



**ST TERESA  
of CALCUTTA**  
Catholic Academy Trust

# **ACCIDENT REPORTING AND INVESTIGATION POLICY**

| Policy Control Sheet |                                                               |                                                                                                                                    |                                                                                                                                                                                                          |
|----------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                    | Policy Title                                                  | Accident Reporting and Investigation Policy                                                                                        |                                                                                                                                                                                                          |
| 2                    | Reference No.                                                 | HS05                                                                                                                               |                                                                                                                                                                                                          |
| 3                    | Version number                                                | 1.2                                                                                                                                |                                                                                                                                                                                                          |
| 4                    | Policy Author                                                 | Head of Facilities and Estates                                                                                                     |                                                                                                                                                                                                          |
| 5                    | Accountable SLG member                                        | CFOO                                                                                                                               |                                                                                                                                                                                                          |
| 6                    | Approving Body                                                | CFOO                                                                                                                               |                                                                                                                                                                                                          |
| 7                    | Date of Approval                                              | 18/12/2025                                                                                                                         |                                                                                                                                                                                                          |
| 8                    | Date of next formal review                                    | Term 3 27/28                                                                                                                       |                                                                                                                                                                                                          |
| 9                    | Policy Level                                                  | School Specific                                                                                                                    |                                                                                                                                                                                                          |
| 10                   | Personalisation required?                                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                                                                   |                                                                                                                                                                                                          |
| 11                   | Published on                                                  | Trust Website<br>School Website<br>Shared Policy Area                                                                              | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 12                   | Related documents (if applicable)                             | N/A                                                                                                                                |                                                                                                                                                                                                          |
| 13                   | Applies to                                                    | <input checked="" type="checkbox"/> All Staff<br><input type="checkbox"/> Support Staff<br><input type="checkbox"/> Teaching Staff |                                                                                                                                                                                                          |
| 14                   | Consulted on with relevant stakeholders (Union, legal, staff) | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                   |                                                                                                                                                                                                          |

| Summary of Changes |         |                    |                                                                                                                                                                                                                |
|--------------------|---------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date               | Version | Action             | Summary of Changes                                                                                                                                                                                             |
| 03/11/2025         | 1.2     | Minor Changes      | Amendments throughout the document to titles for Chief Financial and Operations Officer (CFOO), previously CFO and Trust Health and Safety Manager, previously Trust Health and safety and Compliance Manager. |
| May 2026           | 1.3     | Policy Name Change | Policy Name updated from 'Accident and Reporting Policy' to 'Accident reporting and Investigation Policy'.                                                                                                     |

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## 1.0 Statement of Intent

- St Teresa's Multi Academy Trust (STOCCAT) and the schools in the Trust are committed to ensuring our sites are a safe place to work and learn.
- It is one of the key objectives of the Trust, to ensure we are working together to protect persons from harm, we strive to ensure that our schools and offices are a supportive and healthy place to work and learn. This policy aims to support this mission by working to ensure:
  - That all accidents, incidents and near miss events that occur to staff, students/pupils on or off school site, during the working day are recorded and investigated.
  - That accidents that occur to others i.e. visitors etc. on school sites are recorded and investigated.
  - That relevant risk assessments and safe systems of work are reviewed following any accident.
  - That staff are aware of the procedures to follow and the reporting form to use when an accident needs reporting and investigating.
  - That RIDDOR reportable accidents are reported by the Trust to the HSE within statutory requirements.
  - That nominated school staff work to identify and manage accidents or incident trends.

## 2.0 Definitions

**Accident:** An accident is defined as "any unplanned event that results in injury or ill health of a person or damage to equipment or property".

**Incident:** Any incident, in which a person is abused, threatened or assaulted in circumstances relating to their work. This includes verbal and physical abuse.

**Near Miss:** A near miss can be defined as, "any event, which under slightly different circumstances, may have resulted in injury or ill health of a person". This could include a piece of equipment producing smoke, signs of overheating, a leak resulting in a safety incident, faulty equipment that could have resulted in injury, falling equipment that could have hit someone causing injury.

