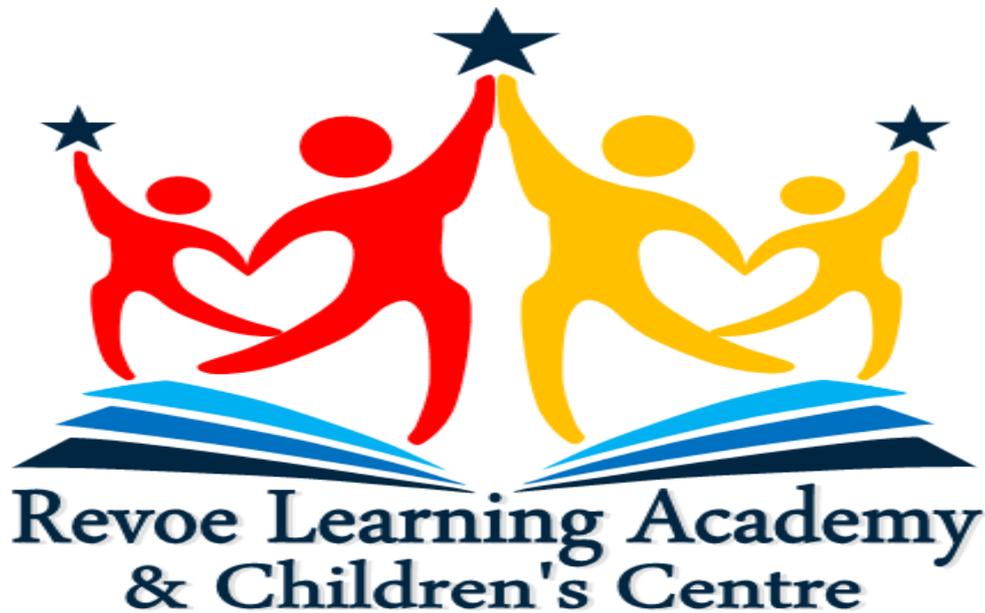


# Our Medical Policy, including First Aid.



Written / Revised November 2014  
Redrafted April 2016

At RLA, we aim to provide a safe and caring environment for all of our children; but, this is especially important for those children who have specific medical needs.

Children with specific medical needs are welcomed at RLA, along with any other child, although admission may be delayed for children with more complex or specific needs until appropriate provision and reasonable adjustments have been arranged. This is to ensure the child is successful at RLA and is able to make maximum progress.

We recognise that most children with specific medical needs can and should attend school and take a full part in school life with additional support when needed.

Revoe Learning Academy works closely with NHS Blackpool and other relevant outside agencies in order to effectively support the health of all of our children and pupils.

*"All staff caring for children have a common law duty of care to act like any reasonably prudent parent. The duty of care extends to taking action in an emergency."*

**This policy adheres to the Statutory framework for the early years foundation stage setting the standards for learning, development and care for children from birth to five**

**Illness Summary.**

- 1) It is the parent / carer' responsibility to ensure that RLA, including our Nursery and Crèche, has adequate information regarding their child's condition and medication. This information should be in writing, signed and current.
- 2) Parents/carers should not bring a child to RLA, including hosted groups, who is unwell.
- 3) If a child has a communicable disease, refer to NHS posters located in the Main Office and Children's Centre Reception area to see how long the exclusion period should be for.
- 4) Staff will also check this and will ask parents not to leave children who are still be in their exclusion period.
- 5) If a child is unwell the parent/carers will be contacted so that the child can be collected.
- 6) If a member of staff suspects a child has an infectious illness they will phone/talk to parent/carers if appropriate they will be asked to take the child home.
- 7) We request that parents/carers do not bring older siblings to Children's Centre groups/crèches whilst they are not attending school due to ill health of any kind.

**Please refer to Appendix 2:  
The Early Years Welfare Requirements for further direction.**

**Admitting Pupils with Specific Medical Needs.** All children are welcome at RLA. Children with specific medical needs or disabilities have the same rights of admission as all other children (in accordance with our Admissions Policy) and will not be discriminated against, in accordance with the Equality Act 2010.

It is the responsibility of parents / carers to inform RLA of any medical needs, including dietary needs, concerning their child. They also need to provide up to date information about their child's medical condition, treatment and/or any special care needed.

