

**Report of an injury**

<b>Notification No</b>	2A1480154D	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

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

**About the incident**

<b>Incident Date</b>	[REDACTED]	<b>Incident Time</b>	[REDACTED]
<b>In which local authority did the incident occur (Country, Geographical Area and Local Authority)?</b>			
[REDACTED]			
<b>In which department or where on the premises did the incident happen?</b>			
Admin Area			
<b>What type of work was being carried out (generally the main business activity of the site)?</b>			
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**

<b>Kind of accident</b>	Fall from height	<b>Height of fall (in metres)</b>	2
<b>Work process involved</b>	Service or assistance to the public		

<b>Main factor involved</b>	Slip, stumble or fall
<b>What happened</b>	Member of staff was on way back to the office and fell down the stairs. said the lights were on but does not remembering tripping but "may have missed a step". says remembers falling and then woke up in pain and called for help. sustained bruising to face, nose and around eyes, shoulders and back. has a further appointment next week at the hospital. The stairs were inspected the next day and there were no signs of loose carpet, loose steps or treads. There were apparant or obvious trip hazards found. All lights in the stairwell were tested and in working order. A fixed handrail is also in place with no loose screws. The inspection was undertaken with two other members of staff who work within the building who can confirm the findings. Instructed staff to fix a Notice to the door leading to the staircase to alert staff to take care when using the stairs dated

### About the injured person

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

### About the injured person's injuries

<b>Severity of the injury</b>	Specified Injury		
<b>Injuries</b>	Loss of consciousness	<b>Part of the body affected</b>	Head

## Report of an injury

Notification No	4F3BFBF23C	Date Submitted	[REDACTED]
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### About you and your organisation

Notifier name	[REDACTED]		
Job title	Senior Community Nurse		
Organisation name	Hertfordshire Partnership University Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

### Where did the incident happen

Incident location	The incident happened in a public place
Organisation Name	
Address	
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?			
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	Another kind of accident
Work process involved	Other process not listed above
Main factor involved	Other cause not listed
	[REDACTED] was driving from [REDACTED] workbase, [REDACTED] to a service users home to carry out a domicilliary visit in [REDACTED].

**What happened**

[REDACTED] was crossing straight over the junction [REDACTED] where [REDACTED] had right of way when a car travelling towards [REDACTED] turned right and hit [REDACTED] car. [REDACTED] turned the steering wheel to the left to try to prevent being hit but this was unsuccessful. Both parties parked their cars on [REDACTED] to exchange details. The driver of the other car then reversed into the front of [REDACTED] car while [REDACTED] was on the phone to the Insurance Company. Details taken from the other driver. Line Manager, [REDACTED] and [REDACTED] informed. [REDACTED] visited [REDACTED] at the scene to check [REDACTED] was OK. Car collected by recovery vehicle and taken away to look at the damage as the car was not driveable.  
 Lease car registration: [REDACTED] There was damage to the driver's door, driver's front wing, driver's side front light and the bodywork of the wheel arch was pushed against the driver's side tyre.

**About the injured person**

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

**About the injured person's injuries**

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

**F2508 - Report of an injury**

<b>Notification No</b>	4F9B4271DE	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

<b>Notifier name</b>	[REDACTED]		
<b>Job title</b>	Clinical Team Leader		
<b>Organisation name</b>	Hertfordshire Partnership Foundation Trust		
<b>Address</b>	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>Fax Number</b>	
<b>Email Address</b>	[REDACTED]		

**Where did the incident happen**

The incident happened at the above address

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

**About the incident**



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

**About the kind of accident**

<b>Kind of accident</b>	Physical assault
<b>Work process involved</b>	Other process not listed above
<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	A patient detained under the mental health Act 1983 became violent towards nursing staff. The staff member physically restrained the patient and during the process of controlling the patient under restraint damaged [REDACTED] right shoulder. Injury a result of managing violence.

