

Charismatic Care Limited
1a Birchfield, North Stifford, Grays, RM16 5UU

Accident and Incident Log – Employees or Other Non-Client Persons

Name of the person involved in accident/incident:	
Job Title or other description (e.g. visitor):	
Time and date of accident/incident:	
The precise location of the accident:	
How did the accident/incident happen?	
Name of witness(es):	
Details of apparent injuries:	
What immediate action was taken?	
Reasons given for cause of accident/incident (by employee/other person):	
Reasons given for cause of accident/incident (by witnesses):	

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Accident and Incident Log – Employees or Other Non-Clients – Management Review

At the time of the accident/incident:	Y/N
1. Should the person have been on the premises?	Y/N
2. Were they carrying out normal duties?	Y/N
3. Were they acting in accordance with policy, procedure and training?	Y/N / N/A
4. Was personal protective equipment provided for the work?	Y/N / N/A
5. Was the personal protective equipment being worn?	Y/N / N/A
If the answer to any of these questions is 'no', provide full details on a separate but attached sheet	
Is the employee able to continue work?	Y/N
Date work resumed:	
Registered Manager's investigation notes:	
Registered Manager's recommendations:	
Signature:	Date:
Title:	Date:
HSE informed by:	Date:
Insurance company informed by:	Date:
Reported to Management Meeting by:	Date:

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Accident and Incident Log – Client

Name:		Date of birth:
Time and date of accident/incident:		
Precise location of accident/incident:		
How did the accident/incident happen (initial report)?		
Name of witness(es):		
Details of apparent injuries or harm (refer to policy definitions for clarification):		
What immediate and monitoring action was taken to ensure that the Client was appropriately supported, and their health was effectively managed?		
Reasons given for cause of accident/incident by Client:		
Reasons given for cause of accident/incident by witness(es):		
Report causes and recommended action by investigator:		
Signed (investigator):		
Designation:		
Date:		

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Accident and Incident Log – Client – Management Review

At the time of the accident/incident:	
1. Was the Client accompanied?	Y/N
2. If accompanied, by whom?	
3. Was the accompanying person acting in accordance with policy, procedure and training?	Y/N
4. Was equipment provided for the processes resulting in the accident/incident?	Y/N
5. Was personal protective equipment being worn?	Y/N
If the answer to any of these questions is 'no', provide full details on a separate but attached sheet	
6. Did the Client require medical attention?	Y/N
If medical attention was required, please describe:	
Investigator's summary:	
Investigator's recommendations, including Care Plan changes:	
Signature: (investigator)	
Designation:	Date:
Client informed by:	Date:
Insurance company informed by:	Date:
Reported to Management Meeting by:	Date:
Care Quality Commission (CQC) informed by:	Date:

Refer to Management Meeting Action Plan for planned outcomes arising from the investigation.

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Accident Statistics Total

Month:				Year:			
	Slips/Trips/Falls e.g. D - Day N - Night	Cuts/Bruises	Burns/Scalds	Moving & Handling	Chemical	RIDDOR	Total
Clients							
Employees							
Visitors							
Other							
TOTAL							
Day hours total:				Night hours total:			
Manager's Signature:					Date:		