**Free Spirits Education CIC**

**Safeguarding Policy and**

**Child Protection Procedures**

The designated safeguarding lead (DSL) for the centre is: Gemma Gammon

The safeguarding policy states what we believe and will do regarding safeguarding children.

The remaining policies and procedures detail how we will do it.

Date policy approved:

January 2024

**Safeguarding Policy**

Free Spirits Education CIC is committed to safeguarding and promoting the welfare of all children (regardless of their disability, race, religion, gender identity or sexual orientation). Safeguarding includes:

• protecting children from maltreatment

• preventing the impairment of children’s mental and physical health or development

• ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and

• taking action to enable all children to have the best outcomes

Safeguarding and promoting the welfare of children is everyone’s responsibility. We adopt a culture of ‘it could happen here’. As part of our safeguarding responsibilities, we will:

1. Respond to specific issues and vulnerabilities (see Child Protection Policy)
2. Ensure the suitability of adults who have contact with children (see Staff Policy)
3. Create safe environments (see Health & Safety Policy)
4. Maintain a child-centred approach (see Ethos Policy)
5. Promote children’s good health, well-being and conduct (see Child Conduct Policy)

We review this policy at least annually in line with statutory and relevant guidance, including:

**Keeping Children Safe in Education (2023)**

**Working Together to Safeguard Children (2023)**

**Early Years Foundation Stage (EYFS) (2023)**

**Non-statutory interim guidance e.g. Covid procedures**

‘Staff’ applies to all those working for the centre, in either a paid or voluntary capacity, including parent volunteers.

‘Parent’ refers to birth parents and other adults in a parenting role for example adoptive parents, guardians, step parents and foster carers.

**Child Protection Policy**

We will keep clear written records of all child safeguarding and child protection concerns using a standard recording form, with a body map, including actions taken and outcomes as appropriate (see Annexes). We will ensure all child safeguarding and child protection records are kept securely and only available to those who have a right or professional need to see them. We will maintain records and share information with parents, other professionals working with the child, the police, social services and Ofsted, as appropriate, to ensure the safe and efficient management of the centre and ensure children’s needs are met. We will respect children’s privacy and handle their information with confidentiality.

We are committed to working in partnership with parents and carers. In most situations, staff will discuss initial concerns with them. However, the DSL will not share information where there are concerns that if so doing would:

* place a child at increased risk of significant harm:
* place an adult at increased risk of serious harm:
* prejudice the prevention, detection or prosecution of a serious crime:
* lead to unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult.

**Preventative Education**

We will teach, in an age-appropriate manner, issues such as:

• healthy and respectful relationships

• boundaries and consent

• stereotyping, prejudice and equality in accordance with modern British values with zero tolerance for prejudice

• body confidence and self-esteem

• how to recognise an abusive relationship

• the concepts of sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, rape, domestic abuse, so called ‘honour’-based violence such as forced marriage and Female Genital Mutilation (FGM), and how to access support, and

• what constitutes sexual harassment and sexual violence and why these are always unacceptable.

* harmful online content

# Low-level Concerns

All low-level concerns should be recorded in writing on the form at Annex 2. The record should include details of the concern, the context in which the concern arose, and action taken. The name of the individual sharing their concerns should also be noted, if the individual wishes to remain anonymous then that should be respected as far as reasonably possible. Schools and colleges can decide where these records are kept, but they must be kept confidential and held securely.

Records should be reviewed so that potential patterns of inappropriate, problematic or concerning behaviour can be identified. Where a pattern of such behaviour is identified, the school or college should decide on a course of action, either through its disciplinary procedures or where a pattern of behaviour moves from a low-level concern to meeting the harm threshold, in which case it should be referred to the LADO. Consideration should also be given to whether there are wider cultural issues within the school or college that enabled the behaviour to occur and where appropriate policies could be revised, or extra training delivered to minimise the risk of it happening again.

# Early Help

Early Help means ‘identifying as early as possible if a child or family need support and helping them to access services, working together to ensure that this has maximum impact. In other words, offering the right help at the right time.’ All enquiries regarding accessing early help hub services should be made by the DSL via Children’s Services on 0300 555 1384 or by completing the [Inter Agency Referral Form (IARF)](https://forms.hants.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-7e6115a7-b0ba-484d-991f-084c1248ac72/AF-Stage-52cf8e73-0daf-47d4-bb55-0fdad856d3e6/definition.json&redirectlink=/en&cancelRedirectLink=/en).