**About the injured person**

<b>Injured persons name</b>	[REDACTED]

<b>Injured persons address</b>			
<b>Phone no</b>		<b>What is the person's occupation or job title?</b>	Health Care Assistant
<b>Gender</b>		<b>Age</b>	
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Strains and sprains	<b>Part of the body affected</b>	Upper limb
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			

**Report of an injury**

<b>Notification No</b>	444313C599	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

<b>Incident location</b>	The incident happened elsewhere in my organisation
<b>Organisation Name</b>	Hertfordshire Partnership NHS Foundation Trust
<b>Address</b>	[REDACTED]
<b>Incident location details</b>	[REDACTED]

**About the incident**

<b>Incident Date</b>	[REDACTED]	<b>Incident Time</b>	[REDACTED]
<b>In which local authority did the incident occur (Country, Geographical Area and Local Authority)?</b>			
[REDACTED]			
<b>In which department or where on the premises did the incident happen?</b>			
In the [REDACTED] Ward			
<b>What type of work was being carried out (generally the main business activity of the site)?</b>			
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**

<b>Kind of accident</b>	Physical assault
<b>Work process involved</b>	Service or assistance to the public

<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	The service user involved in the incident is an informal [REDACTED] in patient on the ward, it had been reported that the service user had been quite intrusive and nosy on the ward prior to the incident. At around 00:45 the service user pulled a nurses badge and hit the nurse twice around the head the alarm was activated and staff intervened and escorted the service user to [REDACTED] room. Later the service user managed to target and hit the same nurse around the head again. The incident was reported to the police [REDACTED] [REDACTED]. The staff member was later found collapsed confused and nauseous. [REDACTED] was seen by the duty doctor who referred [REDACTED] to A&E where [REDACTED] was diagnosed with concussion and sent home

### About the injured person

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

### About the injured person's injuries

<b>Severity of the injury</b>	Specified Injury		
<b>Injuries</b>	Loss of consciousness	<b>Part of the body affected</b>	Head



**F2508 - Report of an injury**

<b>Notification No</b>	7D08A7914A	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

<b>Notifier name</b>	[REDACTED]		
<b>Job title</b>	Clinical Team Manager		
<b>Organisation name</b>	HPFT NHS		
<b>Address</b>	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>Fax Number</b>	
<b>Email Address</b>	[REDACTED]		

**Where did the incident happen**

The incident happened at the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Physical assault
<b>Work process involved</b>	Other process not listed above
<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	Patient requested staff to open their bedroom door, [REDACTED] then without warning Jumped on the staff & tried to strangle them in an attempt to steel their keys. PIT alarms sounded & Patient restrained using approved PMA techniques.

**About the injured person**

<b>Injured persons name</b>	[REDACTED]
<b>Injured persons</b>	[REDACTED]

<b>address</b>	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>What is the person's occupation or job title?</b>	Health Care assistanr (HCA)
<b>Gender</b>	[REDACTED]	<b>Age</b>	[REDACTED]
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Strains and sprains	<b>Part of the body affected</b>	Neck
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			

## Report of an injury

Notification No	7F830E52B9	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 NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	[REDACTED]
Email Address	[REDACTED]		

## Where did the incident happen

Incident location	The incident happened in a public place
Organisation Name	[REDACTED]
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?			
Accident and Emergency Department			
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	Physical assault
Work process involved	Service or assistance to the public
Main factor involved	Shock, fright, violence, aggression
What happened	Service User lunged at a member of staff trying to prevent them from leaving the Relatives Room. Service User grabbed member of staff from behind by the waist pulled staff member with force.

Clothes torn and they sustained an injury to their left calf muscle

### About the injured person

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

### About the injured person's injuries

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Other known injuries	<b>Part of the body affected</b>	Lower limb

## Report of an injury

Notification No	8A358204BE	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 at someone else's premises
Organisation Name	[REDACTED]
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	Fall from height	Height of fall (in metres)	2
Work process involved	Other process not listed above		

<b>Main factor involved</b>	Slip, stumble or fall
<b>What happened</b>	Whilst on a community visit to a Service User at a residential Home, Community Nurse was descending the stairs(which are steep/narrow). Half-way down the stair-case C/N over balanced falling head first down the remaining stairs hitting the door at the bottom with ■ head/hip. Attended A&E by Ambulance, no fractures identifies but severe bruising and swelling evident

#### About the injured person

<b>Injured persons name</b>	■■■■■■■■■■		
<b>Injured persons address</b>	■■■■■■■■■■ ■■■■■■■■■■ ■■■■■■■■■■		
<b>Phone no</b>	■■■■■■■■■■	<b>What was their occupation or job title?</b>	Community Nurse
<b>Gender</b>	■■■■■■■■■■	<b>Age</b>	■■■■■■■■■■
<b>Work Status</b>	The injured person was one of my employees.		

