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| **Shared Lives – Incident/Accident Report – SL56 No:** |

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| **PART A – to be completed and sent to** [**sharedlives@kent.gov.uk**](mailto:sharedlives@kent.gov.uk) **within 24 hours of incident/accident by (or on behalf of) each person affected by an accident, occupational disease, violence (actual or threat)**  **Please tick all appropriate boxes, leave blank boxes that don’t apply, use a continuation sheet if necessary.** |

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| **Person Injured/Affected** |  |
| **Name:** |  |
| **Address:** |  |

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| **Incident/Accident Details** |  |
| **Date:** |  |
| **Time:** |  |
| **Location:** |  |

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| **Accident Type**  (please tick one box only) |  |  |  |  |  |
| **Accidents** |  | **Allegations of abuse** |  | **All other incidents** |  |
| **Physical injury** | ☐ | **Physical abuse** | ☐ | **Challenging behaviour**  **Injury of** | ☐ |
| **Property** | ☐ | **Sexual abuse** | ☐ | **Challenging behaviour**  **Self-injury** | ☐ |
| **Injury to carer or other person** | ☐ | **Financial abuse** | ☐ | **Challenging behaviour**  **Destruction of property** | ☐ |
| **Self-injury to service user** | ☐ | **Psychological abuse** | ☐ | **Incident where police are called/ involved** | ☐ |
| **Medication error** | ☐ | **Medication error** | ☐ | **Missing person** | ☐ |
| **Incident where police are called / involved** | ☐ | **Neglect / omission** | ☐ | **Death of a service user** | ☐ |
| **Other accident** | ☐ | **Other abuse** | ☐ | **Other incident** | ☐ |
| **About the Incident/Accident: What happened? (who was doing what at the time of the accident). Please use additional page provided at the end of this form if required.** | | | | | |
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| **Describe any injury i.e., left arm, right leg etc.** |
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| **Details action taken and/or of first aid or treatment given:** |
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| **Signature of Carer:** |  |
| **Date:** |  |
| **Address:** |  |
| **If signing on behalf of the affected person please state Name & Position:** |  |

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| **PART B – To be Completed by the Shared Lives Work or Manager** |

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| **What action has been/could be taken to prevent a re-occurrence?** |
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| **Recommended action to be taken?** |
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| **Incidents Reportable to CQC:** |  |  |
| **Does the Adult receive personal care?  (If yes, send notification to CQC if it fits under one of the current regulations)** | ☐ Yes | ☐ No |

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| **Shared Lives Worker /** | **Shared Lives Manager completing this form:** |
| **Name (Print):** |  |
| **Signature:** |  |
| **Job Title:** |  |
| **Date:** |  |
| **Office Address:** | Kroner House, Eurogate Business Park, Ashford, Kent, TN24 8XU |
| **Tel No:** | 03000 412400 |

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| **About the Incident/Accident Continuation Sheet:** |
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