First Aid Policy

Policy Owner:	Lighthouse Multi Academy trust
Academy:	Castlefort Academy
Approved/ Ratified:	Pat Hunt
Review Dates:	September 2027

Document Version Control Log

Version	Modification Date	Synopsis of Changes
1.0	July 2026	
2.0	October 2026	Adaptations made for Castlefort Academy.

1. Purpose and Principles

First aid can save lives and prevent minor injuries from becoming major ones. **The Lighthouse Multi Academy Trust** is committed to ensuring that appropriate first aid arrangements are in place across all of its academies. All staff responsible for pupils are expected to use their best endeavours, particularly in emergencies, to safeguard welfare as a cautious parent would. In general, the consequences of taking no action are likely to be more serious than those of attempting to assist.

The Trust recognises that first aid forms part of its wider safeguarding, health, inclusion and well-being responsibilities. Prompt and effective first aid supports children to remain safe, healthy, included and ready to learn, while ensuring that all pupils, including those with SEND, medical conditions and disabilities, receive equitable and appropriate care.

2. Aims

- Provide a consistent Trust-wide framework for first aid provision, emergency response, incident management, recording and reporting across all Lighthouse Multi Academy Trust academies, while allowing for academy-specific arrangements where appropriate.
- Ensure the health and safety of all pupils, staff, contractors and visitors across Lighthouse Multi Academy Trust and its academies.
- Clarify the responsibilities of the Lighthouse Multi Academy Trust Board (Trustees), Local Governing Bodies (LGBs), Executive Head Teachers, Head Teachers, Heads of Academy and all staff in relation to first aid provision and arrangements.

3. Scope

This policy applies to all academies within The Lighthouse Multi Academy Trust, Trust Central Team, and all Trust-operated activities on and off site, including trips, residential visits, events, and sports fixtures.

4. Legislation and Guidance

This policy aligns with current Department for Education guidance on first aid and health and safety in schools, and with:

- Health and Safety (First-Aid) Regulations 1981
- Management of Health and Safety at Work Regulations 1992 and 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Social Security (Claims and Payments) Regulations 1979 (accident record retention)
- Education (Independent School Standards) Regulations 2014 (suitable medical room)
- Keeping Children Safe In Education (KCSIE) 2026
- Supporting Children at School with Medical Conditions (DfE)
- Early Years Foundation Stage (EYFS) Statutory Framework (delete if not applicable)
- Children and Families Act 2014
- Equality Act 2010
- Achieving, Thriving Belonging: The National SEND and Alternative Provision White Paper

Each academy must ensure any additional local requirements (e.g., site-specific risks, local arrangements) are implemented via a local appendix to this policy.

5. Governance and Responsibilities

5.1 Trust Board (Trustees)

- Set the strategic framework and approve this Trust-wide policy.
- Ensure adequate resourcing across academies for first aid provision, including trained personnel, equipment, and suitable medical spaces.
- Monitor compliance and risk via termly reports from the CEO/Trust Health & Safety (H&S) Lead including RIDDOR incidents, training coverage, and significant trends.
- Assure that robust systems exist for incident investigation, learning, and policy improvement.
- Ensure that legal duties under health and safety legislation are met across the Trust.
- Delegate operational implementation to the CEO, retaining oversight and accountability.

5.2 Chief Executive Officer (CEO) and Trust Central Team

- Ensure consistent implementation of this policy across all academies.
- Liaise with a competent Trust H&S Lead to ensure academies are supported, maintain Trust-wide risk profiles, and coordinate training standards.
- Collate and review academy incident data, escalate significant issues to Trustees, and drive continuous improvement.

5.3 Local Governing Bodies (LGBs) / Academy Committees

- Oversee local compliance with this policy and monitor first aid arrangements, training coverage, and incident reporting at academy level.
- Receive and scrutinise head teacher reports, ensuring local risks are assessed and addressed.
- Escalate significant concerns to the CEO/Trust H&S Lead under the scheme of delegation.

5.4 Head Teacher

- Implement this policy locally and maintain an up-to-date First Aid Local Appendix (locations of kits/defibrillators, named first aiders, local procedures).
- Ensure sufficient numbers of trained first aiders, including paediatric first aiders as required, and that training remains in date.
- Ensure staff awareness of procedures and emergency arrangements.
- Ensure a suitable room is available and is fit for purpose.
- Ensure completion of risk assessments and put in place appropriate control measures.
- Ensure statutory reporting to HSE under RIDDOR (as set out in section 10) and timely internal reporting to the Trust.

5.5 Staff

- Follow first aid procedures and local emergency arrangements.
- Know how to contact first aiders and where first aid equipment is located.
- Report incidents on the same day and accurately.

5.6 First Aiders

- Maintain a current, appropriate first aid qualification and confidence in applying it.
- Respond promptly, administer immediate first aid, determine need for emergency services, and remain on scene until help arrives.
- Decide on moving/positioning the injured person, including recovery position where appropriate and with consent where possible.
- Keep personal/area first aid kits stocked and within expiry.
  Member of staff responsible for checking First Aid Kits: Linda Pratt and Jo Martin.
- Complete accident records promptly, accurately and within 24 hours.