#### About the injured person's injuries

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

## Report of an injury

Notification No	8B862BAA89	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	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 NHS Foundation Trust
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?			
[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	Physical assault
Work process involved	Service or assistance to the public

<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	A service user left the ward to late to have █ usual cigarette in the garden area. █ became increasing agitated and verbally abusive despite attempts to calm █ down █ kicked a sign across the room. █ was physically supported into seclusion and accepted █ medication . █ then propped a mattress against the door/window as staff couldn't observe █, they had to enter the seclusion room and while doing so the service user charged punching a █ staff memeber on the chest ( no serious injury sustained) and threw the victim to floor where █ hit █ head.staff memeber was supported by staff then taken to A&E to get █ checked.

### About the injured person

<b>Injured persons name</b>	█		
<b>Injured persons address</b>	█		
<b>Phone no</b>		<b>What was their occupation or job title?</b>	Staff nurse
<b>Gender</b>	█	<b>Age</b>	
<b>Work Status</b>	The injured person was one of my employees.		

### About the injured person's injuries

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Other known injuries	<b>Part of the body affected</b>	Head



**F2508 - Report of an injury**

<b>Notification No</b>	1039244CCE	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

<b>Incident location</b>	The incident happened elsewhere in my organisation
<b>Address</b>	[REDACTED]
<b>Incident location</b>	At the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Physical assault
<b>Work process involved</b>	Service or assistance to the public
<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	Whilst completing some paperwork in the dining room a service user hit a member of staff in the stomach for no apparant reason.Member of sattff

moved away and other staff told the service user to stop hitting people

### About the injured person

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>		<b>What is the person's occupation or job title?</b>	Staff Nurse
<b>Gender</b>	[REDACTED]	<b>Age</b>	
<b>Work Status</b>	The injured person is one of my employees.		

### About the injured person's injuries

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Superficial injuries	<b>Part of the body affected</b>	Trunk
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			

**F2508 - Report of an injury**

<b>Notification No</b>	9E5E95483A	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

<b>Incident location</b>	The incident happened at someone else's premises
<b>Address</b>	[REDACTED]
<b>Incident location</b>	At the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Slip, trip, fall same level
<b>Work process involved</b>	Service or assistance to the public
<b>Main factor involved</b>	Slip, stumble or fall
	Service user was found on the floor in the corridor.

**What happened**

The incident was not witnessed by staff but it is assumed [REDACTED] fell from the standing position. An ambulance was called and the service user went to A&E and underwent surgery to [REDACTED] hip. An investigation is being undertaken to establish exactly what happened

**About the injured person**

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>		<b>What is the person's occupation or job title?</b>	Member of the public (Service User)
<b>Gender</b>	[REDACTED]	<b>Age</b>	[REDACTED]
<b>Work Status</b>	The injured person is a member of the public.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury to member of the public - taken directly to hospital		
<b>Injuries</b>	Other known injuries	<b>Part of the body affected</b>	Lower limb
<b>„The injured person remained in hospital for more than 24 hours</b>			

F2508 - Report of an injury

Notification No	51BDF815ED	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 NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	[REDACTED]
Email Address	[REDACTED]		

Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Address	[REDACTED]
Incident location	As above

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

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			

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
	After accepting [REDACTED] medication a service user threw

**What happened**

the plastic cup at a member of staff and then physically assaulted a member of staff with a punch to the nose

**About the injured person**

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>		<b>What is the person's occupation or job title?</b>	Staff Nurse
<b>Gender</b>	[REDACTED]	<b>Age</b>	
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Superficial injuries	<b>Part of the body affected</b>	Other parts of face
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			

**F2508 - Report of an injury**

<b>Notification No</b>	62E8447134	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

<b>Incident location</b>	The incident happened elsewhere in my organisation
<b>Address</b>	[REDACTED]
<b>Incident location</b>	At the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Another kind of accident
<b>Work process involved</b>	Service or assistance to the public
<b>Main factor involved</b>	Twisting, turning
<b>What happened</b>	Member of staff turned around to leave the bedroom area and [REDACTED] heard a click to [REDACTED] lower

back which caused [REDACTED] severe pain in [REDACTED] lower back

### About the injured person

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>		<b>What is the person's occupation or job title?</b>	Staff Nurse
<b>Gender</b>	[REDACTED]	<b>Age</b>	
<b>Work Status</b>	The injured person is one of my employees.		