### Any child may benefit from early help, but all centre staff should be particularly alert to the potential need for early help for a child in the following categories:

### Special educational needs and disabilities

### Medical conditions

### Mental health needs

### Young carer

### Showing signs of being drawn into anti-social or criminal behaviour

### Frequently goes missing

### At risk of modern slavery, trafficking, sexual or criminal exploitation

### At risk of being radicalised or exploited

### Family member in prison

### Misusing alcohol or drugs

### Challenging family circumstance e.g. drug and alcohol misuse, adult mental health issues, domestic abuse

### Returned home from care

### At risk of ‘honour’-based abuse e.g. Female Genital Mutilation or Forced Marriage

### Privately Fostered

### Persistently absent from educational setting

## The Trigger Trio

The term ‘Trigger Trio’ is used to describe the issues of **domestic violence, mental ill-health and substance misuse** which have been identified as common features of families where harm to adults and children has occurred. The Trigger Trio are viewed as indicators of increased risk of harm to children and young people.

**Abuse and Neglect**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

***Physical abuse***

This includes hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Most children collect cuts and bruises quite routinely as part of the rough and tumble of daily life. Clearly, it is not necessary to be concerned about most of these minor injuries. However, accidental injuries normally occur on the *bony prominences* – e.g., shins. Injuries on the *soft* areas of the body are more likely to be inflicted intentionally and should therefore make us more alert to other concerning factors that may be present.

A body map (Annex3*)* can assist in the clear recording and reporting of physical abuse. The body map should only be used to record observed injuries and no child should be asked to remove clothing by a member of staff of the school.

Indicators of physical abuse:

* Multiple bruising or bruises and scratches (especially on the head and face)
* Clusters of bruises – e.g., fingertip bruising (caused by being grasped)
* Bruises around the neck and behind the ears – the most common abusive injuries are to the head
* Bruises on the back, chest, buttocks, or on the inside of the thighs
* Marks indicating injury by an instrument – e.g., linear bruising (stick), parallel bruising (belt), marks of a buckle
* Bite marks
* Deliberate burning may also be indicated by the pattern of an instrument or object – e.g., electric fire, cooker, cigarette
* Scalds with upward splash marks or tide marks
* Untreated injuries
* Recurrent injuries or burns
* Bald patches

You should be concerned if the child:

* is reluctant to have parents/carers contacted
* runs away or shows fear of going home
* is aggressive towards themselves or others
* flinches when approached or touched
* is reluctant to undress to change clothing for sport
* wears long sleeves during hot weather
* is unnaturally compliant in the presence of parents/carers.
* has a fear of medical help or attention
* admits to a punishment that appears excessive.

In the social context of the school, it is normal to ask parents about a noticeable injury. The response to such an enquiry is generally light-hearted and detailed. Therefore concern should be increased when:

* the explanation given does not match the injury
* the explanation uses words or phrases that do not match the vocabulary of the child (adult words)
* no explanation is forthcoming
* the child (or the parent/carer) is secretive or evasive
* the injury is accompanied by allegations of abuse or assault

All signs of marks/injuries to a child, when they arrive or whether occurring during time at the centre, should be recorded as soon as noticed by a staff member using the Accident /Incident form (Annex 4). This includes when there is a reasonable explanation. It is important to keep a record of injuries occurring away from the centre in case a pattern emerges or there becomes a suspiciously high number of incidents.

***Emotional abuse***

This is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child’s emotional development. It may include conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or ‘making fun’ of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child’s developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

The child is likely to show extremes of emotion with this type of abuse. This may include shying away from an adult who is abusing them, becoming withdrawn, aggressive or clingy in order to receive their love and attention. This type of abuse is harder to identify as the child is not likely to show any physical signs.

Indicators of emotional abuse:

* Delays in physical, mental and emotional development
* Poor school performance
* Speech disorders, particularly sudden disorders or changes
* Acceptance of punishment which appears excessive
* Over-reaction to mistakes
* Continual self-deprecation (I’m stupid, ugly, worthless etc)
* Neurotic behaviour (such as rocking, hair-twisting, thumb-sucking)
* Self-mutilation
* Suicide attempts
* Drug/solvent abuse
* Running away
* Compulsive stealing, scavenging
* Acting out
* Poor trust in significant adults
* Regressive behaviour – e.g., wetting
* Eating disorders
* Destructive tendencies
* Neurotic behaviour
* Arriving early at school, leaving late
* Withdrawal from physical contact
* Withdrawal from social interaction
* Over-compliant behaviour
* Insecure, clinging behaviour
* Poor social relationships
* Extreme fear of new situations
* Inappropriate emotional responses to painful situations (“I deserve this”)
* Fear of parents being contacted
* Self-disgust
* Low self-esteem
* Unusually fearful with adults
* Lack of concentration, restlessness, aimlessness
* Extremes of passivity or aggression