Upon entry to RLA, parents / carers are asked to complete admission forms requesting medical information. During the year, parents / carers are reminded to inform us of any changes that need making to their child's medical information through Revoe Reporter, requests, Open Evenings and the web site. Parents / carers are given their child's data sheet to check and amend bi annually to ensure that our records are current and staff are available to support if needed.

Some children, whose needs are of a more complex nature, require a written protocol agreed by Revoe Learning Academy, our School Nurse or Specialist Nurse and parents or carers before admission. We ensure that staff who have contact with the child understand the nature of the medical condition and are aware of the administration of any medication that may be required.

Staff can help with the administration of medication and be trained to do so but it is not part of their role profile. Any member of the Senior Leadership Team is responsible for administering medication as part of our inclusive provision.

**Storage of Essential Medicines.** Any essential medicine brought into RLA must be in the original packaging, labelled with the child's name and left in our Academy office. However, it may be necessary for some children to have their medication with them in the classroom - asthma inhalers, insulin and epi-pens. Controlled drugs will be kept in our locked storage and a record **must** be kept of how much is administered, when administered and how much remains. Medicines requiring refrigeration will be stored in a fridge.

**Medication.** The only medication generally allowed to be taken at RLA is for: anaphylactic shock (epi-pens), asthma, ADHD and diabetes. Medicines should only be taken during the academy day

when essential ie. when it would be detrimental to a child's health and attendance if the medicine was not administered. Written permission and full instructions for the administration of the medication must always be given by parents and carers using our Medication Form (**see Appendix 3 and 4**). Only medicines that have been prescribed by a health professional will be accepted.

Non-prescribed medicines should not be administered other than on a visit when children may be required to take travel sickness pills; or on a residential visit where parents have specifically given written permission for staff to administer paracetamol for headaches, etc.

**Aspirin and Ibuprofen must never be given to a child under 16 years of age, unless prescribed by a Doctor.**

If a child needs non-prescribed medicine during the day, parents and carers are asked to come to RLA to administer it to their children. If this is not possible, a medication form (**see Appendix 3**) for the administration of essential, non-prescribed medication **only** must be completed at our Academy office giving permission for the child to administer it themselves, under supervision.

If a child refuses to take the medication, staff will not force it on them but will record and inform parents / carers. Medication **will only** be given to the child whose name is on the box/bottle and on the Medication Form.

**Asthma Inhalers.** These are stored in the class 'rucksack' along with the class asthma register and are always accessible to the child under the supervision of an adult or themselves, age appropriate. An up-to-date asthma register is kept and the SENCO, or Assistant Headteacher for Early Years children, is informed of any new cases of asthma. The register details known asthmatics, their required medication and dosage and the child's photograph. At no time should another child's inhaler be used. In the event of an emergency, and the child's medication is unavailable, the member of staff must seek health advice immediately - **contact 111**.

**Parents and carers should ensure that the inhaler is replaced before it becomes empty or out-dated. Staff will endeavour to remind them but will encourage the children to take responsibility for ensuring that medication is current and sufficient for academy hours.**

**Medication for ADHD.** Medication for ADHD are controlled, schedule 2 drugs. They should only be administered under the strictest guidelines. Possession of these drugs by anyone other than the person for whom they are prescribed is a legal offence and could lead to prosecution. Great care is taken when administering these drugs and careful details of dose, time administered and remaining medication, are kept. ADHD medication **must** be kept in the original packaging with dosage clearly indicated. It will be stored in locked storage away from children.

**Insulin Dependant Children who Require Daily Injections of Insulin.** Finger prick blood testing and monitoring of food intake is ongoing throughout the day. A private area will be provided to promote the child's dignity. If required, we ensure appropriate staff are trained to administer and supervise such procedures. The child's parents / carers will be informed and asked to come to RLA to attend to their child's needs. If a child refuses to allow the insulin to be injected, staff will not force it on them. Parents/carers/Health will be contacted immediately and advice taken. Insulin is stored in the child's classroom; all necessary equipment moves around RLA with them.