**Ill Health:** Includes diseases as listed under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). These are occupational ill health and medical conditions contracted because of work with the Trust.

**Dangerous Occurrence:** Any unplanned event that is listed under RIDDOR examples can be found in appendix 1 but include; exposure of hazardous substances, collapse or failure of building structure, fire/ explosion which suspends normal working for more than 24 hours.

## 3.0 Roles and responsibilities

3.1 The Trust Governing Board is responsible for:

- Ensuring this policy is in place. It is ratified and communicated to all schools.
- Seeking assurance that accidents, incidents and near misses are appropriately reported and investigated in each trust school.
- Confirming accidents that need reporting under RIDDOR are reported within HSE specified timescales.
- Confirming that schools have a process to retain accident forms and use information on them to identify trends.

The Catholic Senior Executive Leader will:

- Ensure this policy and procedure is communicated to all schools and will seek assurance that the policy is being followed.

Headteachers are responsible for ensuring:

- All staff are made aware of this policy during their local induction, so that they are able to report and investigate accidents.
- All staff know the schools process to report accidents, incidents and near miss events, including the process for minor injury recording and when to use full accident forms.
- Accidents are reported as part of a positive safety culture.
- That a member/(s) of staff is nominated to undertake accident investigations within school, as detailed in section 5.
- That they review and quality assure accident forms before they are sent onto the Trust.
- The nominated person/(s) receive accident investigation training from the Trust Health and Safety Manager.
- All serious accidents are reported to the Trust over the phone and if needed by email to the Health and Safety Manager and Chief Finance Operating Officer. Serious accidents would include:  
Fatalities, asbestos release, a fire on site, amputation, multiple fractures, asphyxiation etc. If in doubt, please contact the Trust for advice.
- All accidents are recorded as soon as possible and investigated in a timely manner. Accidents which need to be submitted to the trust must be sent within 7 working days.
- All relevant associated risk assessments and safe systems of work are reviewed and updated where required following all accidents.
- Any remedial action(s) and suggestions provided by the Trusts Health and Safety Manager are completed.
- The Trust is contacted by phone immediately in the event of the HSE visiting the school site.
- Trade Union or employee representatives are provided with suitable accident, incident and near miss event data as part of the school's agreed consultation and cooperation process.

All school staff are responsible for:

- Ensuring that they read and follow these procedures, this will ensure the safety of all those on the school site.
- Ensuring they know how to report accidents (minor student accidents and full accident forms as needed)
- Reporting accidents, incidents or near miss events which will be entered onto a full accident form without delay. They must also inform their line manager, providing details so that remedial action or investigations can commence.

## 4.0 Recording accidents

4.1 Accidents should be recorded using two methods;

1. **Arbor first aid log or a minor incident log** for grazes, scrapes and minor bumps to pupils that do not require formal first aid attention over and above a cool pack or wipe. **Appendix 2**
2. More serious accidents to pupils and all accidents to adults should be recorded on a **full accident form. Appendix 3**

All accidents should be added to Arbor against the pupil/staff profile.

## 5.0 Investigating Accidents

Staff should be nominated to investigate certain accidents within their areas of responsibility. This will normally be line managers with support from other staff on site as needed, for example; premises reports will normally be the Facilities Manager / Caretaker / Office Manager and Curriculum this would normally be the Head of Department or subject co-ordinator.

At our school, the lead/(s) for investigating accidents are as follows:

|                    |                                                                                              |
|--------------------|----------------------------------------------------------------------------------------------|
| General / Premises | Mr P Tait/Mr P Munden - Facilities Manager/Assistant Premises Manager alongside line manager |
| Curriculum         | Mr P Tait/Mr P Munden - Facilities Manager/Assistant Premises Manager alongside line manager |

- Those completing accident investigations must:
  - Be proportionate, ensure the investigation (in terms of timings and resources) is relevant to the level of risk.
  - Complete the relevant sections of the accident form.
  - Review and make any amendments required to any risk assessments and safe systems of work associated with the accident.
  - Capture further actions or recommendations for improvement.
  - Communicate actions needed to those who need to take remedial action.
  - Send the form to the Headteacher to review, so the form can be sent onto the Trust, if necessary, within 7 working days.
  - Where needed escalate significant findings to the Trust Health and Safety Manager and Chief Finance Operating Officer.