***Sexual abuse***

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. It may include physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Indicators of sexual abuse:

* Damage to genitalia, anus or mouth
* Sexually transmitted diseases
* Unexpected pregnancy, especially in very young girls
* Soreness in genital area, anus or mouth and other medical problems such as chronic itching
* Unexplained recurrent urinary tract infections and discharges or abdominal pain
* Sexual knowledge inappropriate for age
* Sexualised behaviour or affection inappropriate for age
* Excessive pre-occupation with sexual matters
* Sexually provocative behaviour/promiscuity
* Hinting at sexual activity
* Inexplicable decline in school performance
* Depression or other sudden apparent changes in personality as becoming insecure or clinging
* Lack of concentration, restlessness, aimlessness
* Socially isolated or withdrawn
* Overly-compliant behaviour
* Acting out, aggressive behaviour
* Poor trust or fear concerning significant adults
* Regressive behaviour,
* Onset of wetting, by day or night; nightmares
* Onset of insecure, clinging behaviour
* Arriving early at school, leaving late, running away from home
* Suicide attempts, self-mutilation, self-disgust
* Suddenly drawing sexually explicit pictures
* Eating disorders or sudden loss of appetite or compulsive eating
* Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
* Become worried about clothing being removed
* Trying to be ‘ultra-good’ or perfect; overreacting to criticism.

***Neglect***

Neglect is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

It may involve a parent or carer failing to:

* provide adequate food, clothing and shelter (including exclusion from home or abandonment)
* protect a child from physical and emotional harm or danger
* ensure adequate supervision (including the use of inadequate caregivers)
* ensure access to appropriate medical care or treatment.

Neglect may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.

Signs may include a child persistently arriving at the centre unwashed or unkempt, wearing clothes that are too small (especially shoes that may restrict the child’s growth or hurt them) or a child having an illness that is not being addressed by the parent. A child may also be persistently hungry if a parent is withholding food or not providing enough for a child’s needs. Neglect may also be shown through emotional signs, e.g. a child may not be receiving the attention they need at home and may crave love and support at the centre. They may be clingy and emotional.

Indicators of neglect:

* Constant hunger and stealing food
* Poor personal hygiene - unkempt, dirty or smelly
* Underweight
* Dress unsuitable for weather
* Poor state of clothing
* Illness or injury untreated
* Constant tiredness
* Frequent absence from school or lateness
* Missing medical appointments
* Isolated among peers
* Frequently unsupervised
* Stealing or scavenging, especially food
* Destructive tendencies

**Recording disclosures of abuse , neglect or low-level concerns**

If a child starts to talk openly to an adult about abuse that they may be experiencing, this is known as a disclosure, and it should be recorded at the earliest opportunity on the form at Annex 2. Be aware that children may not feel ready or know how to tell someone they are being abused.

**Recording suspicions of abuse or neglect**

Flowcharts (Annex 1) set out the required procedure for staff to follow when they have a safeguarding concern about a child. Staff should make an objective record as soon as possible using the form at Annex 2 of any observation or disclosure, and inform the DSL immediately.

Staff must maintain an appropriate level of confidentiality. This means only involving those who need to be involved, such as the DSL and children’s social care. Staff should never promise a child that they will not tell anyone about a report of any form of abuse, as this may ultimately not be in the best interests of the child. All staff should be able to reassure victims that they are being taken seriously and that they will be supported and kept safe. A victim should never be given the impression that they are creating a problem by reporting abuse, sexual violence or sexual harassment. Nor should a victim ever be made to feel ashamed for making a report.

When concerned about abuse or when responding to a disclosure of abuse, staff must **NOT**:

* take photographs of any injuries:
* postpone or delay the opportunity for the child to talk:
* take notes while the child is speaking or ask the child to write an account:
* try to investigate the allegation:
* promise confidentiality e.g. say they will keep ‘the secret’:
* approach or inform the alleged abuser.

**Child-on-child abuse**

All child-on-child abuse is unacceptable and will be taken seriously. Examples include bullying (including cyber bullying), gender-based violence, sexual assaults and sexting. (See also Child Conduct Policy.)