### About the injured person's injuries

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Natural causes	<b>Part of the body affected</b>	Back
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			



Report of an injury

Notification No	84D86AD900	Date Submitted	[REDACTED]
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About you and your organisation

Notifier name	[REDACTED]		
Job title	Team Leader		
Organisation name	Hertfordshire Partnership University Foundation NHS 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	Shock, fright, violence, aggression
	SU detained on s3 MHA, was presenting with challenging behaviours on an intermittent basis over the course of the afternoon and evening following situation. Whilst in [REDACTED] bedroom, [REDACTED] continued to present with being very upset about not winning a prize and [REDACTED] perception that [REDACTED] could not cook [REDACTED] own tea when [REDACTED] saw that another SU was doing this. Staff had assured [REDACTED] that [REDACTED] could but at this stage the SU was too agitated to do so. [REDACTED] was unresponsive to staff interventions and de-escalation. [REDACTED] continued to

**What happened**

destroy items in [REDACTED] bedroom; [REDACTED] tore clothing, urinated on floor. Staff were required to enter the bedroom on several occasions to remove broken items. During such times [REDACTED] initially presented as being calm whilst staff removed broken items, however on occasions, [REDACTED] was physically aggressive to a staff member in the form of hitting, throwing items and kicking staff on the leg. [REDACTED] threw a cup at staff which hit staff member on side of [REDACTED] face. Another staff was hit on arm when in the process of deflecting aggressive attempts. During this time SU was refusing oral PRN medication, discussion with SU that IM PRN would need to be administered. During some of the time, the SU appeared to regain control of [REDACTED] emotions and appeared to respond to staff de-escalation, however intermittently, [REDACTED] continued to be destructive and aggressive. During an attempt to administer PRN medication, the SU used a broken CD cover and hit the staff member on the head causing 2 significant lacerations with a lot of bleeding. Ambulance called for staff member and first aid administered to stop the bleeding. Staff member attended A&E and [REDACTED] injuries were treated with gluing the lacerations. Police have been informed of the assault. Police made contact with the unit for further info and have arranged to meet with staff member on [REDACTED] [REDACTED] Police reference number is [REDACTED]. Staff continued to support SU to maintain safety and support [REDACTED] to calm down. Another nurse from Recovery Unit provided support, IM injection prepared, [REDACTED] SU accepted PRN oral medication.

**About the injured person**

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

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Lacerations and open wounds	<b>Part of the body affected</b>	Head

**F2508 - Report of an injury**

<b>Notification No</b>	570A08EE3E	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

<b>Incident location</b>	The incident happened elsewhere in my organisation
<b>Address</b>	[REDACTED]
<b>Incident location</b>	At the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Physical assault
<b>Work process involved</b>	Service or assistance to the public
<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	Service user suddenly attacked a member of staff

for no reason

### About the injured person

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>		<b>What is the person's occupation or job title?</b>	Support Worker
<b>Gender</b>	[REDACTED]	<b>Age</b>	
<b>Work Status</b>	The injured person is one of my employees.		

### About the injured person's injuries

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Superficial injuries	<b>Part of the body affected</b>	Head
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			

**F2508 - Report of an injury**

<b>Notification No</b>	800CD04125	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

<b>Notifier name</b>	[REDACTED]		
<b>Job title</b>	Health and Safety Officer		
<b>Organisation name</b>	Hertfordshire Partnership Foundation Trust		
<b>Address</b>	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>Fax Number</b>	
<b>Email Address</b>	[REDACTED]		

**Where did the incident happen**

The incident happened at the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Physical assault
<b>Work process involved</b>	Other process not listed above
<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	S/U had requested to use kitchen to cook pasta which was not possible as staff were serving Brunch to other s/u. S/U appeared to accept this and walked back to support staff. S/U grabbed staff clothing around neck and then headbutted staff in left eye socket causing pain and bruising. It is not confirmed at this point if the IP's nose has been broken.

