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| **IS SOMEBODY AT IMMEDIATE RISK?**Urgent referrals to be made by phone Tel: 0116 305 0004, then also send this form.  |

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| **REFERRER DETAILS** |
| **Service provider:** |  | **Date form completed:**  |
| **Referrer full name & post:** |  |
| **Referrer’s preferred contact details:** | **Telephone number:** |
| **Email:** | **Fax:** |

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| **SERVICE USER DETAILS** |
| **1 - Name of Person:** |  | **NHS Number:**  |  |
| **House No.** |  | **Post code:** |  | **LAS Number:** |  |
| **Gender:** | [ ]  Male [ ]  Female  | **DOB:** |  |

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| **IMMEDIATE ACTION TAKEN** |
| **Date of incident:** |  | **Time of incident:** |  |
| **Location of incident:** |  | [ ]  Unwitnessed[ ]  Witnessed - *By who:* |
| **Type of Incident:** |  | *Please provide details of incident:***Whats next:**[ ]  For information and monitoring only [ ]  Reassessment required due to change in need [ ]  Safeguarding referral (see guidance) |
| **Who Attended:** | [ ]  GP/OOH GP [ ]  EMAS/999 |
| **Who provided medical assistance / treatment:** | [ ]  First aid given by staff[ ]  111[ ]  Treatment by Nurse [ ]  Treatment by Paramedics[ ]  Attended A&E[ ]  Hospital Admission  |
| **Who has been informed:** | [ ]  Leicestershire county council[ ]  Funding authority [ ]  CQC [ ]  GP [ ]  NOK[ ]  PoliceOther:  |
| **Type of treatment provided:** |  |
| **Admissions:** *state which hospital and ward* |  |

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| **LOCATION – BODY MAP** |
| **TISSUE VIABILITY / INJURY ASSESSMENT** | **BODY MAP** |
| **Type of injury:** | [ ]  Head injury [ ]  Eye injury[ ]  Fracture [ ]  Bruise[ ]  Graze[ ]  Skin tear[ ]  Cut [ ]  Discolouration of skin [ ]  Pressure sore, Grade 1 - 2[ ]  Pressure sore, Grade 3 plusOther:  | C:\Users\dcottam\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\1AXRYNDJ\head.png C:\Users\dcottam\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\1AXRYNDJ\head.png  Image result for body maphttp://www.anatomymapper.com/images/full-body.gifImage result for body maphttp://www.anatomymapper.com/images/full-body.gif  |
| **Location of the injury:***Descriptions and indicate on Body map* |  |
| **Factors that may delay healing:** *e.g. medications, diabetes, ischaemia, steroid therapy, chemotherapy etc:* |   |
| **Dimensions (in cm):***Width, length, depth* |  |
| **Photographs taken of injuries:** | [ ]  No[ ]  Yes - *please attach*  |
| **Distress level after the incident:**  | [ ]  Low level[ ]  Significant  |

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| **MEDICATION ERRORS** |
| **Names of medication:**  |  | **Quantity missed:** |  |
| **Controlled Drugs:** | [ ]  No [ ]  Yes | **What effects did this have on the individual:** |  |
| **What action has been taken:** *e.g. staff statements, Staff suspensions, staff training* |  |
| **What measures have been put in place to prevent further errors:** |  |

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| **FURTHER INFORMATION** |
| **Behaviour:** | [ ]  Behaviour issues [ ]  Verbal aggression [ ]  Physical aggression [ ]  Sexually disinhibited [ ]  Wandering | **Mental Health Support:** |  [ ]  Has Capacity [ ]  No Capacity [ ]  Learning Disability [ ]  Has a CPN  [ ]  In-Reach team involved [ ]  DOLS in place [ ]  DOLS referral made  [ ]  PRN medication in place |
| **Memory BEFORE incident:**  | [ ]  Disorientated [ ]  Delirium [ ]  Memory loss  [ ]  Diagnosed Dementia [ ]  Acute confusion | **Memory AFTER incident:** | [ ]  No change [ ]  Disorientated [ ]  Delirium [ ]  Memory loss  [ ]  Diagnosed Dementia [ ]  Acute confusion |
| **Any Concerns:** |  |

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| **FURTHER DOCUMENTS** |
| **Which documents have been reviewed:** | [ ]  Care plan[ ]  Risk assessment [ ]  Prevention plan [ ]  Protection plan [ ]  Behaviour management chart [ ]  Witness statements | **Which documents have been included:***The appropriate documents need to be included for all* ***major*** *incidents* | [ ]  Body Map[ ]  Care plan[ ]  Risk assessment [ ]  Prevention plan [ ]  Protection plan [ ]  Behaviour management chart [ ]  Witness statments |
| **What prevention measures are in place:** |  |

