

Generations Multi Academy Trust

**Visitor (includes staff of third party contractors)** Accident / Dangerous Occurrence Report

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**Visitor** Accident / Dangerous Occurrence Report

If a **visitor** is injured on site or there is a dangerous occurrence (such as a near miss or release of a substance that might be dangerous to health), this form **MUST** be filled in **IMMEDIATELY** by the first member of staff to arrive on the scene of the incident and passed to the first aider who assessed / treated the injured party if an injury was sustained. It **MUST** then be passed to the relevant person to carry out an investigation into the circumstances surrounding the incident in order to establish the **ROOT CAUSE**. All forms are then reviewed by school Principles and the Head of Estates.

Incidents which appear to be the result of **BEHAVIOUR** related issues should be investigated by the relevant DoL in secondaries or in Primary schools the Head teacher and then sent to the Head of Estates to log the incident.

Incidents which are related to the condition of the site such as slip or trip hazards should be investigated by the Head of Estates.

Please ensure the completed form is sent to the relevant above person and always forwarded onto the Head of Estates to review once complete

Please see Incident Reporting Guidance before filling out this form.

The form **MUST** be completed **IN FULL** and **SIGNED.**

HSE reportable (this will be determined by Mr Lodge Head of Estates) Yes/No

If Yes, record the HSE RIDDOR Report Number here ……………………

**Personal Information (Confidential)**

**School where the incident happened**

Goffs Academy

Goffs-Churchgate Academy

Flamstead End Primary

Andrews Lane Primary

(Delete as appropriate)

**Member of Staff completing Form**

|  |  |
| --- | --- |
| Forename & Surname |  |
| Job title & Dept. |  |

**DETAILS OF VISITOR WHO IS INJURED / INVOLVED *(one per form)***

*It is important to obtain the signature of the injured person where possible*

|  |  |
| --- | --- |
| Forename & Surname |  |
| Address |  |
| Postcode |  |
| Contact Number |  |

**DETAILS OF INCIDENT**

|  |  |
| --- | --- |
| **EXACT** Location (e.g. actual area/ classroom/corridor/ field/gym/sports hall, offsite visit, public space) **be as specific as possible** – i.e. give room number and describe the location in the room. |  |
| Date of incident |  |
| Time of incident |  |
| Activity – be specific e.g during science practical, whilst playing Rugby etc. etc. |  |
| Please confirm that next of kin have been contacted and informed of the injury / asked to attend where necessary or if requested by the injured party. |  |

|  |  |
| --- | --- |
| **Type of Incident** | **Tick all that apply** |
| Contact with moving machinery or material being machined |  |
| Hit by moving, flying or falling object |  |
| Hit by a moving vehicle |  |
| Hit something fixed or stationary |  |
| Injured while handling, lifting or carrying |  |
| Slipped, tripped or fell on the same level |  |
| Fell from height |  |
| Exposed to, or in contact with, a harmful substance |  |
| Other: Please Give Details |  |

|  |  |
| --- | --- |
| **Factual description of events & circumstances – Be as specific as possible and stick to the facts** *(Attach additional sheets or sketch plans if necessary)* | |
| Signature of Injured Person: Date:  (The injured / affected person MUST sign except in exceptional circumstances – i.e. if they are incapacitated and unable to sign) | |
| **Witness(es) details (if any) – please attach statements which must be signed and details on an additional sheet if there are more than 2:**  **Witness 1**  Name:  Address including post code:  Contact number:  **Witness 2**  Name:  Address including post code:  Contact number: | |
| **Injury Sustained** | **Tick all that apply** |
| Seizures |  |
| Allergies including Anaphylactic Shock |  |
| Airway Breathing Difficulties |  |
| Suspected Electrical Shock |  |
| Cardiac Arrest |  |
| Spinal Injury |  |
| Facial injury |  |
| Eye injury |  |
| Head injury |  |
| Concussion |  |
| Evidence of swelling (state location on the body) |  |
| Evidence of bruising (state location on the body) |  |
| Suspected internal injury |  |
| Abdominal injury |  |
| Lower limb injury (state nature of injury and exact location) |  |
| Upper limb injury (state nature of injury and exact location) |  |
| Puncture wounds (state exact location) |  |
| Scalds (state exact location) |  |
| Burns (state exact location) |  |
| Suspected Dislocation (state exact location) |  |
| Suspected Fracture (state exact location) |  |
| Diabetes related (state symptoms) |  |
| None – near miss or dangerous occurrence |  |

|  |  |
| --- | --- |
| **Treatment Given** | **Tick all that apply** |
| Assessed the injury |  |
| Rest only |  |
| RICE (Rest, Ice, Compression, Elevate) |  |
| Dressing applied – list type |  |
| None – near miss or dangerous occurrence |  |
| Other – please describe in full |  |
| Called 111 for additional advice |  |
| Called 999 for emergency response |  |
| Please confirm if injured party was taken directly to hospital after the incident |  |

**INVESTIGATION –**

This section MUST be completed by the most competent person to do so for example the relevant DoL or Head teacher in Primary schools for behaviour related incidents, by the Head of Estates for incidents which are as a result of the condition of the building or other site related factors. The aim is to identify what the ROOT CAUSE of the incident was i.e. if they tripped was there a trip hazard etc.

|  |
| --- |
| **Describe any action that has since been taken to prevent a similar incident:**  Please continue on separate sheet(s) if necessary |

|  |  |  |
| --- | --- | --- |
| Have there been any similar accidents? | Yes | No |
| As a result of these incidents have you reviewed your risk assessment / procedures? | Yes | No |
| Is training or re-training required? | Yes | No |
| Have the control measures / procedures been effectively communicated to staff? | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigating Officer: Name | |  | |
| Position | |  | |
| Tel No | |  | |
| Date | |  | |
| Signature | |  | |
| **RETURN THE COMPLETED FORM ASAP to Mr Lodge Head of Estates** | |  | |
| **Reviewed by Head of Estates**  **Name: Signature:**  **Date:** | |
| **Reviewed by Principal**  **Name: Signature:**  **Date:** | |