**About the injured person**

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>What is the person's occupation or job title?</b>	Support Worker (bank)
<b>Gender</b>	[REDACTED]	<b>Age</b>	[REDACTED]
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Contusions and bruising	<b>Part of the body affected</b>	Eye
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			

## F2508 - Report of an injury

Notification No	947FEE81BC	Date Submitted	[REDACTED]
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## About you and your organisation

Notifier name	[REDACTED]		
Job title	Clinical Team Manager		
Organisation name	HPFT NHS		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

## Where did the incident happen

The incident happened at the above address

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

## 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			

## 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	Whilst the member of staff was carrying out [REDACTED] task of security checks outside the building, [REDACTED] foot slipped down a hole, covered by grass near a manhole cover

## About the injured person

Injured persons name	[REDACTED]
Injured persons address	[REDACTED]

	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>What is the person's occupation or job title?</b>	Healt Care Assistant
<b>Gender</b>	[REDACTED]	<b>Age</b>	[REDACTED]
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Strains and sprains	<b>Part of the body affected</b>	Ankle
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			



## Report of an injury

Notification No	974FE6E354	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	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 NHS Foundation Trust
Address	[REDACTED]
Incident location details	The incident happened out side the bathroom [REDACTED]

## About the incident

Incident Date	[REDACTED]	Incident Time	1 [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	Physical assault
Work process involved	Service or assistance to the public

<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	Service user [REDACTED] went to [REDACTED] bedroom after lunch, as a staff member was passing [REDACTED] bedroom [REDACTED] started shouting, verbally abusing staff, verbal intervention was implemented to defuse the situation but [REDACTED] continued more staff came to help and [REDACTED] was escorted to the seclusion room, during the journey [REDACTED] continued attacking staff the Victim was punched and scratched on the face, [REDACTED] behaviour escalated as [REDACTED] was placed in seclusion shouting swearing, kicking the door. Medication was administered with a calming effect, a staff debriefing session was arranged and details identified for [REDACTED] treatment plan

### About the injured person

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

### About the injured person's injuries

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Contusions and bruising	<b>Part of the body affected</b>	Other parts of face

**Report of an injury**

<b>Notification No</b>	959436FD26	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

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

**About the incident**

<b>Incident Date</b>	[REDACTED]	<b>Incident Time</b>	[REDACTED]
<b>In which local authority did the incident occur (Country, Geographical Area and Local Authority)?</b>			
[REDACTED]			
<b>In which department or where on the premises did the incident happen?</b>			
Bedroom Area			
<b>What type of work was being carried out (generally the main business activity of the site)?</b>			
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**

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

<b>Main factor involved</b>	Slip, stumble or fall
<b>What happened</b>	A service user fell from ■ bed to the floor, ■ appeared stable was lying on ■ side. ■ was checked over by staff. Body mapping completed for the incident. Small cut on ■ left arm was found, nurse cleaned wound and covered with a patch. Went to hospital and had surgical intervention- Cemented Hemiarthroplasty ■■■■■■■■■■

### About the injured person

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

### About the injured person's injuries

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

**F2508 - Report of an injury**

<b>Notification No</b>	1006303EA4	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

<b>Incident location</b>	The incident happened elsewhere in my organisation
<b>Address</b>	[REDACTED]
<b>Incident location</b>	At the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Slip, trip, fall same level
<b>Work process involved</b>	Service or assistance to the public
<b>Main factor involved</b>	Slip, stumble or fall
	The member of staff was walking towards the TV

**What happened**

unit in the lounge area when a service user suddenly got up from [REDACTED] chair and walked in front of [REDACTED], on trying to avoid [REDACTED] the member of staff turned round and [REDACTED] lost [REDACTED] footing and fell backwards on the floor hitting [REDACTED] head and shoulder. This incident was not witnessed by other staff.

**About the injured person**

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>		<b>What is the person's occupation or job title?</b>	Support Worker
<b>Gender</b>	[REDACTED]	<b>Age</b>	
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Superficial injuries	<b>Part of the body affected</b>	Head
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			

**F2508 - Report of an injury**

Notification No	67927891BE	Date Submitted	[REDACTED]
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**About you and your organisation**

Notifier name	[REDACTED]		
Job title	Clinical Team Manager		
Organisation name	HPFT NHS		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

**Where did the incident happen**

The incident happened at the above address

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

**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			

**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	A patient became aggressive and struck out with [REDACTED] fist making contact with a member of staff on the face

**About the injured person**

Injured persons name	[REDACTED]
Injured persons address	[REDACTED]

	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>What is the person's occupation or job title?</b>	Charge Nurse
<b>Gender</b>	[REDACTED]	<b>Age</b>	[REDACTED]
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Strains and sprains	<b>Part of the body affected</b>	Other parts of face
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			