**Written Education Health Care Plan.** A written plan may be necessary in order to support a child with long term or complex or specific medical needs or allergies. This includes details of the pupil's condition, any dietary requirements, any medication including possible side effects, what to

do in an emergency and any help/support that RLA can give. The health plan is updated when new information is given to the Academy or at least bi annually through the Data Collection process.

Children with a diagnosed medical need have a health plan - a copy is kept in the class first aid rucksack and in the First Aid room, Office and Kitchen.

**Record Keeping:** RLA keeps records of all children who have medical conditions, updated on at least an annual basis or when new information is received. Copies are kept with the class teacher (ruck sack), Office, SENCO, kitchen and school nurse. The Admin Manager and SENCO are responsible for updating medical records. Staff are informed on a need to know basis. Pupils taking medication on a regular basis have a register where the dose, time at which it is taken and the person administering it are recorded.

Accidents receiving first aid are recorded on First Aid Incident Logs.

### **Emergency Procedures**

All staff are made aware of emergency procedures through induction and regular training. In the case of an accident, sudden acute illness or where there is any doubt, a member of SLT **must** be informed **in person** who will then take appropriate action which may include contacting the emergency services.

In the event of emergency services being called or accessed, the designated member of staff must take the child's data collection sheet, emergency treatment form (from the child's file) and health plan with them, all available from our Academy Offices. Parents/carers will be contacted and a member of staff will stay with the child until they arrive.

### **Staff Training**

We ensure that RLA has significant numbers of paediatric-trained staff. In addition, we have a team of 'At Work' first aid trained staff. The training is provided through the approved providers, or appropriate health staff, arranged by the SENCO, and repeated in accordance with best practice ie within 3 years.

### **Trips and Sports Activities**

An identified first aider attends all visits and events. First aid kits can be found on our mini-bus and in every classroom. If other transport is being used, a first aid kit **must** be taken as well as the class/year group medical file and work phone. If a child has special medical needs or disabilities, an additional staff member may be required to attend / accompany the child.

### **Risk Assessment**

If a child with medical needs is attending RLA, including our Nursery or Crèche, it is important that a risk assessment is in place that covers things such as staffing arrangements and facilities for administering medication/fire evacuation etc. As soon as we are made aware by the parent, our SENCO and appropriate member of our Senior Leadership Team ensure that this risk assessment is completed and that staff are made aware on a need to know basis. **The risk assessment is completed with parents and signed to confirm that all parties understand the arrangements.**

## First Aid Procedures At RLA

Only staff who have a current paediatric first aid certificate should administer first aid. We have a number of qualified first aiders at RLA who are able to administer aid for minor injuries incurred by adults or pupils. Names of current first aiders can be found in the:

Medical / First Aid room , situated next to the central men's toilet;

Children's Centre Reception;

Dining Room;

Kitchen;

Staffroom;

Main Office.

There is a staff duty rota who can be contacted should first aid be required during lesson time.

First Aid rucksacks are kept in every classroom and should be taken on play duties, visits and trips. **Further first aid facilities can be found in:**

Phase Corridors; Dining Hall, Kitchen, Medical Room, Children's Centre Reception and Mini Bus.

First aid stock is overseen by the Mrs. Heywood, our Business Manager, who ensures that all first aid boxes are regularly checked and replenished. Any queries regarding supplies of first aid these should be addressed to Mrs. Heywood or Mrs. Wood . If neither are available, staff will find additional first aid stock in the first aid medical room near to the central men's toilet.

Disposable gloves are provided and should always be used when dealing with body fluids such as open wounds, vomit, urine, etc.

Soiled dressings should be placed in tied, yellow, plastic bags and placed in the covered bin.

Non allergenic plasters and dressings are available if required. First Aiders should check that the child is not allergic to plasters. If the child is unsure, medical lists must be consulted prior to applying plasters. If in doubt, use micropore with a sterile dressing.

Cuts and grazes should be cleaned with water or an antiseptic wipe if water is not available.

**Antiseptic creams should not be used.**

Sterile eye wash pods are available only for the use of eye injuries and these can be found in first aid boxes.

### Recording and Reporting Procedures

All first aid incidents must be recorded in our First Aid Incident Log **in pen**. The top white copy is for the child to take home with them. Blue and pink copies must be kept in our Incident Log as an evidence record. The First Aid note must be signed by the first aider for accurate recording.

