

Report of an injury

Notification No	0BBD720DA6	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	On the above site

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Outside in the garden area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public

Report of an injury

Notification No	0C2A3EC29C	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Nursing Office			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user went into the Nurses Office to talk to a member of staff. The service user picked up a torch and hit the member of staff over the head with it for no apparant reason

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Head

Report of an injury

Notification No	0F4A83F40C	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Report of an injury

Notification No	1C2B9BCB05	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the lounge area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user became agitated and made racist remarks to staff they then head butted a member of staff causing their nose to bleed. During the restraint procedure service user kicked another member of staff . Alarm was raised and other colleagues assisted with the incident

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Staff Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Other known injuries	Part of the body affected	Other parts of face

Report of an injury

Notification No	2A92FA7FC1	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	On the ward at the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
On the ward			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Member of staff whilst undertaking [REDACTED] duties was physically assaulted by a service user for no reason

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Trunk

Report of an injury

Notification No	2B7F43F967	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Lounge Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Report of an injury

Notification No	2DE0263874	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
England, Hertfordshire, St Albans			
In which department or where on the premises did the incident happen?			
Activity Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public
Main factor involved	Slip, stumble or fall

What happened

Member of staff was engaged undertaking activities with service users when [REDACTED] suddenly fell banging [REDACTED] head on the floor. The member of staff sustained a cut to their head, staff quickly used a towel to apply pressure on the bleeding area. An ambulance was called and they were transferred to A&E, whilst waiting for the ambulance to arrive the member of staff was going in and out of consciousness.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Specified Injury		
Injuries	Loss of consciousness	Part of the body affected	Head

Report of an injury

Notification No	3FA7ADAD34	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address [REDACTED]

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
[REDACTED]			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Struck against
Work process involved	Service or assistance to the public
Main factor involved	Other cause not listed

What happened

Staff member banged [REDACTED] knee on the doorway as [REDACTED] entered the house. [REDACTED] had previously injured [REDACTED] knee at work resulting in [REDACTED] having sickness absence

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Lower limb

Report of an injury

Notification No	4BA15EB4DC	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the aboe address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the lounge area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Another kind of accident
Work process involved	Service or assistance to the public

Main factor involved	Putting down, bending down
What happened	Service user was lowering themselves into a chair but [REDACTED] was not close enough to the chair. Staff assisted [REDACTED] to the chair and on doing so they felt a sharp pain in their back and shoulder.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Staff Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Back

Report of an injury

Notification No	4BAD06E7EE	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the lounge area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst restraining a service user a member of staff was physically assaulted

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Head

Report of an injury

Notification No	4BAD85341F	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Struck by object
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	A service user threw a cup of coffee over a member of staff. Their clothing was stained and they sustained a burn on their right arm. First Aid was administered and they attended the Minor Injuries Department at the local hospital.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED] [REDACTED] e		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Burns	Part of the body affected	Upper limb

Report of an injury

Notification No	4E579F6162	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the lounge area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user was being restrained as a result of violence and aggression and kicked a member of staff in the leg

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Lower limb

Report of an injury

Notification No	4F4D1DA0F2	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health and Safety officer		
Organisation name	Hertfordshire Partnership Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

The incident happened at the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Recovery Unit, [REDACTED]			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Human health activities - Specialist medical practices			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Physical assault
Work process involved	Other process not listed above
Main factor involved	Shock, fright, violence, aggression
What happened	[REDACTED] service user, detained under section 3 of the MHA, unsettled periodically throughout the morning. Walked into kitchen area and immediately grabbed staff hair. Staff tried to remove service users hand from hair, service user pulled staff to ground. 3 person supine implemented where possible. Service user hand released from hair, immediately grabbed staff clothing [REDACTED] underneath [REDACTED] clothing. Repeated attempts to bite, head butt and kick staff. Pulled staff hair on one more occasion, attempting

to pull [REDACTED] off the floor to bite staff. Staff suffered bruising to head and chest area, pain to neck, attended Walk in Centre.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	What was their occupation or job title?	Qualified Nurse
Gender	[REDACTED]	Age	[REDACTED]
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Other known injuries	Part of the body affected	Several torso locations