**F2508 - Report of an injury**

<b>Notification No</b>	A7269DB0DD	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

<b>Notifier name</b>	[REDACTED]		
<b>Job title</b>	Health and Safety Officer		
<b>Organisation name</b>	Hertfordshire Partnership Foundation Trust		
<b>Address</b>	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>Fax Number</b>	
<b>Email Address</b>	[REDACTED]		

**Where did the incident happen**

The incident happened at the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Physical assault
<b>Work process involved</b>	Other process not listed above
<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	S/U was agitated and subject to use of physical restraint. During support back to bedroom area s/u dropped to floor and lashed out with [REDACTED] legs kicking a member of staff on the left hand. Pain and swelling felt later. X ray next day showed fracture to left thumb.

**About the injured person**

<b>Injured persons name</b>	[REDACTED]
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<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>What is the person's occupation or job title?</b>	Health Care Assistant
<b>Gender</b>	[REDACTED]	<b>Age</b>	[REDACTED]
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Fracture	<b>Part of the body affected</b>	Finger or fingers
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			

**F2508 - Report of an injury**

<b>Notification No</b>	AC4C7871BB	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

<b>Incident location</b>	The incident happened elsewhere in my organisation
<b>Address</b>	[REDACTED]
<b>Incident location</b>	At the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Another kind of accident
<b>Work process involved</b>	Service or assistance to the public
<b>Main factor involved</b>	Twisting, turning
<b>What happened</b>	While escorting a service user back to the dining lounge they swung the door hitting a member of

staff. Member of staff turned round to stop the door and felt a sudden pain to their lower back

### About the injured person

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>		<b>What is the person's occupation or job title?</b>	Health Care Assistant
<b>Gender</b>	[REDACTED]	<b>Age</b>	
<b>Work Status</b>	The injured person is one of my employees.		

### About the injured person's injuries

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Strains and sprains	<b>Part of the body affected</b>	Back
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			

### Report of an injury

Notification No	BA1D9DE82E	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	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]

### 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 corridor [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	Physical assault
Work process involved	Service or assistance to the public

<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	Service User came out of [REDACTED] bedroom began spitting and attempting to hit staff. As staff members began the restraint techniques the Service User managed to throw [REDACTED] head backwards making contact with a staff members nose.

### About the injured person

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

### About the injured person's injuries

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

## F2508 - Report of an injury

Notification No	BB073A683B	Date Submitted	[REDACTED]
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## About you and your organisation

Notifier name	[REDACTED]		
Job title	Clinical Team Manager		
Organisation name	HPFT NHS		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

## Where did the incident happen

The incident happened at the above address

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

## 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			

## 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	A patient had become angry. Staff on duty responded to shouting from this patient and without warning was assaulted by a blow across right hand side of head

## About the injured person

Injured persons name	[REDACTED]
Injured persons address	[REDACTED]

	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>What is the person's occupation or job title?</b>	Health Care Assistant (HCA)
<b>Gender</b>	[REDACTED]	<b>Age</b>	
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Other known injuries	<b>Part of the body affected</b>	Head
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			



**Report of an injury**

<b>Notification No</b>	BE3DC69CFD	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

<b>Notifier name</b>	[REDACTED]		
<b>Job title</b>	Health Safety and Security officer		
<b>Organisation name</b>	Hertfordshire Partnership NHS Foundation Trust		
<b>Address</b>	99 Waverley Road ST ALBANS Hertfordshire AL3 5TL		
<b>Phone no</b>	[REDACTED]	<b>Fax Number</b>	
<b>Email Address</b>	[REDACTED]		

**Where did the incident happen**

<b>Incident location</b>	The incident happened elsewhere in my organisation
<b>Organisation Name</b>	hertfordshire Partnership University NHS Foundatuion Trust
<b>Address</b>	[REDACTED]
<b>Incident location details</b>	[REDACTED]

**About the incident**

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

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

**About the kind of accident**

<b>Kind of accident</b>	Physical assault
<b>Work process involved</b>	Service or assistance to the public

<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	A service user became unsettled when [REDACTED] mother gave [REDACTED] some bad news. [REDACTED] started pacing up and down the berooms corridor, and overturned an armchair [REDACTED] aslo threw the seat of the chair and was making attempts to turn a second armchair over, when staff verbally interviened without success. Service user propceeded towards staff member became physically agressive and kicked the staff memeber twice in [REDACTED] right knee. the service user gave [REDACTED] another kick(right knee) and as service user was walking towards [REDACTED] unit gave the staff member a backwards kick to [REDACTED] right knee. [REDACTED]

### About the injured person

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>		<b>What was their occupation or job title?</b>	Support worker band 3
<b>Gender</b>	[REDACTED]	<b>Age</b>	
<b>Work Status</b>	The injured person was one of my employees.		