Any incident more serious than a cut, bruise or graze, or where a first aider has a concern must be reported to a member of the Senior Leadership Team (Mrs Bastow, Mrs Raistrick, Mrs Swinson, Mr Harrison, Mrs Heywood) **in person** in order for a decision to be taken with regards to an appropriate next course of action.

Parents / carers should be notified immediately by telephone or text if unavailable. In addition an accident/incident/near miss report form (Appendix 5) and witness statement (where appropriate) must be completed.

All bumps to the head, even if the child appears well and able to remain in school, **must be reported to the class teacher, SLT and parent.**

Parents/carers must be informed of any injuries, via the child, using the 'Your Child's First Aid Note' in the Incident Log. Incidents which require parents/carers to come into RLA or further medical treatment must be recorded on CPOMS using the Health Information category.

Injuries incurred when using school equipment, e.g. fingers trapped in doors, playground / stair injuries, should be reported on the same accident forms in case information is required for Health and Safety.

If a child receives an injury to a body part covered by outer clothing, the child will be asked permission to look at the injury. If a child suffers an injury to a body part covered by underwear, and it is medically necessary for a member of staff to look at the injury, then two members of staff are present and the child is asked for permission.

If a child has a toileting accident, a spare set of clothing should be given to him/her to change into. If the child is too young / unable to attend to themselves, two members of staff should clean and change him/her encouraging the child to do as much as possible for him/herself - **see our Intimate Care and Toileting Policy.**

If baby wipes are used these are not to be flushed away but placed in the appropriate bins as for soiled dressings.

Soiled garments should be placed in a plastic bag and sent home with the child. Parents / carers should be asked to wash borrowed clothing and return them to RLA as soon as possible.

### **Guidance for Treatment of Common Injuries**

**Nose bleeds:** The child should sit leaning forward. The soft part of the nose, halfway up, should be pinched until bleeding ceases, releasing pressure after 10 minutes. Seek medical advice if the bleeding continues after 20 minutes. Encourage the child not to swallow or disturb the clot by blowing etc. The class teacher must be informed and the child should not do PE or run about for at least 4 hours.

**Minor cuts and grazes:** These should be cleaned with cold water and tissues. An antiseptic wipe may be used if the wound does not appear clean or if water is unavailable although check first that the child has no allergy. A dressing may be used if the wound continues to bleed.

**Deep cuts, large wounds, sprains, etc. :** Any injury which requires medical attention must be reported to a member of SLT immediately (Mrs Bastow, Mrs Raistrick, Mrs Swinson, Mr Harrison, Mrs Heywood). If the injury is thought to be serious, the child should not be moved and emergency procedures should be followed. Parents/carers should be informed and if staff or parents are unable to provide transport an ambulance should be called.

**Minor burns and scalds:** The injury should be immersed in cold water for 10 minutes. Do not use plasters or cream and be careful not to break blisters.

**Splinters:** Leave alone and inform parents.

**Teeth / Mouth Injuries:** For any incident involving injury to teeth or the mouth area, expert dental advice must be sought, parents contacted immediately so that the likelihood of successful treatment / outcome is maximised.

**Fainting:** If a child is in danger of fainting they should sit down and put their head on their knees and be watched carefully. If they actually faint, lay the child on their back, raise their feet, loosen clothing, fan to cool down and inform an SLT member and the parent / carers.

**Epileptic seizure:** A child known to have epileptic symptoms must have a health care plan and this must be known to relevant staff and displayed as per policy ie **written health care plan section**.

Remove objects from around the child and cushion the head. Move other children away from the area. After the seizure is finished, if possible, turn the child into the recovery position. Watch the child carefully, noting the time of the seizure. Inform a colleague to contact SLT member immediately.

**Head lice:** At RLA, guidance has been taken from the Health Protection Agency Guidance (Nov 2010) which adheres to issues of prevention, detection and treatment of head lice in schools.

The Health Protection Agency Guidance aims to:-

Minimise the incidence and prevalence of headlice in the community.

Create accountability by identifying and clarifying the roles of professionals, through dissemination of current information relating to detection, prevention and treatment of head lice.

