**Suffolk County Council**

**SCHOOLS’ INCIDENT REPORT FORM (*IRF001SCH*)**

***Please fill in all areas***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: The person reporting the Incident (may or may not be the injured person):** | | | | | | | | | | | | | | | | | | | | | |
| **Today’s date:** |  | | | | | **Reporting school:** | | | | | | | | |  | | | | | | |
| **Title*:*** |  | **Surname:** | | | |  | | | | | | | | **First name:** | | | |  | | | |
| **Job title:** |  | | | | | **Work contact details *(address, phone & email):*** | | | | | | | | |  | | | | | | |
| **Section 2: Incident details** | | | | | | | | | | | | | | | | | | | | | |
| **Date of incident:** |  | | | **Time of incident**  ***(24 hr clock):*** | | | |  | | **Address and location of the incident:** | | | | | | |  | | | | |
| **Description of the incident: *(please continue on separate sheet if required)*** |  | | | | | | | | | | | | | | | | | | | | |
| **What happened?**  *(Please mark all relevant.*  *If no injury - physical or emotional – please still fill in section 3 with regards to person affected by near miss or equipment failure, for instance).* | Involuntary harm from pupil with challenging behaviour / special educational needs | | | | Electrocution / shock | | | | | | | | Impact by moving object / vehicle / person | | | | | | | | Premises issue |
| Aggression / threat / fear of attack or harm | | | | Exposure to hazardous substance | | | | | | | | Injury from sharp / pointed implement (e.g., needle / knife / tool etc.) | | | | | | | | Road traffic incident |
| Assault / abuse (physical) | | | | Fall / slip / trip | | | | | | | | Moving and handling inanimate object | | | | | | | | Security / theft |
| Assault / abuse (verbal) | | | | Failure of equipment | | | | | | | | Moving and handling person | | | | | | | | Sports / activity injury |
| Contact with heat / fire | | | | Failure of medical device / medication error | | | | | | | | Near miss | | | | | | | | Striking against / trapped by something stationary |
| Contact / threat from animal | | | | Hit by falling object | | | | | | | | Pre-existing illness / taken ill / collapse | | | | | | | | Other (please state): |
| **Section 3: About the affected person** | | | | | | | | | | | | | | | | | | | | | |
| **If multiple people affected has another incident report form been completed?** | | Y / N / not applicable | | | | **If yes, please state initials of other affected party(ies)** | | | | | | | |  | | | | | | | |
| **Title:** |  | **Surname:** | | | |  | | | | | | | | **First name:** | | | |  | | | |
| **Category of person *(please mark one)*:** | | | | | | Employee / pupil / contractor / member of the public / volunteer / other *(please state)*: | | | | | | | | | | | | | | | |
| **Date of birth and age*:*** |  | | | | | **Job Title:** | | | | | | | |  | | | | | | | |
| **Gender:** |  | | | | | **Contact details *(address, phone & email):*** | | | | | | | |  | | | | | | | |
| **Was the person working alone?** | **Y / N** | | | | |
| **If employee:**  **Line manager’s name and contact details:** |  | | | | | **Type of school:** | | | | | | | | * Primary * Secondary * Pupil Referral Unit * Special School * Other: | | | | | | | |
| **How was the person affected?**  ***(Please mark all that apply):*** | Affected vision | | | | | Crush | | | | | | Infection | | | | | | | | Puncture wound / sharps / needle stick injury | |
| Bite (human or animal) | | | | | Death | | | | | | Inappropriate touching | | | | | | | | Skin irritation | |
| Bump / bruise(s) | | | | | Emotional shock | | | | | | Loss of limb or digit | | | | | | | | Strain / sprain | |
| Burn / scald | | | | | Fracture / dislocation | | | | | | Not applicable (no injury) | | | | | | | | Stress arising from work practices | |
| Chipped / broken tooth/teeth | | | | | Graze / cut / scratch | | | | | | Pain only | | | | | | | | Unconsciousness | |
| Concussion | | | | | Illness (including seizure / stroke / cardiac arrest.) | | | | | | Poison by consumption / ingestion | | | | | | | | Other (please state): | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Which part(s) of the body were injured? *(mark all that apply):***  **If relevant, please indicate:**  **L = Left,**  **R = Right or**  **B = Both** | Abdomen | | | | | Emotional harm | | | | | | Jaw | | | | | | | | Thigh | |
| Ankle | | | | | Eye | | | | | | Knee | | | | | | | | Wrist | |
| Arm | | | | | Face | | | | | | Mouth | | | | | | | | Other (e.g. internal organ) – please state: | |
| Back | | | | | Finger / Thumb / Toe | | | | | | Neck | | | | | | | |
| Buttocks | | | | | Foot | | | | | | Nose | | | | | | | |
| Chest | | | | | Hand | | | | | | Pelvis / Hip | | | | | | | |
| Ear | | | | | Head / Scalp | | | | | | Shin / Calf | | | | | | | | Not applicable (i.e. no bodily harm) | |
| Elbow | | | | | Genitalia | | | | | | Shoulder / Collarbone | | | | | | | |
| **Section 4: After the incident** | | | | | | | | | | | | | | | | | | | | | |
| **What happended to the injured person after the incident:** | | | Remained at school | | | | | | Went to hospital from the scene of the incident | | | | | | | | | | Sent home | | |
| Other (please state): | | | | | | | | | | | | | | | | | | |
| **Was first aid administered?**  ***If ‘yes’ please detail:*** | | | Y / N  First aider’s name / contact: | | | | | | | | | | | | | | | | | | |
| **If the injured party went to hospital did they receive treatment?** | | | Y / N / Not known  Relevant details: | | | | | | | | | | | | | | | | | | |
| **If employee - are they absent from work as a result?** | | | Y / N | | | | | | | | | | | | | | | | | | |
| ***If ‘yes’ – please note first date absent and notify your H&S Advisor of their return.*** | | | Date absent from: | | | | | | | | | | | | | Date returned to work: | | | | | |
| **If over seven days please inform** [**Nina.Bickerton@suffolk.gov.uk**](mailto:Nina.Bickerton@suffolk.gov.uk) **immdiately.** | | | | | | | | | | | | | | | | | | |
| **Was a GP / hospital fit note submitted?** | | | Y/ N ***If ‘yes’, please send fit note with this form*** | | | | | | | | | | | | | | | | | | |
| **Section 5: Further information** | | | | | | | | | | | | | | | | | | | | | |
| **Were there any witnesses to the incident?**  ***If ‘yes’ please give details:*** | Y / N  If yes, who? Contact details and attach brief statement if given: | | | | | | **What has been done to prevent further incidents of this nature?**  *(Continue on separate sheet if needed).* | | | |  | | | | | | | | | | |
| ***Thank you for reporting this incident. When incidents are reported we can analyse why they might have occurred and help you to prevent them from happening again. We can only do this if your report is clear and factual.***  ***Once completed, email this form to:*** [***schools.incidents@suffolk.gov.uk***](mailto:schools.incidents@suffolk.gov.uk) ***– please use secure email*** | | | | | | | | | | | | | | | | | | | | | |