Report of an injury

Notification No	5D58CF434D	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Staff Office			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service User physically assaulted a member of staff whilst in the staff office. Personal alarm was activated and other staff came to assist, resulting in an over a 7 day absence from work

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Trunk

Report of an injury

Notification No	6AEC425C86	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health and Safety officer		
Organisation name	Hertfordshire Partnership Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

The incident happened at the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Carpark, [REDACTED]			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Human health activities - Specialist medical practices			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Another kind of accident
Work process involved	Other process not listed above
Main factor involved	Pushing, pulling
What happened	Service user got into [REDACTED] wheelchair from the unit vehicle on return to the unit, the brakes of the wheelchair did not work when activated and the wheelchair rolled down the pathway. IP attempted to stop wheelchair but landed on the ground and sustained cuts to [REDACTED] hands and back, [REDACTED] also sustained significant bruising. Staff member had to leave work early, [REDACTED] was advised to seek medical help. Attended hospital on [REDACTED] and confirmed that she has sustained soft tissue damage to [REDACTED] pelvis, [REDACTED] is likely to be off work

for a few weeks.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	What was their occupation or job title?	Community Engagement Worker
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Other known injuries	Part of the body affected	Several locations

Report of an injury

Notification No	6CBA1844E0	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Kitchen Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user physically assaulted a member of staff and punched their right wrist. The force caused the member of staff to fall backwards hitting their head on the floor

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Concussion and / or internal injuries	Part of the body affected	Head

Report of an injury

Notification No	6FBE5E26DA	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health and Safety officer		
Organisation name	Hertfordshire Partnership Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

The incident happened at the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
[REDACTED]			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Human health activities - Specialist medical practices			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Physical assault
Work process involved	Other process not listed above
Main factor involved	Shock, fright, violence, aggression
What happened	Throughout the day service user has come out of his bedroom and attempted to/actually assaulted staff in the form of hitting and kicking. On 11 occasions, service user required physical interventions to manage situation effectively and safely. A member of staff was kicked in stomach with some force on 2 occasions. Same member of staff was also kicked in left leg with some force. The IP had received kicks to the same area of the shin of the left leg over the previous weeks following admission of s/u. The IP attended their

GP on 1 [REDACTED] as their foot had become swollen. Signed off for rest and elevation of leg due to heamatoma.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	What was their occupation or job title?	HCA
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Contusions and bruising	Part of the body affected	Lower limb

Report of an injury

Notification No	7BC6C116F0	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
[REDACTED]			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Another kind of accident
Work process involved	Service or assistance to the public

Main factor involved	Other cause not listed
What happened	Whilst attempting to prevent a service user from absconding from the ward a member of staff upon their return to the Ward complained of chest pains. They went to A&E which has resulted in an over a 7 day absence from work

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Neck

Report of an injury

Notification No	8A4FE46A4D	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health and Safety officer		
Organisation name	Hertfordshire Partnership Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	HPFT
Address	[REDACTED]

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Admission Unit			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Human health activities - Specialist medical practices			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Physical assault
Work process involved	Other process not listed above
Main factor involved	Shock, fright, violence, aggression
	During a Multi disciplinary meeting a service user stated they did not like the Doctor and

What happened

Psychologist and threw water at them, then tried to jump the table and assaulted the IP with a punch to the left ear. IP attended own GP who diagnosed concussion and psychological impact / anxiety.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	CT2 Dr
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Concussion and / or internal injuries	Part of the body affected	Head

Report of an injury

Notification No	8C15FFFE70	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public
Main factor involved	Shock, fright, violence, aggression

What happened

Whilst undertaking a restraint procedure a member of staff became injured.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Registered Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Head

Report of an injury

Notification No	8CC3EEA0F0	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health Safety and Security officer		
Organisation name	Hertfordshire Partnership NHS Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Communal area in the ward			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public
Main factor involved	Shock, fright, violence, aggression