Provide factual and consistent information to members of the public whereby they are made aware of the importance of the role which they play in controlling headlice.

Support schools in their adoption of it into practices which suit the needs of the school.

At RLA, therefore:

The staff will have the regular support of our school nurse who will provide 'learning for staff' and address a whole staff meeting on the subject as requested.

Staff do not personally investigate by handling a child's hair or head.

Staff within the year group will decide how to inform the parents of the infected child. This may be by personal approach, telephone or as a last resort, by letter.

Staff should treat each case with sensitivity especially when informing parents.

If it is evident that a child, or a number of children in the class/year group, have infested hair then a letter will be sent to parents informing them.

A simple record of parents informed about their child's infestation will be kept by the class teacher in the Behaviour Log.

Serious cases of infestation should be reported to Mrs Bastow or Mrs Swinson who will liaise between parents and the school nurse, directly or through the Engagement Team.

Parents will be informed of the policy and procedures relating to headlice through our Academy prospectus, Induction procedures, Revoe Reporter and our web site.

Staff need to be aware of the need to regularly check their own hair for eggs or lice, and treat accordingly.

**See Appendix 1 for Sample Headlice Letter**

## Appendix 1

# Revoe Learning Academy



Grasmere Road,  
Blackpool.  
FY1 5HP



Headteacher: Mr. D. Harrison  
Deputy Headteachers: Mrs. H. Raistrick  
Mrs. S. Swinson  
Assistant Headteacher: Mrs. K. Bastow  
Business Manager: Mrs. J. Heywood

To contact us at RLA, you can ...

Email: [admin@revoe.blackpool.sch.uk](mailto:admin@revoe.blackpool.sch.uk)

Phone: 01253 763414

Or, to find out more about RLA, please visit:  
[www.revoelearningacademy.co.uk](http://www.revoelearningacademy.co.uk)

Wednesday, 13 July 2016

Dear Parent/Carer

We have noticed that several children in your child's class have live head lice. We recommend that you are vigilant in checking your child's hair. The following 5 step process will help you:

Wash the hair well and towel dry. It should be damp, but not dripping wet.

Comb the hair with an ordinary comb to remove the tangles.

Using a plastic detection comb (nit comb), start with the teeth of the comb touching the skin of the scalp at the top of the head. Comb slowly towards the end of the hair, keeping the teeth of the comb in contact with the scalp for as long as possible. Look carefully at the teeth of the comb in good light. Wiping the comb on a tissue will help to see if any lice have been removed.

Repeat the process for 10-15 minutes, covering the scalp and hair in all directions.

Keep checking the comb. If there are head lice, you will find one or more lice on the teeth of the comb or on the tissue.

If you should find head lice please consult your pharmacist or doctor or call the school nurse at Primary Care Centre on 655465 for further advice.

Thank you for your support

Yours sincerely

Mr Harrison

**Appendix 2 Additional Expert Early Years Guidance in line with the Welfare Requirements 2014.**

	<b>Children's Centre Creche</b>	<b>Nursery 1</b>	<b>Nursery 2</b>	<b>Reception</b>
<b>Procedures if child is ill</b>	<p>Discuss with Centre Manager if appropriate</p> <p>Member of staff to contact parent in centre to come to child</p> <p>If emergency phone ambulance, then let Main office and CC Office know</p>	<p>Discuss with member of SLT</p> <p>Member of staff/CC admin to contact parent via phone to come to collect child if required. Parent to report to Children's Centre desk</p> <p>If not required tell parent at end of session</p> <p>If an emergency phone ambulance then let Main office and CC Office know</p>	<p>Discuss with member of SLT</p> <p>Member of staff/CC admin/school office to contact parent via phone to come to collect child if required. Parent to report to Children's Centre desk</p> <p>If not required tell parent at end of session</p> <p>If an emergency phone ambulance then let Main office and CC Office know</p>	<p>Discuss with member of SLT</p> <p>Member of staff/CC admin/school office to contact parent via phone to come to collect child if required. Parents to report to Main Academy</p> <p>If not required tell parent at end of session</p> <p>In an emergency, phone ambulance; then let Main office and CC Office know</p>
<b>Medicines Must be prescribed by a doctor</b>	<p>A Health care plan would be discussed</p> <p>Information regarding the administration of medication must be put in writing and signed by the parent/carer. Part of the Health care plan would be to arrange where medication is stored and who will administer it</p> <p>If required training for staff will be organised with Health Visitor / Academy Nurse</p>	<p>A Health care plan would be discussed</p> <p>Information regarding the administration of medication must be put in writing and signed by the parent/carer. Part of the Health care plan would be to arrange where medication is stored and who will administer it</p> <p>If required training for staff will be organised with Health Visitor / Academy Nurse</p>	<p>A Health care plan would be discussed</p> <p>Information regarding the administration of medication must be put in writing and signed by the parent/carer. Part of the Health care plan would be to arrange where medication is stored and who will administer it</p> <p>If required training for staff will be organised with Health Visitor / Academy Nurse</p>	<p>A Health care plan would be discussed</p> <p>Information regarding the administration of medication must be put in writing and signed by the parent/carer. Part of the Health care plan would be to arrange where medication is stored and who will administer it</p> <p>If required training for staff will be organised with School Nurse</p>