## 6.0 Basic accident investigation template

| Advice for completing a basic investigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Establish what happened, to who, when, where, why and how                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Establish who was involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Capture what could have happened in a <b>near miss</b> . e.g., a sparking piece of equipment could have led to a fire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Take pictures of the area of the accident or the equipment (if needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| If relevant, confirm what the weather was like at the time of the accident/incident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Ask witnesses to provide statements if needed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <p><b>What were the immediate causes of the accident. Additional information could be provided by those who arrived to support the ill or injured person e.g., the first aider or staff in the area. We class these as "first responders" For example;</b></p> <ul style="list-style-type: none"> <li>• Were any premises issues noted that could have caused the incident?</li> <li>• Could you see any slip or trip hazards in the area?</li> <li>• Was the individual wearing anything that could have contributed to the accident?</li> <li>• Did the individual advise what might have happened?</li> <li>• Did you observe any broken equipment?</li> <li>• Were others present at the same time?</li> <li>• What activity does it appear was taking place at the time of the accident?</li> </ul> |  |
| Review any risk assessments and safe systems of work that are associated with the accident and make any updates or amendments required based on the findings of your accident investigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| What were the <b>underlying causes</b> . Was equipment PAT tested and maintained. Were risk assessments in place, was supervision taking place, were staff/students trained?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Confirm the equipment, location is now safe and activities are safe to proceed, if not, what action must be taken to ensure no one is harmed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |

**Remember:** The purpose of an accident investigation is not to apportion blame. Investigations are undertaken for the following reasons:

- To find out what happened
- To establish what the causes of the accident were, both immediate and underlying
- To reduce the risk and to try and prevent anything similar happening in the future

- To monitor accident types and rates, so that trends can be identified and corrective actions made.
- To support the review of risk assessments and safe systems of work

## 7.0 Submitting Accident, Incident or Near Miss Information onto the Trust

- 7.1 Schools should follow the accident reporting and recording flowchart. See **Appendix 1**. Submitting accident forms where needed onto the trust for review.

## 8.0 Reporting to the HSE

- 8.1 Certain accidents need reporting to the HSE. **See appendix 1**. The Headteacher must ensure that accident forms are sent to the Trust Central office within 7 working days, so decisions can be made on if/when a report to the HSE is needed. Forms must be sent to the Trust Health and Safety Manager and the Chief Finance Operations Officer. RIDDOR reports must only be sent to the HSE by the Trust and a copy of the RIDDOR form will be provided to school for retention.

- 8.2 Schools should be aware that RIDDOR reports can result in HSE contact, visits or in some cases investigations. The school should contact the Trust immediately if the HSE contacts them to arrange a visit.

A list of the accidents and incidents that need reporting to the HSE is listed in **Appendix 4** for information.

Additional HSE advice on accident reporting in schools is available [here](#): [Incident reporting in schools \(accidents, diseases and dangerous occurrences\) EDIS1](#)

## 9.0 Retaining accident forms

- Adult accident forms must be kept securely by each school for 4 years. Or longer if the school's insurance provider stipulates.
- Student/child accident forms and minor injury logs must be kept for 18 years + 4 years from the date of the child or youngest child on the log. Or as per the school's insurance provider recommendation.
- Schools can seek advice from the Trust Data Team if they want to retain e-copies of logs and accident forms.

## 10.0 Providing Accident Form Information to Third Parties

- On occasion, and in the event of a civil claim, a Solicitor may request a copy of the school's accident form. The school must ask that party to contact the Trust in writing in the first instance. The Trust will upload a copy the letter, via a portal to the Trust claims handler. The claims handler will then contact the solicitor with a suitable response and speak to the school for additional information if needed.
- Should a parent request a copy of the accident form. The school should contact the Trust Data Team.