What happened

Service user was in the communal area engaging well with staff. The Service user stood up and kicked a member of staff in the ribs.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Nursing Assitant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Other known injuries	Part of the body affected	Trunk

Report of an injury

Notification No	8E7FC83622	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Bedroom Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst supporting a service user with personal care the service user suddenly kicked the member of staff in their hand, who sustained a dislocated finger

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Dislocation without fracture	Part of the body affected	Finger or fingers

Report of an injury

Notification No	8FEB36F314	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst restraining a service user member of staff sustained an injury resulting in them being absent from work for more than 7 days

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Lower limb

Report of an injury

Notification No	9B2C7320B8	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health and Safety officer		
Organisation name	Hertfordshire Partnership Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	HPFT
Address	[REDACTED]

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Admissions Unit			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Human health activities - Other			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Physical assault
Work process involved	Other process not listed above
Main factor involved	Walking on a sharp object
	Ammendment to form 8A4FE46A, this form was submitted but contained the wrong name of the Injured person. A duplicate form 6AB6F39E60 has

What happened

been submitted containing the correct information however it did not state it was the ammended form.This form has been completed to clarify that fact.
Patient attending a meeting told staff that he did not like them and threw cup of water, then assaulted staff member by punching to left side of head. IP attended own GP who diagnosed concussion and psychological impact / anxiety.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	CT2 Dr
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Concussion and / or internal injuries	Part of the body affected	Head

Report of an injury

Notification No	9CC1F082AD	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public
Main factor involved	Slip, stumble or fall

What happened

A service user pushed open a bedroom door of another service users bedroom door and as the door opened they fell forwards. The incident was not witnessed but it believed they stumbled forward and due to the momentum fell forward sustaining a fractured bone to their left wrist. There were no tripping hazards present.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Member of the public - Job title not applicable
Gender	[REDACTED]	Age	
Work Status	The injured person was a member of the public.		

About the injured person's injuries

Severity of the injury	Injury to member of the public - taken directly to hospital		
Injuries	Fracture	Part of the body affected	Wrist

Report of an injury

Notification No	9DDDDDF9D2F	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the main lounge area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Fall from height	Height of fall (in metres)	3

Report of an injury

Notification No	9E157D0E2A	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health and Safety officer		
Organisation name	Hertfordshire Partnership Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	HPFT
Address	[REDACTED]

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Training Room			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Human health activities - Specialist medical practices			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Other process not listed above
Main factor involved	Slip, stumble or fall

What happened

During RESPECT (Physical Intervention skills) training assessment the staff member over balanced and fell to the floor. First Aid was provided (cold compress) member of staff continued to feel pain throughout rest of training session. Attended hospital and GP, diagnosed with sprained right ankle.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	HCA
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Ankle

Report of an injury

Notification No	14C225FC15	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Bedroom Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Fall from height	Height of fall (in metres)	1
Work process involved	Service or assistance to the public		

Main factor involved	Slip, stumble or fall
What happened	Staff assisted a service user with persopnal care needs and [REDACTED] began screaming holding [REDACTED] left leg. Following hand over night staff reported the service user was found lying on the floor in the early hours of the morning. An ambulance was called and the service user was transferred to A&E and an x ray revealed [REDACTED] needed an operation to her hip.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	What was their occupation or job title?	Member of the public - Job title not applicable
Gender	[REDACTED]	Age	
Work Status	The injured person was a member of the public.		