## Appendix 3



### PARENT AGREEMENT: PRESCRIBED MEDICATION FORM



Before administration, RLA Staff must check the child's medication bottle/box with the parent/carer and the boxes below must be ticked accordingly. If any box below fails to be ticked then the medicine **must not** be administered.

Original container as dispensed by the pharmacy:	Child Full Name:	The original container provides clear instructions regarding administration:
--	------------------	--

Child's Name: ..... Date: .....

Name of medication: .....

Reason for medication: .....

Date prescribed: ..... Expiry Date: .....

Length of course of medication: .....

Dosage and strength .....

Time(s) to be administered .....

Has your child taken this medication before (circle answer) Yes No

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to RLA staff administering medicine in accordance with RLA's Medical and First Aid policy. I will inform RLA immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed:.....Date:.....

Print Name .....

**NB. Please note that a member of RLA's Senior Leadership Team has to authorise in the first instance a member of staff to administer a prescribed medicine. A second member of staff will check all the details on the prescription label to ensure they are full and correct, and countersign to witness the medication being given.**

You will be contacted immediately if your child refuses their medication. We reserve the right not to administer thereafter.





# Revoe Learning Academy Risk Assessment



Directorate: Education	Date of Assessment:
Assessed by:	
Activity:	

What is the hazard?	What is the <b>Potential</b> harm?	Who is at risk?	Controls In Place	Likelihood	Severity	Risk Rating	Further Potential Controls

**Likelihood: 1 (very low) - 5 (very high)**

**Risk rating: Likelihood x Severity**

**Severity: 1 (very low) - 5 (very high)**

Signature of Parent/Carer		Signature of Assessor	
Signature of Class Teacher		Signature of Phase Leader	



Is The Occurrence    New                        Regular                        Occasional                   

**4. INJURIES/ACTION**

Parts(s) Of The Body Affected (State Left Or Right) \_\_\_\_\_  
 Nature And Extent Of Injuries/Ill Health (Bruise, etc.) \_\_\_\_\_  
 Treatment Given/Action Taken \_\_\_\_\_  
**Who Administered Any Treatment**  
 Doctor/Nurse     Self     First Aider      
 Paramedic         Other \_\_\_\_\_  
 Did The Person Go To Hospital    YES / NO  
 If Yes    Time Spent In Hospital \_\_\_\_\_  
 Date \_\_\_\_\_ Immediately From Scene    YES / NO

**5. WITNESSES**

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Contact Number \_\_\_\_\_ Contact Number \_\_\_\_\_

**6. UNION MEMBER (OPTIONAL INFORMATION)**

Are You A Member Of A Union    YES / NO                    If Yes, Please State Which Union \_\_\_\_\_  
*Ask Your Manager If You Want A Copy Of This Form For You To Forward To Your Union Safety Representative*

**TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT**

Person Completing The Form \_\_\_\_\_  
 Job Title \_\_\_\_\_ Signature \_\_\_\_\_  
 Date And Time First Reported \_\_\_\_\_ To Whom? \_\_\_\_\_

