

**Report of an injury**

<b>Notification No</b>	87116BD912	<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>	Waling on the pathway leading to the unit

**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>			
Walking aln the pathway leading to the Unit			
<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>	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>	Whilst collecting stationary [REDACTED] the member of staff fell over a branch that was laying across the path and they fell on their side. Wrist and forearm became swollen and grazed knees. They went to [REDACTED] to get help and an ambulance was called who refused to attend as it wasn't considered an emergency. A relative was called and they were taken to hospital. Following x rays it was established they had sustained a fractured wrist.

### 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>	Admin Support
<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>	Bone fracture	<b>Part of the body affected</b>	Wrist

## Report of an injury

Notification No	3495270C21	Date Submitted	[REDACTED]
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### About you and your organisation

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

### Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	HPFT
Address	[REDACTED]
Incident location details	Bedroom area of unit

### About the incident

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

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

### About the kind of accident

Kind of accident	Another kind of accident
Work process involved	Other process not listed above
Main factor involved	Slip, stumble or fall

**What happened**

The IP was found on the floor in [REDACTED] room at 10:30am on routine check. It is not known whether [REDACTED] fell from bed or while moving around [REDACTED] room. Initial checks did not indicate any pain and IP was able to weight- bear. After lunch IP complained of pain and was unable to weight-bear, right leg was shorter than left leg. After assessment by paramedic was taken to [REDACTED] A&E and admitted for surgery to repair fractured right femur.

**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>	Member of the public - Job title not applicable
<b>Gender</b>	[REDACTED]	<b>Age</b>	[REDACTED]
<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

**Report of an injury**

<b>Notification No</b>	A3D3BC09A8	<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>	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>	Member of staff went into a service user bedroom to administer medication. ■ was found on the edge of ■ bed with ■ left shoe at the base of ■ bed. ■ accepted ■ medication and the nurse offered to put ■ shoe on during the process it was observed ■ left leg was at an angle, after putting ■ shoe on ■ could not stand even with support. Ambulance was called and ■ was transferred to the hospital. ■ was contacted and ■ was contacted.

### 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

**Report of an injury**

<b>Notification No</b>	A82E90D4A2	<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>			
In 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>	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>	Service user was found in the doorway of [REDACTED] bedroom, [REDACTED] wasn't able to move and was calling for help. When staff entered the room [REDACTED] said [REDACTED] had fallen. [REDACTED] was assisted to stand up but was in discomfort. Paramedics were called and [REDACTED] was transferred to A&E. Service user had an operation to [REDACTED] right hip

### 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>	Member of the public - Job title not applicable
<b>Gender</b>	[REDACTED]	<b>Age</b>	[REDACTED]
<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



**Report of an injury**

<b>Notification No</b>	AA3F4A5DBC	<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>			
[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 - 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>	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>	Service user was calling out for help. When staff responded they found the service user lying on the floor of their bedroom. Alarm was activated and other staff attended. When asked the service user said [REDACTED] had fallen and couldn't get up. Paramedics were called and they were transferred to A&E Department. X Rays revealed no broken bones.

#### 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>	Member of the public - Job title not applicable
<b>Gender</b>	[REDACTED]	<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>	Other known injuries	<b>Part of the body affected</b>	Lower limb

### Report of an injury

Notification No	3DCD0B7448	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 Foundaion 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?			
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 - Residential nursing care			

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**

Staff member was delivering personal care with another staff member, the service user was challenging in behaviour hitting and grabbing staff members left arm

**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
<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>	Upper limb

## Report of an injury

Notification No	AEA9602285	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	Kingsley Green Harper lane RADLETT Hertfordshire WD7 9HQ		
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	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?			
Office/Staff Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Non residential social work - Other			

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

### About the kind of accident

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

**What happened**

Member of staff fell over whilst walking from the office to the kitchen. They landed on their left side but also felt pain in their right foot. Member of staff was helped and reassured by two colleagues and was able to stand with assistance. They went to A&E and following an X Ray a fracture to a bone in their right foot was diagnosed.

**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>	Team Leader
<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>	Bone fracture	<b>Part of the body affected</b>	Foot

## Report of an injury

Notification No	B6E7C1F394	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	Kingsley Green Harper lane RADLETT Hertfordshire WD7 9HQ		
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	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 leading to 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	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 attempted to physically assault another service user. Member of staff intervened and was punched in the head, grabbed by their hair. Two other members of staff assisted and restrained the service user

### 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>	Superficial injuries	<b>Part of the body affected</b>	Head



## Report of an injury

Notification No	BF68467DE5	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	Kingsley Green Harper lane RADLETT Hertfordshire WD7 9HQ		
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	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 Garden Area			
What type of work was being carried out (generally the main business activity of the site)?			
Government administrative functions, Education, Health - Residential care activities - Learning, mental, substance abuse			

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

### About the kind of accident

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

<b>Main factor involved</b>	Shock, fright, violence, aggression
<b>What happened</b>	During a smoking break a service user started shouting in the courtyard for no apparent reason disturbing other service users. Member of staff approached the service user and counselled [REDACTED] about [REDACTED] behaviour to no effect. Service user became challenging and walked aggressively towards another member of staff and head butted [REDACTED] on the 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>	Superficial injuries	<b>Part of the body affected</b>	Other parts of face

## Report of an injury

Notification No	C909DA9F83	Date Submitted	[REDACTED]
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### About you and your organisation

Notifier name	[REDACTED]		
Job title	H&S Officer		
Organisation name	Hertfordshire Partnership NHS Foundation Trust		
Address	[REDACTED]		
Phone no	[REDACTED]	Fax Number	
Email Address	[REDACTED]		

### Where did the incident happen

The incident happened at the above address

### About the incident

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

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

### About the kind of accident

Kind of accident	Physical assault
Work process involved	Other process not listed above
Main factor involved	Shock, fright, violence, aggression
What happened	Service user physicall assaulted [REDACTED] during visit when staff intervened IP was bitten on right thumb breaking the skin. Attended A&E and was given antibiotics.

### About the injured person

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

	[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>	Hand

## Report of an injury

Notification No	C675335C8F	Date Submitted	[REDACTED]
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### About you and your organisation

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

### Where did the incident happen

Incident location	The incident happened elsewhere in my organisation
Organisation Name	[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?			
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
	The service user was walking in their usual way , suddenly they fell to the floor before staff could

**What happened**

reach them. The service user was wearing their usual slippers which were appropriate and fastened up. The floor was dry and free from obstacles, the falls risk assessment is up to date, they had not has a change in medication

**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>	Member of the public - Job title not applicable
<b>Gender</b>	[REDACTED]	<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>	Dislocation without fracture	<b>Part of the body affected</b>	Upper limb

Health and Safety  
Executive

Report of an injury

Notification No C14C3DC75D Date Submitted [REDACTED]  
About you and your organisation

where did the incident happen

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

Job title

Organisation name

Email Address

Incident location The incident happened elsewhere in my  
organisation

Organisation Name Hertfordshire Partnership University NHS  
Foundation Trust

[REDACTED]  
Incident location details At the above address  
About the incident

Incident Date 1 [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  
Service user whilst walking past a member of staff

What happened

swung a clinched fist hitting them on the head

About the injured person

Injured persons name [REDACTED]

Injured persons

address

[REDACTED]

Phone no

What was their  
occupation or job  
title?

Health Care Assistant

Gender [REDACTED] Age

Work Status The injured person was one of my employees.

About the injured person's injuries

Severity of the injury Injury preventing the injured person from working for  
more than 7 days

Injuries Concussion and / or  
internal injuries

Part of the body

affected Head

[REDACTED]