Staff will minimise the risk of child-on-child abuse by:

* Encouraging positive relationships between children at the centre
* Encouraging children to develop a positive self-image
* Educating children on rights, respect and responsibilities

Providing a relevant curriculum that helps children to develop their understanding of acceptable behaviours, healthy relationships and keeping themselves safe

* Encouraging the children to raise concerns with staff
* Listen to children and take their worries seriously

Staff vigilance and early intervention to prevent low level behaviours from becoming abusive experiences

We will respond to incidents by:

* Making children aware when their behaviour towards another child is unacceptable
* Redirecting the perpetrator to more acceptable behaviours
* Challenging all contact behaviours that have a sexual nature to them such as pushing or rubbing against, grabbing bottoms, breasts or genitals, pinging or flicking bras, lifting skirts, pulling down trousers and upskirting (photographing under a person’s clothing) or precursors to upskirting such as attempting to view underwear or genitals, and imposing appropriate levels of disciplinary action such as removing the perpetrator from the situation, to make clear that these behaviours are not tolerated or acceptable
* Providing support to victims of sexual violence and sexual harassment and ensuring that they are kept safe
* The adult should reassure the child and listen without interrupting if the child wishes to talk
* The observed instances will be detailed in a confidential report
* The observed instances will be reported to the centre Manager
* A sensitive and confidential discussion will be held with the parents of both parties (unless this would put a child at greater risk)
* If the child is at risk of harm, is in immediate danger, or has been harmed, a referral will be made to the local authority children’s social care team

## Preventing Radicalisation and Extremism

The Prevent duty requires that all staff are aware of the signs that a child may be vulnerable to radicalisation. The risks include, but are not limited to, political, environmental, animal rights, or faith-based extremism that may lead to a child becoming radicalised.

There is no single way of identifying whether a child is likely to be susceptible to an extremist ideology. Background factors combined with specific influences such as family and friends may contribute to a child’s vulnerability. Similarly, radicalisation and the grooming of children can occur through many different methods, such as social media or the internet, and at different settings.

As part of the preventative process, resilience to radicalisation will be built through the promotion of fundamental British values through the curriculum. Any child who is considered vulnerable to radicalisation will be referred by the DSL to Hampshire children’s social care,.

British values are seen as:

* Democracy
* Rule of law
* Individual liberty
* Mutual respect
* Tolerance of different faiths and beliefs

Action may need to be taken under this heading if a staff member has reason to believe that a child is being exposed to extremist views and opinions which may lead on to them being drawn into violent or terrorist activity later in life.

**Procedure:**

* The concern will be discussed with the parent.
* Such discussions will be recorded and the parent will have access to such records.
* If there appears to be any queries regarding the circumstances, the local authority children’s social care team must be notified (MASH).
* It may be necessary for family members to be referred to the Government’s “Channel programme” for support. The local authority will advise on this - the MASH team.

**Other Safeguarding Issues**

All staff should be aware of the following(detailed guidance in Part 1 of ‘[Keeping Children Safe in Education’](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf).)

* Child Sexual Exploitation (CSE)
* Child Criminal Exploitation (CCE)
* Female Genital Mutilation (FGM)
* Mental health problems
* Serious violence

**County Lines**

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of ‘deal line’. This activity can happen locally as well as across the UK - no specified distance of travel is required. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims.

**Children missing from education**

All staff should be aware that children going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding possibilities. This may include abuse and neglect, which may include sexual abuse or exploitation and can also be a sign of child criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of female genital mutilation, ‘honour’-based abuse or risk of forced marriage. Early intervention is necessary to identify the existence of any underlying safeguarding risk and to help prevent the risks of a child going missing in future.

**Mobile Phones, Cameras and Online Safety**

No staff, volunteers or children are allowed to use cameras, mobile phones or other online devices in the centre with the exception of the Manager, for emergency calls and to take photographs of children and their work (with parents’ permission). Adults may only use their mobile phones in areas where children are not permitted. In line with the centre’s ethos, children will not have access to the internet or electronic devices.

**Protecting Children from Staff and Visitors** (see also Staff Policy)

All staff and regular volunteers will be recruited following Safer Recruitment procedures. These include:

* Role information given to prospective staff and volunteers
* Application form including self-disclosure form
* Request for references
* Interview
* Checking identity
* Enhanced DBS check
* Induction training

An enhanced DBS certificate is required for anyone aged 16+ to work unsupervised with children. Adults who do not have a DBS certificate must be supervised at all times, and may not provide personal care to children (including eating, drinking, toileting or dressing). Staff:child ratios will be adhered to at all times as detailed in the EYFS. All staff, volunteers and visitors will have their identity checked on arrival.