About the injured person's injuries

Severity of the injury	Injury to member of the public - taken directly to hospital		
Injuries	Fracture	Part of the body affected	Lower limb

Report of an injury

Notification No	25C452FA0E	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health and Safety officer		
Organisation name	Hertfordshire Partnership Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	
Address	[REDACTED]
Incident location details	[REDACTED]

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
within ward area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Human health activities - Specialist medical practices			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Physical assault
Work process involved	Other process not listed above
Main factor involved	Shock, fright, violence, aggression

What happened

. Service User had repeatedly requested information to be printed from internet, IP stated this would be done during night. Service user then punched IP at least twice in the face. IP received bruising to eye area and pain to neck area.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	HCA
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Other known injuries	Part of the body affected	Several locations

Report of an injury

Notification No	92B0226050	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user came into the Nurses Office and grabbed a ligature cutter. Visitors were about to exit the Ward and the service user tried to leave with them. Staff managed to prevent the service user from leaving and in the process of taking the ligature cutter from the service user they sustained a cut to their left thumb. Another member of staff transported the member of staff to A&E who glued the cut and applied a pressure bandage.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Registered Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Lacerations and open wounds	Part of the body affected	Finger or fingers

Report of an injury

Notification No	574F47D3AC	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
in the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Staff member intervened between two service users who were having an altercation which resulted in the member of staff being punched on the forehead forcing them backwards hitting their head. The member of staff was taken to A&E directly from the scene

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Head

Report of an injury

Notification No	706BB1B7C3	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Garden			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user hit a member of staff in the back with force, whilst assisting another service user to leave the garden area

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Back

Report of an injury

Notification No	778C78D03B	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address [REDACTED]

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user who was severely agitated punched a member of staff in the face, kneed [REDACTED] in the groin and scratched [REDACTED] hand.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Other parts of face

Report of an injury

Notification No	814C625251	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health and Safety officer		
Organisation name	Hertfordshire Partnership Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

The incident happened at the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
[REDACTED]			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Human health activities - Specialist medical practices			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Other process not listed above
Main factor involved	Slip, stumble or fall
What happened	Service user had been given some water in order to take medication. SU swallowed the tablet dry and then poured the water on the floor, before getting up and attempting to assault staff with high intensity. Arm control utilised at 0940 but as floor was wet and slippy this was difficult. Staff member reported jarring [REDACTED] back slipping on the floor.

About the injured person

Injured persons name	[REDACTED]
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Injured persons address	[REDACTED]		
Phone no	[REDACTED]	What was their occupation or job title?	HCA
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Other known injuries	Part of the body affected	Back

Report of an injury

Notification No	829DF27230	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public
Main factor involved	Slip, stumble or fall

What happened

A service user was found on the floor in the corridor, there were no other service users present, the floor was not wet or any tripping hazards present. They were checked for injuries non apparant, walking as normal. Later they were observed holding their hand and wouldn't let staff touch it. An ambulance was called as they were in pain. They attended A&E and an X ray confirmed they had broken a bone in their left wrist

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Member of the public - Job title not applicable
Gender	[REDACTED]	Age	
Work Status	The injured person was a member of the public.		

About the injured person's injuries

Severity of the injury	Injury to member of the public - taken directly to hospital		
Injuries	Fracture	Part of the body affected	Wrist

Report of an injury

Notification No	839B48E36D	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst restraining a service user a member of staff sustained an injury resulting in them being absent from work for more than 7 days

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Lower limb

Report of an injury

Notification No	03725FCA30	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Outside the Ward Office			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public

Main factor involved	Slip, stumble or fall
What happened	Member of staff slipped outside the ward office for no apparent reason. The floor was not damp or wet.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	CPN
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Upper limb

Report of an injury

Notification No	6860ABB0F6	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	In the community

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
[REDACTED]			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public

Report of an injury

Notification No	9556AA3A93	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Bedroom Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public
Main factor involved	Shock, fright, violence, aggression
	Whilst staff were assisting a service user to wash

Report of an injury

Notification No	632686A3A8	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor outside the kitchen			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst restraining a service user a member of staff became injured

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Several locations

Report of an injury

Notification No	A0AF4CECD9	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Bedroom area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst staff were administering medication the service user punched a member of staff in the face resulting in a punch to the eye

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Charge Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Eye

Report of an injury

Notification No	A1D2EF156C	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public
Main factor involved	Slip, stumble or fall

What happened

A member of staff was walking towards the office and slipped on a recently cleaned floor, sustaining a broken finger nail to their middle finger and pain to their left knee.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Doctor
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Contusions and bruising	Part of the body affected	Several torso locations