- Inform senior leaders of any specific health conditions affecting their ability to perform the role and any notable first aid risks/issues observed.

5.7 Site Managers

- Ensure defective environments identified through incidents are made safe.
- Support record-keeping and statutory notifications as required including the check on the defibrillator.

6. Selection and Training of First Aiders

- Selection considers reliability, communication, aptitude for learning, ability to cope with stressful/physical emergencies, and normal duties' capacity to respond immediately.
- Training must be through accredited providers and refreshed within validity periods.
- Each academy maintains a register of trained first aiders, training dates, validity, and specialisms (e.g., Emergency First Aid at Work, First Aid at Work, Paediatric First Aid).
- A range of staff members (including Teaching Assistants (TA's), Learning Support Assistants (LSA's), Lunchtime Supervisors, Office Staff etc…) must hold a current certificate in First Aid which is reviewed every 3 years.
- All Early Years Level 2 and 3 Early Years staff must hold a current paediatric first aid (PFA) certificate meeting EYFS requirements where EYFS provision exists, with renewal at least every three years.
- The Trust H&S Lead sets minimum training standards and monitors coverage.

7. First Aid Procedures

7.1 Responding to Injury or Illness

- Where the nature, pattern or presentation of an injury causes concern, staff must follow the Trust's safeguarding and Child protection Policy and **immediately** report concerns to the Designated Safeguarding Lead (DSL) or Deputy DSL.
- The closest member of staff assesses seriousness and calls a qualified first aider if appropriate.
- The first aider assesses, determines need for additional support or emergency services, and remains until help arrives.
- The first aider decides whether the person should be moved or placed in the recovery position, seeking consent where possible.
- If a pupil is too unwell to remain, parents/carers are contacted to collect; on arrival, the first aider explains care provided and recommends next steps.
- If emergency services are called, a second staff member informs parents/carers **immediately** and notifies the office and leadership team.
- The attending first aider completes an accident report the same day or as soon as reasonably practicable.
- Where a pupil has an Individual Healthcare Plan (IHP), Education and Health Care Plan (EHCP), Personal Emergency Evacuation Plan (PEEP) or other personalised medical plan, first aid should be delivered in accordance with those agreed arrangements wherever reasonably practicable.

7.2 Emergencies

An emergency is when someone is seriously ill or injured and their life is at risk. Call 999 for medical or mental health emergencies. Examples include:

- Loss of consciousness; sudden confused state; seizures not stopping
- Chest pain; breathing difficulties
- Severe bleeding that cannot be controlled
- Severe allergic reaction (anaphylaxis)
- Severe burns or scalds
- Suspected overdose or serious self-injury
- Other emergencies as specified in an individual's health plan

If a person cannot stand unaided, leave them in position (if safe) and rapidly assess to inform next steps.

7.3 Head Injuries

- Many minor head bumps can be managed with a cold compress for comfort.
- All head injuries **must be** recorded and parents/carers contacted and informed **immediately**. These incidents must be logged on CPOMS under the heading 'Medical', sub category Head Injury.
- Follow emergency procedures if there is unconsciousness, vomiting/drowsiness, persistent headache, blurred/double vision, bleeding from nose/ear, or pale-yellow fluid from nose/ear. Call 999 and contact parents/carers **immediately**.

7.4 Choking

All staff should be aware of the signs of choking and know how to respond promptly and appropriately. Staff must follow their current first-aid training and the guidance provided by their accredited first-aid training provider.

Signs of choking may include:

- being unable to breathe, speak, cry or make sounds;
- coughing weakly or being unable to cough effectively;
- clutching the throat or showing signs of distress;
- noisy or difficult breathing;
- becoming pale, blue or grey; or
- becoming unconscious.

If a child is choking, staff should encourage them to cough if they are able to do so effectively. If the cough is ineffective, staff should provide appropriate first-aid treatment in accordance with their training. This includes age-appropriate back blows and, where necessary, abdominal thrusts for children over one year or chest thrusts for babies under one year.

Staff must not put their fingers into a child's mouth unless an obstruction can be clearly seen and can be safely removed.

If the obstruction cannot be cleared, or if the child becomes unconscious, **999 must be called immediately** and staff must follow the instructions of the emergency services. If the child becomes unconscious, CPR should be commenced in accordance with the responder's first-aid training and emergency service instructions. An AED should be used where available and appropriate.

All choking incidents must be recorded and parents/carers contacted and informed immediately. These incidents must be logged on CPOMS under the heading **'Medical', sub-category 'Choking'**.

Where abdominal or chest thrusts have been required, or where there is any concern about the child's wellbeing following a choking incident, the child should receive appropriate medical assessment, even if the obstruction has been successfully removed and the child appears well.

