

Report of an injury

Notification No	2D59BAF906	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

About you and your organisation

Notifier name	[REDACTED]		
Job title	H&S OFFICER		
Organisation name	HPFT		
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]
Incident location details	on ward

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 of ward			
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 was displaying disruptive behaviour to staff, physically assaulted injured person by grabbing hair and trying to pull the staff member to the ground. Staff suffered neck pain and has been off from work since incident with cervicalgia. Incident reported to police.

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	[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	Neck

Report of an injury

Notification No	3A5EAB9DC8	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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?			
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	Member of staff went to collect his belongings and a service user charged at [REDACTED] throwing punches, resulting in the member of staff attending A&E

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	3A7E480162	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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 address above

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 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	Slip, trip, fall same level
------------------	-----------------------------

Work process involved	Service or assistance to the public
Main factor involved	Slip, stumble or fall
What happened	Whilst a member of staff was undertaking a security check of the fence perimeter they slipped on a wet path. They continued to work on the ward and attended A&E who diagnosed a twisted knee resulting in an over a 7 day absence from work

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	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	Lower limb

Report of an injury

Notification No	6AAEEB4528	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

About you and your organisation

Notifier name	[REDACTED]		
Job title	H&S OFFICER		
Organisation name	HPFT		
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?			
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

during an incident requiring the use of adaptive holds the Injured person suffered pain and bruising to their knee resulting in 7 days off work.

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	Other known injuries	Part of the body affected	Lower limb

Report of an injury

Notification No	6CE0A720D1	Date Submitted	
-----------------	------------	----------------	--

About you and your organisation

Notifier name			
Job title	H&S OFFICER		
Organisation name	HPFT		
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?			
Seclusion 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	Physical assault
Work process involved	Other process not listed above
Main factor involved	Shock, fright, violence, aggression
What happened	Staff member supporting service user (s/u) in seclusion. S/U continued to show high levels of violence and aggression including physical assaults to staff resulting in restraints throughout afternoon. As a result the staff member reported pain in upper back/neck/shoulder area.

About the injured person

Injured persons name	
----------------------	--

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 locations

Report of an injury

Notification No	7C62ED312F	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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 Seclusion 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	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	The service user was in the Seclusion Room and became very aggressive whilst tea was being served. pushed a member of staff to get out of the room

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	35A14BC0CE	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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	Whilst undertaking a restraint procedure the service user landed on a member of staff's legs. The member of staff's left knee became swollen. Member of staff attended A&E and was told to rest and elevate leg, resulting in an over a 7 day absence from work.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	What was their occupation or job title?	Support 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	Lower limb

Report of an injury

Notification No	043EE77223	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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?			
Dining Room 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	Staff member approached the service user to offer them a cup of milk. The service user grabbed the member of staff by the hair and punched [REDACTED] 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?	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	Contusions and bruising	Part of the body affected	Upper limb

Report of an injury

Notification No	52F57109AA	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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	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 appeared to lose [redacted] balance and tripped over a zimmer frame. [redacted] hit the left side of [redacted] body when [redacted] fell, 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	Upper limb

Report of an injury

Notification No	74CB3E11B6	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

About you and your organisation

Notifier name	[REDACTED]		
Job title	H&S OFFICER		
Organisation name	HPFT		
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?			
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

As Patient went towards the seclusion room to enter the room [REDACTED] turned round and attacked a member of staff and punched them in the face and then walked into the seclusion room. Staff member reported as having fracture to cheek bone
[REDACTED]

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	Specified Injury		
Injuries	Bone fracture	Part of the body affected	Other parts of face

Report of an injury

Notification No	270B846230	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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 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

Service user for no apparent reason attacked a member of staff resulting in them having 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	Upper limb

Report of an injury

Notification No	981B1AE608	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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 Dining Room 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	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 observing a service user during meal time and didn't notice water had been spilt on the floor and slipped. First Aid was applied and an ice pack applied to their knee. Transport took them to A&E and they were told to rest due to the swelling. Member of staff was absent from work for more than 7 days.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	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	Lower limb

Report of an injury

Notification No	2016CE1EA3	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

About you and your organisation

Notifier name	[REDACTED]		
Job title	H&S OFFICER		
Organisation name	HPFT		
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?			
[REDACTED] Ward			
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