### About the injured person's injuries

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Other known injuries	<b>Part of the body affected</b>	Lower limb

**Report of an injury**

<b>Notification No</b>	61FE2E39D7	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

<b>Incident location</b>	The incident happened elsewhere in my organisation
<b>Organisation Name</b>	[REDACTED]
<b>Address</b>	[REDACTED]
<b>Incident location details</b>	at the above address

**About the incident**

<b>Incident Date</b>	[REDACTED]	<b>Incident Time</b>	[REDACTED]
<b>In which local authority did the incident occur (Country, Geographical Area and Local Authority)?</b>			
[REDACTED]			
<b>In which department or where on the premises did the incident happen?</b>			
In the lounge area			
<b>What type of work was being carried out (generally the main business activity of the site)?</b>			
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**

<b>Kind of accident</b>	Physical assault
<b>Work process involved</b>	Service or assistance to the public
<b>Main factor involved</b>	Shock, fright, violence, aggression
	Whilst assisting another member of staff they

**What happened**

received a blow to their head whilst holding the service users legs during a restraint procedure

**About the injured person**

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

**About the injured person's injuries**

<b>Severity of the injury</b>	Specified Injury		
<b>Injuries</b>	Loss of consciousness	<b>Part of the body affected</b>	Head

**Report of an injury**

Notification No	D8670237C1	Date Submitted	[REDACTED]
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**About you and your organisation**

Notifier name	[REDACTED]		
Job title	Team Leader		
Organisation name	Hertfordshire Partnership University Foundation NHS 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	The SU had received PRN medication [REDACTED] due to escalated behaviours and demands of items not available. [REDACTED] was sitting at the table with staff member who was following Care Plan guidance of distraction. The SU pulled staff member's hair, [REDACTED] was required to be restrained and for another staff member to help release the grasp [REDACTED] had on the staff's hair. The staff member has sustained pain and whiplash type injury to [REDACTED] head and neck.

**About the injured person**

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

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Other known injuries	<b>Part of the body affected</b>	Head

## Report of an injury

Notification No	E01C412C3B	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 NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	[REDACTED]
Email Address	[REDACTED]		

## Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	[REDACTED]
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
Main factor involved	Shock, fright, violence, aggression
	Two service users were fighting a member of staff intervened by using verbal de-escalation methods

**What happened**

and physically seperated the two service users. In the process [REDACTED] sustained a sprained ankle

**About the injured person**

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

**About the injured person's injuries**

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



### Report of an injury

Notification No	EC0F6074ED	Date Submitted	[REDACTED]
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### About you and your organisation

Notifier name	[REDACTED]		
Job title	Health Safety and Security		
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	While service user was escorted to the toilet [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?			
being escorted to the toilet [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 - 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	Service or assistance to the public

<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	<p>The service user who is nursed in [REDACTED] bedroom as per [REDACTED] Long Term Segregation Plan requested to use the toilet</p> <p>three staff have been identified as the standard due to [REDACTED] illness that are required to escort [REDACTED]. When the three staff gathered they opened the door to let [REDACTED] out [REDACTED] requested medication (paracetamol) then sudenly turned around and punched a staff memeber on the mouth, staff memeber fell to the floor, the alarm was activated, service user continued to be very agitated atempting to lift a chair to use as a weapon. Staff memeber had passed out and was taken care of by staff, service user was restrained and taken to seclution. Staff memeber sustained a split lip and cracked teeth, an ambulance was called and the staff memeber was taken to A&amp;E for investiagation. The manager pick up the staff memeber a couple of hours later when [REDACTED] had been discharged from hospital</p>

### About the injured person

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

### About the injured person's injuries

<b>Severity of the injury</b>	Specified Injury		
<b>Injuries</b>	Crush	<b>Part of the body affected</b>	Head

## Report of an injury

Notification No	F5CEA1CD2B	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			
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 showing signs of agitation earlier whilst in kitchen preparing lunch. [REDACTED] PRN 5 mg of Haloperidol given orally . Appeared to have calming effect. [REDACTED] there was no sign of agitation. IP was sitting interacting with service user when service user grabbed hold of IP hair, was asked to let go but service user took [REDACTED] to the floor whilst still holding IP hair.

