Incident/Accident Report

**PART A – ABOUT THE PERSON WHO HAD THE ACCIDENT/INCIDENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** | | |  | **Pay no:** | | | | |
| **Job Title:** | | |  | **Other (pupil, visitor, contractor, member of the public):** | | | | |
| **Home Address:** | | | | | | | | |
|  | | | | | | | **Post code:** | |
| **Phone No:** |  | **DOB:** | | |  | If you are happy for some information within this form to be shared with Trade Union representatives, please name the Trade Union here. | |  |

**PART B – ABOUT THE INCIDENT/ACCIDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Accident/Incident** |  | Time (use 24hr format) |  |
| **Name of the School** *(name of the school where the incident took place, if visiting another school)* |  | | |
| **Exact Location of the Accident or Incident** (*where on the premises did the incident occur*) |  | | |
| **Description of Accident or Incident** (please provide *a summary of events leading up to the Incident / Accident with details of the circumstances immediately prior to the event plus working conditions such as weather, visibility, temperature, housekeeping standards, unusual working conditions etc., that may have contributed to the incident)* |  | | |
| **Did the Accident / Incident Require Reporting to the Authorities?** (*Please include any report to the Police or the Incident Contact Centre, RIDDOR etc.)* |  | | |
| **Were there any Witnesses to the Accident or Incident?** (*If yes, please provide name and contact details of Witnesses*) |  | | |
| **If the person suffered any injury, say what the injury was:** *i.e. cut, graze, strain etc.* |  | | |
| **Location of Injury** *Please be specific, i.e. left hand, right side of forehead etc.* |  | | |
| **Did the injured party attend or get admitted to hospital?*(****please give details of any treatment they received, including gluing wounds or topical ointments)* |  | | |
| **Is the injury likely to cause a loss of working time (or missed school days)?** Please include days that the IP is incapable of work even if they would not normally be working, i.e. annual leave or weekends. |  | | |

**What was the accident/incident? (Please tick only one)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact with Electricity |  | Contact with Machinery |  | Cuts and Lacerations |  |
| Drowning or Asphyxiation |  | Explosives (fireworks, chemical reactions etc.) |  | Burns or Scalds |  |
| Harmful substance – Liquid (Bleach, acids, deasil etc.) |  | Harmful Substance – Gas (Chlorine Gas, Carbon monoxide etc.) |  | Harmful Substance – Particulate (Asbestos, concrete dust, powdered alkaline) |  |
| Slip, trip or fall at floor level |  | Fall from height |  | Injured by animal |  |
| Lifting and handling injuries |  | Physical Assault (Malicious) |  | Physical Assault (with SEND or SEMH factors) |  |
| Verbal Assault |  | Cyber or written threats/abuse |  | Lodging in the ear/nose |  |
| Striking against an object |  | Struck by object |  | Struck by vehicle |  |
| Trapped under collapsed structure |  | Unintentional injury caused by another person |  | Allergy |  |
| Pre-existing medical condition (seizures etc.) |  | First instance of medical condition |  | Near Miss |  |
| Pinching or trapping injury |  | Ingestion of hazardous substance |  | Other *(please provide details below)* |  |
| Details: | | | | | |

**PART C – DETAILS OF THIRD PARTIES**

|  |  |  |
| --- | --- | --- |
| Did the incident occur as a result of working with persons with SEND or SEMH requirements? (e.g. dysregulation, sensory overload, seeking sensory stimulation, positive handling) |  | *Please give details* |
| Does the person have an individual risk assessment, Behavioural Support Plan, Pastoral Support Plan or similar assessment & support documentation? Please attach a redacted copy. |  |  |
| Was the injured party aware of the procedures in place within these plans? |  |  |

**PART D – COMPLIANCE – TO BE COMPLETED BY LINE MANAGER**

|  |  |
| --- | --- |
| **Was the person authorised to be carrying out those tasks?** |  |
| **How long has the injured person or the person involved been carrying out this activity as part of their role** *(please describe the person’s experience in doing this activity over time)* |  |
| **Does there appear to be any unsafe behavior** *(if Yes please give details)*? |  |
| **Detail any risk assessments undertaken for the activity involved in the Accident / Incident:**  *(Please attach copies)* |  |
| **Was there a safe system of work in place?** (if Yes please give details of documented safe systems of work or instructions given) |  |
| **Was the person involved trained regarding this activity?** (please describe what training had been provided  – full training records should be made available for examination) |  |
| **Have the risk assessments associated with the accident or incident been reviewed? What changes were made?** |  |
| **Detail any remedial action to prevent re-occurrence?** *(Please include details of punitive measures where necessary)* |  |
| **Have the actions identified been implemented?** |  |

**PART E – ABOUT YOU, THE PERSON COMPLETING THE FORM**

|  |  |  |
| --- | --- | --- |
| **NAME (print):** |  | |
| **Address:** |  | |
|  | **Post code** |
| **Designation:** |  | |
| **Signature:**  **Date:** | | |
| **Manager/Headteacher Signature:**  **Date:** | | |

Please return the completed form using Anycomms+.

Please also include photographs of the area where the incident happened/any equipment or materials involved, and copies of relevant risk assessments/ssow.

Privacy Notice

Herefordshire Council is the Data Controller under data protection law and will use the information you provide on this form in order to fulfil the authority’s statutory duties under the relevant health and safety legislation.

These duties are outlined under “The Health and Safety at Work Etc. Act 1974”, “The Management of Health and Safety at Work Regulations 1999”, “The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013”, “The Health and Safety (First-Aid) Regulations 1981” and other relevant legislation.

We will keep your data for as long as required and in line with the Council’s retention schedule. Your information may be shared with other relevant organisations in order to provide you with the service.

Individuals have a number of rights under data protection law, including the right to request their information. You also have a right to make a complaint about our handling of your personal data to the Information Commissioner’s Office <https://ico.org.uk/>

Information you provide will only be used for the stated purpose. Further information about the processing of your data can be found on our website at <https://www.herefordshire.gov.uk>

Contact the Council’s Data Protection Officer via email: [informationgovernance@herefordshire.gov.uk](mailto:informationgovernance@herefordshire.gov.uk)

Our full privacy notice can be found here. <https://www.herefordshire.gov.uk/download/downloads/id/17213/health_and_safety_privacy_notice.pdf>