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| **FURTHER DETAILS OF SERVICE USER** |
| **Views and wishes of the individual:** |  |
| **Do they consent to any Safeguarding enquiry and information to be shared:** |  [ ]  Yes [ ]  No*, give details*  |
| **GP Surgery:** |  | **Religion:** |  |
| **Is an interpreter needed:** | [ ]  No [ ]  Yes | **Ethnicity:** |  |
| **First Language:** |  | **Any other Communications format required:** |  |
| **Name of NOK / Significant other:**  |  | **Do they consent for NOK to be contacted:** | [ ]  Yes [ ]  No |
| **Relationship to Resident:** |  |
| **NOK Tel:** |  |

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| **FUNDING DETAILS** |
| **Who is funding this service:**  |  [ ]  Leicestershire County Council [ ]  Another authority (please specify) [ ]  Leicester City Council [ ]  Self funding [ ]  Health /CHC  |
| **Name and address of contact if other funding authority:**  | *if not Leicestershire County Council:* |

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| **OTHERS INVOLVED IN INCIDENT**  |
| **2 - Name of Person:** |  | **NHS Number:**  |  |
| **House No.** |  | **Post code:** |  | **LAS Number:** |  |
| **Gender:** | [ ]  Male [ ]  Female  | **DOB:** |  |
| **State involvement details:** |  |
| **Do they need support:** | [ ]  Yes [ ]  No |

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| **Providers may assume that if no request for further information / contact from LCC is received within 10 working days from the date of referral that no further action is required** |

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| **GUIDANCE FOR PROVIDERS** |
| **What makes it Safeguarding:** | If there is significant harm or injury, this also includes neglect by others.Hoarding is on the Safeguarding alerts. |
| **What makes it Concern for welfare:** | Self-neglect through mental or physical health conditions which impacts on the person’s ability to carry out daily living activities independently.Unintentional neglect by someone due to their own mental or physical health conditions is unable to continue in their caring role. Suicide attempts or suicidal thoughts/concerns need to be verbally referred to the CSC immediately. |
| **What is Minor or Low level:** | **INJURY – which may include:*** A pressure area/sore of Grade 2 or below
* A superficial cut or skin tear or graze
* Superficial bruising covering a limited area of the body
* Experiencing pain which can be treated with PRN medication e.g. aspirin, paracetamol
* An injury which only requires first aid attention only, or reassurance from care staff
* An injury which only requires qualified medical attention from a community nurse or a GP
* An injury which results in paramedic attendance, but doesn’t result in being taken to hospital
* Medication error, omission of Non-controlled drug with no harm

**DISTRESS – which may include:** * When an individual shows no lasting distress following an incident
* When a individual exhibits behaviour that does not disrupt others but may indicate something is wrong and assistance is needed
* Unusual or markedly changed patterns of interaction, i.e. avoidance of participation, excessive anxiety when called upon, domination of discussions, etc.
* Other characteristics that suggest the individual is having trouble managing stress successfully (i.e. a depressed, lethargic mood, very rapid speech, swollen, red eyes, marked change in personal dress and hygiene, excessive falling asleep)
 |
| **What is Major or Significant:** | **INJURY - which may include:*** Injuries resulting in permanent damage, or damage that lasts (or is likely to last) more than 28 days
* Any damage to major organs of the body, (including brain and skin)
* Bone Fractures
* Significant damage to muscles, tendons, joints or vessels, e.g. dislocation, ruptured tendon
* Significant skin tears in terms of dimension and depth
* Significant blood loss
* Loss of consciousness
* Head injuries requiring qualified medical attention
* An injury which requires medical attention at A&E, but doesn’t need hospital admission
* Hospital admissions
* Pressure sores of grade 3 or more
* The individual’s life expectancy has been shortened
* The individual’s death
* Experiencing prolonged pain or prolonged psychological harm for more than 28 days
* Damage to individual’s speech, judgment thinking, memory
* Medication error, administration of covert medication without authorisation and omission of controlled drugs

**DISTRESS - which may include:** * An individual exhibiting behaviour that indicates significant or severe emotional distress signifying crisis, and requiring emergency care
* Individual’s who express a direct threat to themselves or to others, or who act in a bizarre, highly irrational or disruptive way
* Overtly suicidal thoughts
* Clinical depression or anxiety
* Highly disruptive / challenging behaviours (hostility, aggression, violence, etc.)
* Appearing uncomfortable or highly emotional whilst talking about the incident or disclosing the circumstances
* New or repeated behaviour which pushes the limits and interferes with effective management of the environment
* Unusual or exaggerated emotional response that is disproportionate to the situation.
* Inability to communicate clearly (garbled, slurred speech; unconnected, disjointed or rambling thoughts)
* Loss of contact with reality (hearing or seeing things which others cannot hear or see; beliefs or actions greatly at odds with reality or probability)
* Stalking behaviours
* Inappropriate communications (including threatening letters, e-mail messages, harassment)
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