Report of an injury

Notification No	A55A7C69E1	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the Corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst assisting with a restraint procedure the member of staff hurt their back

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Staff Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Other known injuries	Part of the body affected	Back

Report of an injury

Notification No	A423694DD6	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
[REDACTED]	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the Bedroom Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst staff were attempting to administer medication the service user refused and punched the member of staff in the face

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Staff Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Eye

Report of an injury

Notification No	A653907B58	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Bedroom Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Lifting and handling injuries
Work process involved	Service or assistance to the public
Main factor involved	Lifting, carrying, standing up

What happened

Whilst moving service users belongings to enable decorators to paint their bedrooms the member of staff felt back pain later in the day. This resulted in an over a 7 day absence from work

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Back

Report of an injury

Notification No	B00AFF8ED3	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	[REDACTED] at the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Meeting Room			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Fall from height	Height of fall (in metres)	1
Work process	Service or assistance to the public		

involved	
Main factor involved	Slip, stumble or fall
What happened	Member of staff fell off [REDACTED] chair hitting their head and elbow whilst sitting down for the commencement of the In - House training session. The member of staff was examined by the Medical Officer on site to determine the extent of any injuries sustained . Cold compress applied to affected area. Advised to attend A&E if condition worsened. The member of staff was advised to go home for the rest of the day

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Staff Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Back

Report of an injury

Notification No	B9F034D7E5	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the Corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst restraining a service user a member of staff was kicked in the shoulder

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Upper limb

Report of an injury

Notification No	B9FDDFFD7E	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	[REDACTED] at the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Office/Staff Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Fall from height	Height of fall (in metres)	1
Work process	Service or assistance to the public		

involved	
Main factor involved	Slip, stumble or fall
What happened	A member of staff slipped and fell down 2 steps on a staircase that leads from the staff offices. There were no obstacles or tripping hazards present. They missed their footing. They were taken to A&E and an x ray revealed a fractured ankle

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Charge Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Specified Injury		
Injuries	Bone fracture	Part of the body affected	Ankle

Report of an injury

Notification No	B13A81A853	Date Submitted	██████████
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About you and your organisation

Notifier name	██████████		
Job title	Health and Safety officer		
Organisation name	Hertfordshire Partnership Foundation Trust		
Address	██████████ ██████████ ██████████		
Phone no	██████████	Fax Number	
Email Address	██████████		

Where did the incident happen

The incident happened at the above address

About the incident

Incident Date	██████████	Incident Time	██████
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
██████████			
In which department or where on the premises did the incident happen?			
██████████			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Human health activities - Specialist medical practices			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Physical assault
Work process involved	Other process not listed above
Main factor involved	Other cause not listed
What happened	While staff were cleaning service user bed and bedroom s/u got out of the bath and assaulted staff. Member of staff sustained injury to █████ hand/thumb. Attended Walk in centre. Diagnosed with broken thumb and had a cast fitted to hand/arm. Will be off work for 4-6 weeks. To refer to OH prior to return to work and provide on-going support.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	What was their occupation or job title?	HCA
Gender	[REDACTED]	Age	[REDACTED]
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Fracture	Part of the body affected	Finger or fingers

Report of an injury

Notification No	B80DFB456B	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health Safety and Security Officer		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	at the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Outside Front Entrance			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Non residential social work - Other			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public
Main factor involved	Slip, stumble or fall

What happened

The member of staff was just outside [REDACTED] when [REDACTED] tripped and fell, [REDACTED] was assisted to [REDACTED] feet and noted to have sustained bruising to [REDACTED] right thumb, knees and cheek. The member of staff was advised to attend the urgent care facility as there was some debate re a fracture to [REDACTED] thumb or not, it later transpired [REDACTED] had fractured [REDACTED] right hand.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Medical Secretary
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Specified Injury		
Injuries	Bone fracture	Part of the body affected	Hand

