|  |  |
| --- | --- |
| Internal reference: |  |

ERROR / INCIDENT / NEAR MISS \*delete

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child: |  | Date of Incident: |  |
| Children’s Home: |  | Time of incident: |  |
| Other related records: |  | Location of incident: |  |
| Lead staff member involved: |  | Other staff involved: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| What happened (brief summary of incident): | | | |
|  | | | |
| What led up to the incident (describe any factors or events that may have led to the incident taking place) | | | |
|  | | | |
| Description of any health-related impact of the incident | | | |
|  | | | |
| Medical treatment sought | | | |
|  | | | |
| Medical treatment provided (include whether this was accepted or declined) | | | |
|  | | | |
| Child’s views of the incident | | | |
|  | | | |
| Child’s signature |  | Date |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Person completing report: |  | Signature |  | Role / Position |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Action taken** | **Date** | **Time** | **Person completing action** |
| Safeguarding referral to SW and/or PM (**office hours**) |  |  |  |
| Safeguarding referral to MASH (**out of hours**) |  |  |  |
| Reg 40 notification to Ofsted |  |  |  |
| Child debrief meeting arranged/held (delete) |  |  |  |
| Staff debrief meeting arranged/held (delete) |  |  |  |
| HSW3 completed (if injured) |  |  |  |
| Police /Paramedics/Fire Brigade contacted (if needed) |  |  |  |
| Other (please state) |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency updates** | **Named person** | **Date** | **Time** | **Person completing action** |
| Social Worker |  |  |  |  |
| IRO |  |  |  |  |
| LAC Nurse (if injured) |  |  |  |  |
| Parent/Carer |  |  |  |  |
| Ofsted (via Reg 40) |  |  |  |  |
| LADO |  |  |  |  |
| Keyworker & staff team |  |  |  |  |
| Other (please state) |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of document reviewed** | **Date updated** | **Date sent** | **Person completing the update** |
| Safety Plan |  |  |  |
| Support Plan |  |  |  |
| Positive Handling Plan |  |  |  |
| Missing plan |  |  |  |
| Medication Plan |  |  |  |
| Other (please state) |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section to be completed by a manager** | | | | | | | |
| Manager’s initial review and comments | | | | | | | |
|  | | | | | | | |
| Print name |  | Signature |  | Role / Position |  | Date |  | |

|  |
| --- |
| Follow up actions: |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Manager’s final review and sign off: | | | | | | | |
|  | | | | | | | |
| Print name |  | Signature |  | Role / Position |  | Date |  |
| Print name |  | Signature |  | Role / Position | Regulation 44 Visitor | Date |  |