minor Injury	Specified Injury	Taken to hospital	1-7 days absence	Over 7 days absence
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Manager Notes / Actions / Follow up	Are follow up actions required (list below)?	Yes / No
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Manager name:	Date:
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Manager name:	Date:
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Admin – Details of who completed online reporting and addition to HOC database

HOC Incident form no:		Entered HOC DB by:		Date:	
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HCC Online form HSAR no:		Entered online by:		Date:	
Redacted group summary sheet or personal med / consent form attached (unless member of public)		Checked by:			
HCC Online form HSAI no (if known):		Entered HOC DB by:		Date:	