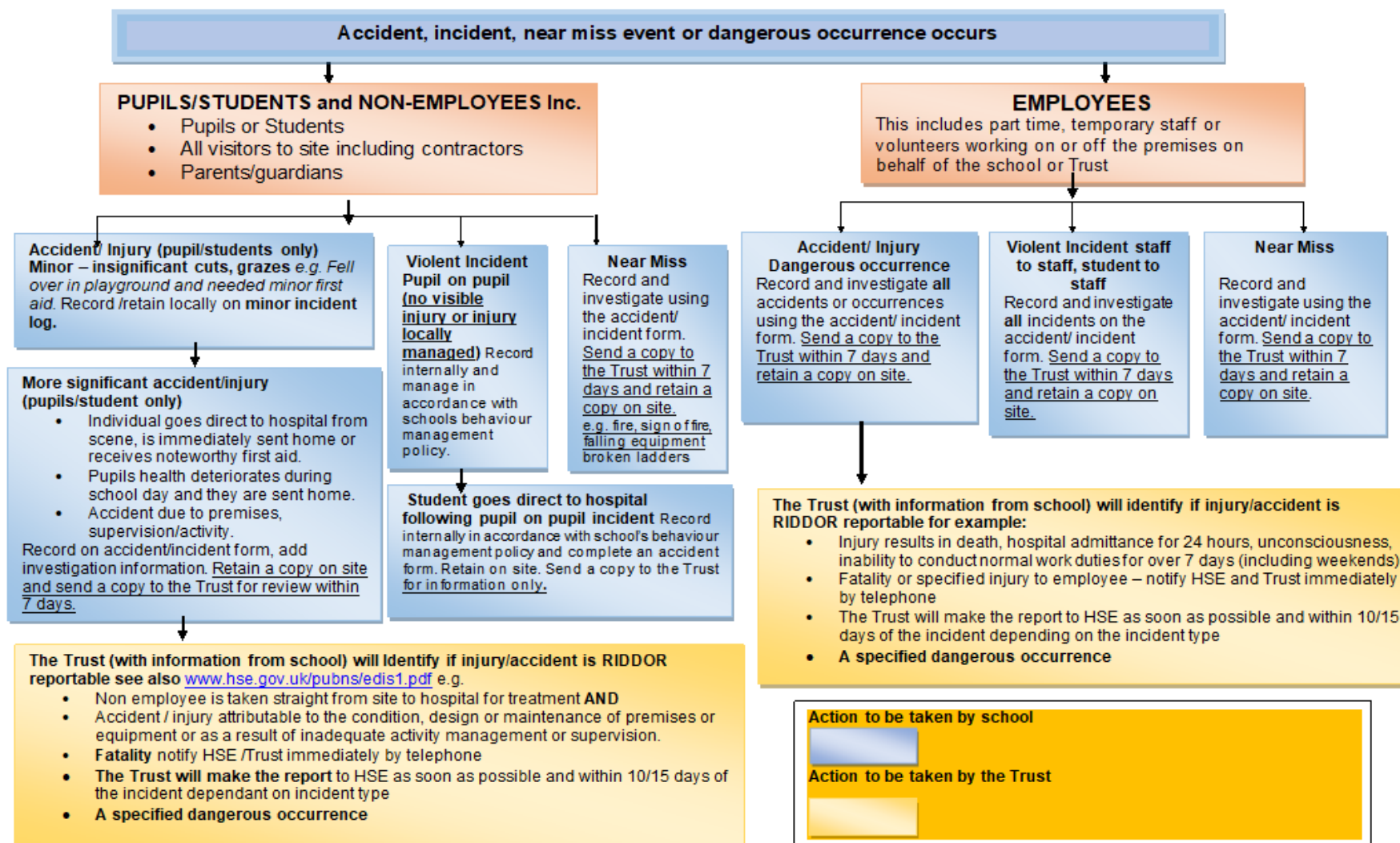
## 11.0 Monitoring

- This policy will be reviewed every three years, following a significant incident or change in legislation.