**Important Contacts**

If you think a child is at risk of significant harm, telephone:

Police: 101 (999 if an emergency), and/or

Hampshire Children’s Services: 0300 555 1384 (Mon-Thu 8:30am-5pm, Fri 8:30am-4:30pm)

Hampshire Children’s Services out-of-hours: 0300 555 1373

For all safeguarding concerns relating to children attending Free Spirits Education, inform the DSL.

The DSL should complete the [Inter Agency Referral Form (IARF)](https://forms.hants.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-7e6115a7-b0ba-484d-991f-084c1248ac72/AF-Stage-52cf8e73-0daf-47d4-bb55-0fdad856d3e6/definition.json&redirectlink=/en&cancelRedirectLink=/en) (found on [www.hants.gov.uk](http://www.hants.gov.uk)) to report child welfare and safeguarding concerns.

**Whistleblowing**

All staff can raise concerns about poor or unsafe practice and potential failures in the school safeguarding regime.

If your concern is about the DSL, contact:

Hampshire County Council’s Local Authority Allegation Designated Officer (LADO):

Phone 01962 876364

Email child.protection@hants.gov.uk

https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/allegations

If you feel your safeguarding concerns are not being addressed, you can contact the NSPCC whistleblowing advice line:

0800 028 0285 from 08:00 to 20:00, Monday to Friday, or email help@nspcc.org.uk

## Annex 1 - Flowchart for child protection procedures

Child of Concern

­­­DSL – Designated Safeguarding Lead

MASH – Multi Agency Safeguarding Hub

LADO – Local Authority Allegation Designated Officer

IARF – Inter-Agency Referral Form

CP – Child protection

LLC – low level concern

Allegation against adult who works with children

Disclosure or allegation of abuse

DSL

STAFF

Keep accurate records and any original notes

Serious incident or recurrent episodes or inconsistent explanations

Consistent explanation or minor accident

Give reassurance, avoid leading questions and do not promise confidentiality

Physical injury, neglect or emotional abuse

Record the date, time, observations, what was said and who was present. Use a skin map to record visible injuries. NB. This is recorded by the first person the child speaks to as soon as possible after the event and within 24 hours after the event

In an emergency call for medical assistance

Inform the DSL, unless allegation is against the DSL

*)*

Refer to the DSL ASAP on the same day as the concern is raised

If DSL is not available, refer directly to Children’s Services: 0300 555 1384/0300 555 1373

The DSL will make a judgement about the situation and either:

Work with the family through the early help process

Make a referral to children’s social care using the online inter-agency referral form. If the child is considered to be at risk of harm, professionals may also call 01329 225379. In cases of immediate danger the police will be called.

Monitor the situation

All allegations go to the LADO on 01962 876364. For allegations against the DSL, the LADO should be informed directly the same day. If LLC, school procedures to be followed

* DSL to inform those that need to know in the school
* Prepare a confidential file and keep accurate records
* Receive feedback from MASH and work with the social worker if the case is allocated for assessment.

Children’s social care will refer to MASH if it is felt to be CP. MASH will make the judgement and communicate with the school

**\*** *In the cases of known FGM, the teacher who was made aware will also make contact with the police*

## Annex 2 – Form for recording disclosures and suspicions of abuse or neglect and low-level concerns

|  |  |
| --- | --- |
| **Child’s name:** |  |
| **Date and time of disclosure/concern:** |  | **DOB and age of child:** |  |
| **Name and role of person raising concern:** |  |

|  |
| --- |
| **Details of concern (where? when? what? who? behaviours? Use child’s words)** |
|  |

|  |
| --- |
| **Actions taken*****Inform the DSL immediately*** |
| **Date** | **Person taking action** | **Action taken** | **Outcome of action** |
|  |  |  |  |

## Annex 3 - Body map

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of recording: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of completer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





**Annex 4 – Accident/Incident Recording Sheet**

**Including recording injuries due to accidents occurring prior to arrival at the centre**

|  |  |  |
| --- | --- | --- |
| Nature of Incident: | Accident / Near Miss / Incident of Assault or Abuse | (circle) |
| **Injured Person** |  |  |
| First name: |  | Surname: |  |
| Status: | Employee / Pupil / Member of Public  | (circle) |
| If member of public, give address and contact details: |  |
| **Incident Details** |  |  |
| Description of incident e.g. what happened, what was the person doing? |  |
| Where did it happen? |  |
| Incident date:  |  | Time of Incident: |  |
| Type of injury and part(s) of body injured: |  |
| First aid treatment given: |  |
| Form completed by: |  |
| Manager’s comments e.g. causes, preventative measures taken: |  |