

**Safeguarding Adults Alert Form**

**This alert form is a tool to aid your decision making as to whether or not you need to refer a concern or allegation through as a Safeguarding Incident. This will be used as a record of your decision making process and can be subject to audit by the Safeguarding Adults Board**

Name of Vulnerable Adult \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

Swift Number (if known) \_\_\_\_\_

NHS Number (if known) \_\_\_\_\_

Q1 – Reason for alert

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Q2 – Is the Individual involved a vulnerable adult? (*Safeguarding Adults Multi Agency Procedures, P.22, sub section 5.1*)

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Q3 - Is the Individual currently in receipt of community care services?

**Yes**

**No**

If yes:-

**Informal**

**Formal**

Q4 - Is the Individual eligible for / in need of community care services by reason of mental or other disability, age or illness.

**Yes**

**No**

Q 5 - Is the Individual unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation?

**Yes**

**No**

**(Note. In order for an individual to be deemed as a vulnerable adult under the safeguarding procedures they need to meet both criteria listed above)**

Q6 – What is the category of abuse being alerted?

*(Physical, Sexual, Psychological/Emotional, Financial or Material, Neglect and Acts of Omission, Discriminatory, Abuse of Individual Rights, Institutional) ( Safeguarding Adults Multi Agency Procedures, P.23, sub section 5.2)*

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Q7 - If there is an immediate danger to the person reporting the abuse, that person must leave the scene and not return until it is safe to do so. The Police must be called in the first instance.

If the vulnerable adult is in immediate danger, for example a crime is being, or has just been committed then the Police must be called by using 999.

If the adult is injured an ambulance must be called using 999.

How you react during disclosure of possible abuse is very important and can significantly help or hinder further disclosure and investigation. "

*(Safeguarding Adults Multi Agency Procedures, Page 30 sub section 6.1)*

Have you alerted the Police to a crime ?

If so please give details of date reported, crime no. and Police Officer dealing with the case, if known.

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Q8 – Is this an allegation of abuse which requires a referral under Wigan Safeguarding Adults Multi Agency Procedures or should this be dealt with in a different way? (i.e Quality Assurance issues, Disciplinary procedures etc)

*( Consider that Abuse is a violation of an individuals human and civil rights by any person or persons) (Safeguarding Adults Multi Agency Procedures, P.22, sub section 5.2)*

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Q9- Who is the alleged Perpetrator in respect of this incident?

**Family Member**

**Staff Member**

**Vulnerable Adult**

**Other**

Name\_\_\_\_\_

Position\_\_\_\_\_

DOB\_\_\_\_\_

Person ID (if known)\_\_\_\_\_

Q10- What initial strategies/contingencies are required to minimize immediate risk or harm to the vulnerable adult?

*(staff suspension, removal from duties, etc)*

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Q 15 – Has medical intervention been required?

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Q16 – Has Significant harm occurred? This should focus on:

- The vulnerability of the individual
- The extent of the abuse
- The length of time it has been occurring
- The impact on the individual/victim
- The risk of repeated or escalating acts involving this or other vulnerable adults

*(Safeguarding Adults Multi Agency Procedures, P.24, subsection 5.3)*

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**Decision reached, is this incident/allegation being referred as a potential Safeguarding matter?**

Yes (Reason for this decision)

Send to Central Duty Team **E mail address DUTYCDO@wigan.gov.uk;**

No (Reason for this decision and what other course of action has been identified as appropriate)

Retain document for audit by Adults Safeguarding Board/Quality Assurance Team.

Completed by :-

Print Name \_\_\_\_\_

Designation/Role \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Wigan Central Duty Team Tel – 01942 828777 Fax – 01942 828790**  
**E mail address DUTYCDO@wigan.gov.uk;**