**SECTION B - INITIAL INVESTIGATION, TO BE COMPLETED BY INVESTIGATING OFFICER/LINE MANAGER**

Investigator's Name (Please Print) \_\_\_\_\_ Job Title \_\_\_\_\_

Are You Satisfied That The Details Given In 'Section A' Are Correct?                    YES / NO

If No, Please Give Details \_\_\_\_\_

Is It Likely That The Person Will Be Absent For More Than 7 Days As A Result Of The Incident?    YES / NO

Was The Person Involved	Performing Work Related Duties?	YES / NO / N/A
	Directly Supervised?	YES / NO / N/A
	Working In Accordance With Procedures?	YES / NO / N/A

Protective Clothing/Equipment	Was Any Required To Carry Out the Task/Activity?	YES / NO / N/A
	Was Any Issued?	YES / NO / N/A
	Was It Being Used At The Time?	YES / NO / N/A

Had A Risk Assessment Been Completed For This Task/Activity?                    YES / NO / N/A  
**If YES, Please Attach A Copy**

Immediate Cause of Incident? \_\_\_\_\_

Underlying Cause of Incident? \_\_\_\_\_

Immediate Action To Prevent Recurrence? \_\_\_\_\_

Future Action To Prevent Recurrence? \_\_\_\_\_

Is Further Training Required?                    YES / NO    If Yes, Please Specify \_\_\_\_\_

Was Feedback Provided To The Person Involved Following The Investigation?                    YES / NO

Who Was The Person's Line Manager At The Time? \_\_\_\_\_

**TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IS CORRECT**

Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_  
**Counter Signature of Manager**                    Signature \_\_\_\_\_  
 Job Title \_\_\_\_\_ Name (Please Print) \_\_\_\_\_

**THE COMPLETED FORM, ALONG WITH ANY SUPPORTING DOCUMENTATION, IS TO BE FORWARDED TO THE HEALTH AND SAFETY TEAM, PO BOX 4, BLACKPOOL, FY1 1NA  
 TELEPHONE: 01253 477264 FAX: 01253 477266**

# WITNESS STATEMENT

<u>FOR HEALTH AND SAFETY TEAM USE ONLY</u>		SELIMA INCIDENT NUMBER
OH&S ADVISER	DATE	

**THIS FORM IS FOR USE WITH THE ACCIDENT/INCIDENT/NEAR MISS REPORT FORM AND IS TO BE COMPLETED BY THE WITNESS OR THEIR REPRESENTATIVE, THEN PASSED TO THE LINE MANAGER RESPONSIBLE FOR THE ACTIVITY/PREMISES**

**1. PERSONAL DETAILS OF THE WITNESS (PLEASE PRINT)**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_  
Home Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Home Tel. No \_\_\_\_\_  
Occupation \_\_\_\_\_

**2. DETAILS OF THE ACCIDENT/INCIDENT/NEAR MISS WITNESSED**

Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
Address \_\_\_\_\_

Exact Location (Office, Kitchen, etc.) \_\_\_\_\_  
Where Were You In Relation To The Accident? \_\_\_\_\_  
State Of The Accident Location (Wet, Dry, Untidy, Tidy, etc)? \_\_\_\_\_

Did You Actually See The Accident?      Yes       No

Describe The Circumstances Leading Up To The Accident And What Happened

*(Continue Overleaf If Necessary)*

**3. DETAILS OF ANY INJURED PERSON(S)**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_  
Occupation \_\_\_\_\_ *(Continue Overleaf If Necessary)*

**TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IS CORRECT**

Signature Of Witness \_\_\_\_\_ Date \_\_\_\_\_

**THE FORM IS TO BE PASSED TO THE LINE MANAGER RESPONSIBLE FOR THE ACTIVITY/PREMISES**

Signature Of Investigator \_\_\_\_\_ Date \_\_\_\_\_  
**Counter Signature Of Manager**      Signature \_\_\_\_\_  
Job Title \_\_\_\_\_ Name (Please Print) \_\_\_\_\_

**THE COMPLETED FORM, ALONG WITH ANY SUPPORTING DOCUMENTATION, IS TO BE FORWARDED TO THE HEALTH AND SAFETY TEAM, PO BOX 4, BLACKPOOL, FY1 1NA  
TELEPHONE: 01253 477264 FAX: 01253 477266**