Patient was in de-escalation due to throwing a cup of water at staff 1. Injured person was in de-escalation corridor when patient came out of the room. [REDACTED] was in and squared up to IP. During this time [REDACTED] stated 'if you have something to say about me do it to my face' before punching [REDACTED] in the face. IP hit [REDACTED] head on the door behind him before collapsing to the floor. It was noted at this time that IP was disorientated and bleeding from the mouth. He was sent to seek medical treatment before attending the hospital. IP received facial swelling and concussion related injuries. Staff member returned to work on [REDACTED] however was deemed to be not Fit for duty and sent home again.

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	Head

Report of an injury

Notification No	7867F61A0D	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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?			
Seclusion 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	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	The service user was in the seclusion room and became very aggressive whilst [REDACTED] tea was being served. [REDACTED] punched a member of staff in the face twice and pushed another to get out of the room

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	Contusions and bruising	Part of the body affected	Other parts of face

Report of an injury

Notification No	10788DA346	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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?			
Dining 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	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 attempted to leave the Ward. Two staff members were trying to prevent this from happening , however in the process the service user fell backwards onto a member of staff who also fell backwards hitting their head on a corner of a pillar. First Aid was administered and an ambulance was called. When the ambulance arrived the paramedics examined the wound and recommended the member of staff attend the Urgent Care Centre as they would not be able to take [REDACTED]. Another member of staff transported the injured member of staff to hospital. [REDACTED] had 9 stitches inserted in [REDACTED] head wound resulting in an over a 7 day absence from work

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	What was their occupation or job title?	CATT 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	Head

Report of an injury

Notification No	21501CE444	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

About you and your organisation

Notifier name	[REDACTED]		
Job title	H&S OFFICER		
Organisation name	HPFT		
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?			
[REDACTED] ward			
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

██████ HCA was washing ██████ service user's groin area and had attempted to pull down ██████ trousers. ██████ then proceeded to kick ██████ in the face which resulted in ██████ sustaining injury to ██████ left eye. ██████ HCA was verbally reassured and cold compress applied to left eye. ██████ was seen and examined by Ward Doctor. Taken to A&E for x-ray and advised to refrain from returning. Support and TLC given. The injuries sustained are black eye and pain in cheek/neck & shoulder.

About the injured person

Injured persons name	████████████████████		
Injured persons address	████████████████████ ████████████████████ ████████████████████		
Phone no	████████████████	What was their occupation or job title?	HCA
Gender	██████	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	91919AD604	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

About you and your organisation

Notifier name	[REDACTED]		
Job title	H&S OFFICER		
Organisation name	HPFT		
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?			
[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

During the restraint of a service user the injured person received a kick to the eye area. [REDACTED] notified that the staff member had been off work since the date of the accident with soft tissue damage around the orbit of the eye with extensive swelling. Taken to A&E - x-ray confirmed nothing broken.

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	Contusions and bruising	Part of the body affected	Eye

Report of an injury

Notification No	8746555752	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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 service user became agitated and hit and kicked a member of staff and then proceeded to hit another member of staff several times on the head. The personal alarm was raised and staff responded. The service user was secluded. The member of staff attended A&E who advised rest 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?	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	A0CD5710E2	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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 Car Park			
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	Staff member tripped over a step from the Car Park sustaining an elbow injury

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	What was their occupation or job title?	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	Upper limb

Report of an injury

Notification No	A95732D6CD	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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 - 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

A service user was walking past a member of staff and without provocation the service user punched the member of staff several times on [REDACTED] right side. Member of staff was unable to defend [REDACTED] as [REDACTED] was carrying an empty cup and plate. The member of staff called for help and other staff intervened and reassured the service user and staff member 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	Contusions and bruising	Part of the body affected	Several torso locations

Report of an injury

Notification No	B6B304A9AD	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

About you and your organisation

Notifier name	[REDACTED]		
Job title	H&S OFFICER		
Organisation name	HPFT		
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?			
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

During restraint of a service user who was destroying the environment the injured person's thumb was dislocated. They attended A&E and have been off for more than 7 days as a result of the incident.