## 12.0 Links to Other Policies

- First aid policy: This can be located via the Policy hub on the central SharePoint via this link: [Health and Safety](#)
- Health and safety policy This can be located via the Policy hub on the central SharePoint via this link: [Health and Safety](#)

## Appendix 1: HSG14a Accident Reporting Flowchart (Email for Accident Forms TBC)



## Appendix 2: Minor Injury Log - For Pupils on School Site

Please use this log to record minor injuries to pupils such as cuts and scrapes, where the pupil can carry on with normal school activities.

If the injury is more serious and the pupil is unable to continue with school activities, they go home or go directly to hospital, you must make a report using the Accident/Incident and near miss event report form.

| Date & Time | Injured Person's Name | Where did it happen?<br>i.e. corridor, playground | Injury Description<br>i.e. Small cut | First aid supplies used? i.e.<br>plaster, compress, comfort | First Aider name or initial | Head Bump Letter?<br>Y/N | Upgrade to full accident form?<br>Y/N |
|-------------|-----------------------|---------------------------------------------------|--------------------------------------|-------------------------------------------------------------|-----------------------------|--------------------------|---------------------------------------|
|             |                       |                                                   |                                      |                                                             |                             |                          |                                       |
|             |                       |                                                   |                                      |                                                             |                             |                          |                                       |
|             |                       |                                                   |                                      |                                                             |                             |                          |                                       |
|             |                       |                                                   |                                      |                                                             |                             |                          |                                       |
|             |                       |                                                   |                                      |                                                             |                             |                          |                                       |
|             |                       |                                                   |                                      |                                                             |                             |                          |                                       |
|             |                       |                                                   |                                      |                                                             |                             |                          |                                       |

## Appendix 3: Accident, Incident and Investigation Form HSG14



### 1. Injured Person

☐ Employee      ☐ Student/pupil      ☐ Visitor      ☐ Contractor      ☐ Other

**Forename**

:

**Surname:**

**Address:**

**Age:**

**Telephone No:**

**Postcode:**

**Occupation:**

### 2. Accident/Incident Details

☐ **Accident**

☐ **Incident (e.g. violence/aggression)**

☐ **Near Miss**

**Where on site did the accident/incident occur?**

**Date & time:**

**Description of accident/incident (continue a separate sheet if needed):**

**If the injured person is an employee, were they working at the time of the accident/incident?**

☐ Yes      ☐ No

**if the injured person is an employee, have they been off or unable to do their normal work for more than 7 days, including weekends, but excluding the date of the accident, as a result of the accident/incident?**

☐ Yes      ☐ No

**If yes, date absent from:      to:      or Still Absent?**

☐ Yes      ☐ No

**If this was a student-to-student incident. Add details of others who were involved but not injured (you might wish to use initials or other ways to reference the other individual):**

|                                                                                                      |  |                                                          |                                                          |
|------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|----------------------------------------------------------|
|                                                                                                      |  |                                                          |                                                          |
| <b>3. Injury Details</b>                                                                             |  |                                                          |                                                          |
| Nature of the injury (e.g. fracture, sprain, cut, include part of the body injured)                  |  |                                                          |                                                          |
| First aid given by (inc job title):                                                                  |  |                                                          |                                                          |
| First aid treatment given (i.e. compress, plaster):                                                  |  |                                                          |                                                          |
| Was the injured person taken directly to hospital from the scene:                                    |  |                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were they detained: <input type="checkbox"/> Yes <input type="checkbox"/> No                         |  | If yes how long for in days?                             |                                                          |
| <b>4. Witnesses</b>                                                                                  |  |                                                          |                                                          |
| Name _____                                                                                           |  | Name _____                                               |                                                          |
| Address _____                                                                                        |  | Address _____                                            |                                                          |
| Contact Number _____                                                                                 |  | Contact Number _____                                     |                                                          |
| Are witness statements attached?                                                                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                          |
| <b>5. Report Details</b>                                                                             |  |                                                          |                                                          |
| Accident reported to (i.e. Manager, supervisor, 1 <sup>st</sup> Aider (inc name):                    |  |                                                          |                                                          |
| Reported on (date):                                                                                  |  | Time:                                                    |                                                          |
| Signed by injured person (if employee):                                                              |  |                                                          |                                                          |
| Parent guardian informed                                                                             |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date                                                     |
| Name the parent or guardian spoken to and any relevant information:                                  |  |                                                          |                                                          |
| <b>6. Accident Investigation (to be completed by manager / department head / responsible person)</b> |  |                                                          |                                                          |
| Carried out by:                                                                                      |  |                                                          |                                                          |
| Position/occupation:                                                                                 |  |                                                          |                                                          |
| Contact No:                                                                                          |  |                                                          |                                                          |
| How did the accident/incident happen?                                                                |  |                                                          |                                                          |
| What has been done to prevent reoccurrence?                                                          |  |                                                          |                                                          |