Report of an injury

Notification No	B97531DCB0	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the lounge area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	A service user ran towards a member of staff and punched them in the face 3 times and once on the shoulder for no apparent reason, Other staff were present and escorted the service user to their bedroom

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Band 6 Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Head

Report of an injury

Notification No	B0115207BB	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the bedroom			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Three members of staff were assisting a service user with their personal care needs , whilst assisting they became very aggressive and was grabbing at staff trying to hit them. They became more aggressive and grabbed a member of staff's hand and twisted it. Cold compress was applied to their hand which began to swell. They attended A&E Department and x rays revealed inflamed joints and tendon damage

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Hand

Report of an injury

Notification No	BEA3115583	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst undertaking a restraint procedure a member of staff was physically assaulted

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Head

Report of an injury

Notification No	BF9CDC89E1	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	A memembr of staff sustained an injury to their back whilst undertaking a restraint procedure

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Back

Report of an injury

Notification No	BF495C9DFF	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the office			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Non residential social work - Elderly, disabled			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public
Main factor involved	Slip, stumble or fall

What happened

Member of staff whilst walking in the office tripped falling into a wall. There were no tripping hazards present at the time of the incident. They sustained an injury to their ankle. They were helped to a chair by colleagues and given some water to drink and remained seated for a period of time to compose themselves as they were upset and in pain

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Manager of a team
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Ankle

Report of an injury

Notification No	C264AEA194	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Garden Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	A service user physically assaulted a member of staff whilst walking past them

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Trunk

Report of an injury

Notification No	C89995C0E7	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user physically assaulted a member of staff whilst they were attempting to remove a snooker ball which the service user was going to use as a weapon. Member of staff was punched and kicked resulting in an over a 7 day absence

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Charge Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Head

Report of an injury

Notification No	CED48D96ED	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Lounge Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Another kind of accident
Work process involved	Service or assistance to the public
Main factor involved	Other cause not listed

What happened

Member of staff was undertaking medication rounds when they sat on a chair unknown to them that it was broken, the chair broke and they fell on the floor

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Trunk

Report of an injury

Notification No	CF826127F5	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health and Safety officer		
Organisation name	Hertfordshire Partnership Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	
Address	[REDACTED]
Incident location details	low stimulus room

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Low stimulus room, [REDACTED]			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Human health activities - Specialist medical practices			

The enforcing authority for the address where the incident happened is HSE

About the kind of accident

Kind of accident	Physical assault
Work process involved	Other process not listed above
Main factor involved	Shock, fright, violence, aggression

Report of an injury

Notification No	D8A40FCF8B	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	On the Road

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
On the Road			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Struck by moving vehicle
Work process involved	Service or assistance to the public

Main factor involved	Other cause not listed
What happened	Member of staff was involved in a road traffic accident, resulting in attending A&E Department. X Rays revealed they sustained a broken metatarsal and was put in a plaster cast

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Community Worker
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Fracture	Part of the body affected	Toe

Report of an injury

Notification No	D0457F465C	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened in a public place
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	Whilst walking to the car

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
[REDACTED]			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public

Main factor involved	Slip, stumble or fall
What happened	Member of staff whilst walking to their car after attending a meeting at [REDACTED] felt their right ankle pop. This resulted in a small swelling to the back of their heel, resulting in difficulty in walking and pain.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Community Worker
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Strains/sprains	Part of the body affected	Ankle

Report of an injury

Notification No	D495198D37	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	On the ward at the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public

Report of an injury

Notification No	DA63F129A6	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Bedroom Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public

Main factor involved	Slip, stumble or fall
What happened	Staff member heard [REDACTED] service user calling for help, on entering the bedroom service user was found on the floor, suspected fall. Ambulance was called the service user went to A&E. X rays revealed no fractures and they returned to the unit the same day

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Member of the public - Job title not applicable
Gender	[REDACTED]	Age	
Work Status	The injured person was a member of the public.		