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	Dislocation without fracture	Part of the body affected	Finger or fingers

Report of an injury

Notification No	B8BD55A76D	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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	Whilst assisting another member of staff the service user kicked the member of staff in the genital area 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	Lower limb

Report of an injury

Notification No	B15B9CA121	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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	Service user whilst being restrained bit a member of staffs arm resulting in an over a 7 day absence

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	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	Upper limb

Report of an injury

Notification No	B22DDC2EFD	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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	Staff handover had just been completed and the day staff were entering the ward to allow the night staff to leave after their shift. The service user became verbally aggressive to a member of staff and physically assaulted them. The member of staff was punched to the left eye area, breaking the member of staffs glasses. Other staff members escorted the service user to the seclusion room for [REDACTED] safety and for the safety of others and to prevent any further physical aggression towards staff. The member of staff attended a GP appointment who has provided a sick certificate resulting in an over a 7 day absence from work.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	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	Concussion and / or internal injuries	Part of the body affected	Head

Report of an injury

Notification No	B75DCA2A7D	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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	Hertordshire 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	Whilst escorting a service user to the de-escalation room the service user grabbed a member of staff hand squeezing it hard. This resulted in the member of staff 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	Hand

Report of an injury

Notification No	BA2B7D6797	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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

Main factor involved	Slip, stumble or fall
What happened	Whilst responding to a personal alarm activation the member of staff whilst running twisted their ankle 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	Strains/sprains	Part of the body affected	Ankle

Report of an injury

Notification No	BCED57DA2A	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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	Whilst assisting a service user they kicked a member of staff in his knee. They attended A&E due to the swelling but cannot confirm the extent of the injury sustained . They have advised the member of staff to rest his leg resulting in an absence 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	Strains/sprains	Part of the body affected	Lower limb

Report of an injury

Notification No	C10FCB86DD	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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 a 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 undertaking a physical intervention, the [REDACTED] person head butted a member of staff. First aid administered ice pack applied. Member of staff attended A&E 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	Head

Report of an injury

Notification No	C087B75D06	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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?			
De-escalation 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	Physical assault
Work process involved	Service or assistance to the public

Main factor involved	Shock, fright, violence, aggression
What happened	Member of staff whilst helping restrain a service user received two punches to the head and twisted his knee, resulting in an over a 7 Day absence from work

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	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	C95339A6D5	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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 the member of staff twisted their knee, 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	Strains/sprains	Part of the body affected	Lower limb

Report of an injury

Notification No	CC7DE6DC60	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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?			
Reception 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 attempting to restrain a service user the member of staff was physically assaulted sustaining a twisted knee 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?	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	Strains/sprains	Part of the body affected	Lower limb

Report of an injury

Notification No	CDA0E11B7F	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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 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	This incident started as "horseplay" between two service users which escalated and resulted in staff separating the service user from fighting. Whilst staff tried to separate them a member of staff was physically assaulted resulting in an over a 7 day absence from work.

About the injured person

Injured persons name	[REDACTED]		
Injured persons address	[REDACTED]		
Phone no	[REDACTED]	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	F92368A0A4	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

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?			
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	Struck by object
Work process involved	Service or assistance to the public

Main factor involved	Other cause not listed
What happened	A member of staff accidentally caught their right finger in the magnetic door whilst closing the door. Finger was bleeding and appeared bruised. First Aid was administered, the finger was dressed and covered with gauze. member of staff went to A&E 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	Finger or fingers

Report of an injury

Notification No	1146850F59	Date Submitted	[REDACTED]
-----------------	------------	----------------	------------

About you and your organisation

Notifier name	[REDACTED]		
Job title	Team leader		
Organisation name	Hertfordshire Partnership. University 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 - Hospital activities			

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	Bank Staff member who was supporting a Patient who was presenting with aggressive behaviour, sustained a kick to the head from the patient whilst supporting with restraint. This caused the staff member to fall onto their hand causing pain and swelling. Staff member also reported pain to rib area on the following day.

About the injured person

Injured persons name	[REDACTED]
----------------------	------------

Injured persons address	[REDACTED]		
Phone no	[REDACTED]	What was their occupation or job title?	Staff Nurse- Bank Contract
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	Strains/sprains	Part of the body affected	Several torso locations