|                                                                                |                                                                     |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------|
|                                                                                |                                                                     |
| Do general risk assessments require updating?                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>If Yes, what additional risk control measures are needed / recommended?</b> |                                                                     |
| Is additional information, instruction and training required?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>If Yes, detail what action has been taken:</b>                              |                                                                     |
| <b>Signed:</b>                                                                 | <b>Date:</b>                                                        |

|                                                      |                                                          |
|------------------------------------------------------|----------------------------------------------------------|
| <b>7. For use by the Trust &amp; H&amp;S Advisor</b> |                                                          |
| <b>Reported to the HSE:</b>                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Reported by:</b>                                  | <b>Date:</b>                                             |
| <b>Comments and advice provided to school:</b>       |                                                          |
| <b>Signed:</b>                                       | <b>Date.</b>                                             |

## Appendix 4: Types of HSE Riddor Reportable Accidents

- **Deaths and Injuries**
- All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.
- **Specified Injuries to Workers**
  - Fractures, other than to fingers, thumbs and toes
  - Amputations
  - Any injury likely to lead to permanent loss of sight or reduction in sight
  - Any crush injury to the head or torso causing damage to the brain or internal organs
  - Serious burns (including scalding) which:
    - covers more than 10% of the body
    - causes significant damage to the eyes, respiratory system or other vital organs
    - Any scalping requiring hospital treatment
    - Any loss of consciousness caused by head injury or asphyxia
    - Any other injury arising from working in an enclosed space which:
      - leads to hypothermia or heat-induced illness
      - requires resuscitation or admittance to hospital for more than 24 hours
- For further guidance on [specified injuries](#) is available from the HSE. □
- **Over-seven-day Incapacitation of a Worker**
- Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident but does include weekends and rest days. The report must be made within 15 days of the accident.
- **Over-three-day incapacitation**
- **Accidents must be recorded but not reported where they result in a worker being incapacitated for more than three consecutive days.** Schools, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, should note that record will be enough.
- **Non-fatal accidents to non-workers (eg members of the public)**
- Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital **for treatment** to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

**There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.**

- **Occupational diseases**
- Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):
  - Carpal tunnel syndrome;
  - Severe cramp of the hand or forearm;

- Occupational dermatitis;
  - Hand-arm vibration syndrome;
  - Occupational asthma;
  - Tendonitis or tenosynovitis of the hand or forearm;
  - Any occupational cancer;
  - Any disease attributed to an occupational exposure to a biological agent.
- Further guidance on [occupational diseases](#) is available from the HSE.
  - Specific guidance is also available for:
    - [Occupational cancers](#)
    - [Diseases associated with biological agents](#)
  - **Dangerous occurrences**
  - Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example:
    - The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
    - Plant or equipment coming into contact with overhead power lines.
    - The accidental release of any substance which could cause injury to any person.
  - Further guidance on these [dangerous occurrences](#) is available from the HSE.
  - **Gas incidents**
  - Registered gas engineers (under the Gas Safe Register,) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:
    - An accidental leakage of gas;
    - Incomplete combustion of gas or;
    - Inadequate removal of products of the combustion of gas.