About the injured person's injuries

Severity of the injury	Injury to member of the public - taken directly to hospital		
Injuries	Superficial injuries	Part of the body affected	General locations

Report of an injury

Notification No	DA842251DA	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user for no apparant reason physically assaulted a member of staff

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Back

Report of an injury

Notification No	DB53DC9211	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user on Section 3 of the MHA became angry and agitated, they kicked and assaulted a member of staff whilst trying to encourage them to take their morning medication, resulting in the member of staff losing consciousness. Ambulance was called and the member of staff was treated on site refusing to go to hospital

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Specified Injury		
Injuries	Loss of consciousness	Part of the body affected	Head

Report of an injury

Notification No	DBA1534C97	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user on long term segregation was being escorted from TV Lounge to bedroom as they had requested. They were walking in the corridor and they assaulted two staff by head-butting them. RESPECT technique undertaken but they were able to punch staff in the face. Member of staff attended hospital to assess injuries sustained which resulted in an over a 7 day absence from work

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Deputy Ward Manager
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Head

Report of an injury

Notification No	E1F5BD30E1	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Paaartnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the lounge area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user became agitated towards a member of staff became threatening and physicall assaulted them

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Deputy Ward Manager
Gender	Male	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Head

Report of an injury

Notification No	E5C3E8396B	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Report of an injury

Notification No	E7604558A0	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public
Main factor involved	Slip, stumble or fall

What happened

Service user was found on the floor by a member of staff sustaining a head injury

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Member of the public - Job title not applicable
Gender	[REDACTED]	Age	
Work Status	The injured person was a member of the public.		

About the injured person's injuries

Severity of the injury	Injury to member of the public - taken directly to hospital		
Injuries	Lacerations and open wounds	Part of the body affected	Head

Report of an injury

Notification No	EDE15BD1D9	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	[REDACTED] at the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the Office/Staff area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Service user physically assaulted a member of staff by punching them in the head

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Staff Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Head

Report of an injury

Notification No	EE48BFABE6	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
Nursing Office			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Struck by object
Work process involved	Service or assistance to the public

Main factor involved	Other cause not listed
What happened	Service user pulled and slammed the Office Nurse door not realising the member of staffs hand was present. The member of staffs left hand fingers were caught between the door and door frame. Member of staff attended A&E fingers remained swollen and painful, no fractures.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Health Care Assistant
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Other known injuries	Part of the body affected	Finger or fingers

Report of an injury

Notification No	F541B9C3AB	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the corridor outside the kitchen			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Whilst restraining a service user a member of staff became injured

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Charge Nurse
Gender	[REDACTED]	Age	
Work Status	The injured person was one of my employees.		

About the injured person's injuries

Severity of the injury	Injury preventing the injured person from working for more than 7 days		
Injuries	Superficial injuries	Part of the body affected	Several locations

Report of an injury

Notification No	FA7F652C61	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Health, Safety and Security Manager		
Organisation name	Hertfordshire Partnership University NHS Foundation Trust		
Address	Trust Head Office 99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	Hertfordshire Partnership University NHS Foundation Trust
Address	[REDACTED]
Incident location details	At the above address

About the incident

Incident Date	[REDACTED]	Incident Time	[REDACTED]
In which local authority did the incident occur (Country, Geographical Area and Local Authority)?			
[REDACTED]			
In which department or where on the premises did the incident happen?			
In the service users bedroom			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Elderly, disabled			

The enforcing authority for the address where the incident happened is the Local Authority

About the kind of accident

Kind of accident	Slip, trip, fall same level
Work process involved	Service or assistance to the public
Main factor involved	Slip, stumble or fall

What happened

A loud noise was heard from the service users bedroom, staff quickly went into their bedroom and found them on the floor sustaining a head injury. An ambulance was called they were assessed and went to A&E for treatment

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no		What was their occupation or job title?	Member of the public - Job title not applicable
Gender	[REDACTED]	Age	
Work Status	The injured person was a member of the public.		

About the injured person's injuries

Severity of the injury	Injury to member of the public - taken directly to hospital		
Injuries	Lacerations and open wounds	Part of the body affected	Head