### About the injured person

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>	[REDACTED]	<b>What was their occupation or job title?</b>	Health care assistant
<b>Gender</b>	[REDACTED]	<b>Age</b>	[REDACTED]
<b>Work Status</b>	The injured person was one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Other known injuries	<b>Part of the body affected</b>	Head

**F2508 - Report of an injury**

<b>Notification No</b>	F593F06259	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

<b>Incident location</b>	The incident happened elsewhere in my organisation
<b>Address</b>	[REDACTED]
<b>Incident location</b>	At the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Slip, trip, fall same level
<b>Work process involved</b>	Service or assistance to the public
<b>Main factor involved</b>	Slip, stumble or fall
<b>What happened</b>	The drink the member of staff was carrying to the service user accidentally spilt on the floor they then slipped on the wet surface

**About the injured person**

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>		<b>What is the person's occupation or job title?</b>	Health Care Assistant
<b>Gender</b>	[REDACTED]	<b>Age</b>	
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Superficial injuries	<b>Part of the body affected</b>	Head
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			

**F2508 - Report of an injury**

<b>Notification No</b>	FB8202E482	<b>Date Submitted</b>	[REDACTED]
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**About you and your organisation**

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

**Where did the incident happen**

<b>Incident location</b>	The incident happened elsewhere in my organisation
<b>Address</b>	[REDACTED]
<b>Incident location</b>	At the above address

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

**About the incident**

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

**About the kind of accident**

<b>Kind of accident</b>	Physical assault
<b>Work process involved</b>	Service or assistance to the public
<b>Main factor involved</b>	Shock, fright, violence, aggression
	Whilst attempting to assist a service user with

**What happened**

personal care needs the service user hit the member of staff on the chin in an upwards motion. This resulted in bruising to the member of staff left cheek bone, slight bruising on the inner lip.

**About the injured person**

<b>Injured persons name</b>	[REDACTED]		
<b>Injured persons address</b>	[REDACTED]		
<b>Phone no</b>		<b>What is the person's occupation or job title?</b>	Health Care Assistant
<b>Gender</b>	[REDACTED]	<b>Age</b>	
<b>Work Status</b>	The injured person is one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Superficial injuries	<b>Part of the body affected</b>	Other parts of face
<b>The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours</b>			



## Report of an injury

Notification No	911C53BDC5	Date Submitted	[REDACTED]
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### About you and your organisation

Notifier name	[REDACTED]		
Job title	Health Safety and Security		
Organisation name	Hertfordshire Partnership 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 Foudation 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?			
[REDACTED] 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 - 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 smoking in [redacted] bedroom and staff member asked [redacted] to stop and hand over the remaining cigarettes and lighter. The service users instantly started throwing punches at the staff members face , and was verbally abusive

**About the injured person**

<b>Injured persons name</b>	[redacted]		
<b>Injured persons address</b>	[redacted]		
<b>Phone no</b>		<b>What was their occupation or job title?</b>	health care assistant
<b>Gender</b>	[redacted]	<b>Age</b>	
<b>Work Status</b>	The injured person was one of my employees.		

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Other known injuries	<b>Part of the body affected</b>	Head
The injured person did not become unconscious, need resuscitation or remain in hospital for more than 24 hours			

## Report of an injury

Notification No	FE126D135D	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 NHS Foundation Trust		
Address	99, Waverley Road ST ALBANS Hertfordshire AL3 5TL		
Phone no	[REDACTED]	Fax Number	[REDACTED]
Email Address	[REDACTED]		

### Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	[REDACTED]
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	Physical assault
Work process involved	Service or assistance to the public
Main factor involved	Shock, fright, violence, aggression
	Member of staff whilst undertaking a PMA safe

**What happened**

hold aggravated an old shoulder injury

**About the injured person**

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

**About the injured person's injuries**

<b>Severity of the injury</b>	Injury preventing the injured person from working for more than 7 days		
<b>Injuries</b>	Other unknown injuries	<b>Part of the body affected</b>	Upper limb