For **Early Years provision**, staff must be particularly vigilant during mealtimes and when children have access to small objects, loose parts or other potential choking hazards. Food and resources must be appropriate to children's age and developmental stage, and children must be appropriately supervised when eating. *Please refer to Early Years Policy and Food and Nutrition Policy for more information.*

7.5 Epi Pens

- Children prescribed an AAI/EpiPen must have **immediate access** to it at all times.
- Relevant staff must know its location and be trained in its use.
- If **anaphylaxis is suspected,** administer the AAI without delay and **call 999**.
- AAIs must accompany children on educational visits and outings.
- All administrations must be recorded on CPOM's under the heading 'Medical', sub category Epi-Pen administration and parents/carers informed immediately.
- Spare AAIs must be stored and checked in accordance with current guidance and the Trust's Allergy Policy.

7.6 Mental Health Emergencies

Staff should recognise that some emergencies may relate to pupil's mental health or emotional well-being. Where a pupil presents an immediate risk to themselves or others, emergency services should be contacted where appropriate, alongside parents/carers and safeguarding staff. Staff should follow academy safeguarding procedures and individual risk assessments or support plans.

8. First Aid Equipment and Defibrillators

8.1 First Aid Kits

Academies must:

- Maintain an appropriate number of well-stocked and readily accessible first aid kits across the academy, taking account of the size, layout and activities of the setting.
- Ensure first aid kits are clearly identified and accessible to staff, while being kept out of the reach of children.
- Check first aid kits regularly to ensure contents are complete, clean and in date.
- Replace used, damaged or out-of-date items promptly.
- Ensure first aid kits are available for off-site activities and educational visits, where appropriate.
- Keep a record of regular checks and replenishment where required by the academy's local arrangements. **(Appendix 1)**
- Ensure first aid kits contain appropriate supplies for the needs of the academy, including suitable provision for Early Years settings.

Typical contents:

- First aid advice leaflet
- Assorted sterile dressings (regular/large, eye pads), triangular bandages
- Adhesive tape, safety pins
- Disposable gloves
- Antiseptic wipes
- Assorted sterile plasters
- Scissors
- Cold compresses
- *Tweezers



*The Trust has included **tweezers in basic first aid kits** because wooden trim trails and other wooden equipment are accessible to children across Trust sites, creating a potential risk of splinters.

Guidance Using Tweezers

- Small, superficial splinters may be removed using **clean tweezers** by a trained member of staff.

- Do not attempt to remove deeply embedded or difficult splinters; contact parents/carers and advise them to seek medical advice.
- Clean the area and apply a dressing where appropriate.
- Record the incident in accordance with the Trust's accident and incident reporting procedures.

No medication is stored in first aid kits. Medication storage and administration are governed by the Supporting Pupils with Medical Conditions Policy.



Location of Medical Room:

- ✓ Staffroom

Locations of First Aid Kits:

- ✓ 1 per classroom which is kept in the stock cupboard and taken out at playtimes and on trips/ residential visits. This will also be taken to PE lessons in the hall/playground.
- ✓ 1 per lunch time supervisors
- ✓ 1 in the school office
- ✓ 1 in the staffroom

Member of staff responsible for checking First Aid Kits: Linda Pratt and Jo Martin.

First aid kits should be checked:

- At least monthly as a formal documented check. **(Appendix 1)**
- Immediately after use, to replace anything used.
- Whenever there is reason to believe contents may be missing, damaged or out of date.
- Before educational visits, competitions, residential visits and other off-site activities.
- Expiry dates should be checked as part of the regular inspection.

8.2 Automated External Defibrillators (AEDs)



Where an AED is provided, academies must:

- Ensure the AED is readily accessible and clearly signposted, with its location communicated to relevant staff and recorded in the academy's local appendix.
- Ensure staff know how to access and use the AED in an emergency. AEDs are designed to provide clear instructions and prompts to the user.
- Ensure the manufacturer's instructions are readily available and followed.
- Carry out regular readiness checks in accordance with the manufacturer's guidance, including checking the device, battery and pads where applicable.
- Record and monitor AED checks, ensuring any faults, expired components or issues are addressed promptly.
- Ensure AEDs are available for use during the academy day and during activities where appropriate, including educational visits where an AED is taken.
- Ensure the AED is used alongside the academy's emergency first aid procedures and that 999 is called immediately when an AED is required.

AED Location:

The academy has one defibrillator.

It is fixed on the outside wall by the main reception doors.

See **Appendix 2** AED location(s), serial numbers, and check schedule

9. Off-Site and Educational Visits

For all off-site activities, visit leaders must ensure first aid provision is proportionate to:

- The nature of the activity

- Distance from emergency services
- Medical needs of participants (pupils, staff, volunteers supporting the visit)
- Environmental risks
- Staffing ratios

Visit leaders should also ensure the following:

- A charged mobile phone
- A suitable portable first aid kit (per each first aider on the trip)
- Access to information on pupils' specific medical needs
- Parents'/carers' emergency contact details

There must be **at least two appropriately trained first aiders** accompanying academy trips, local walks/ visits, external events and competitions, and residential visits, subject to the findings of the relevant risk assessment.

Where **EYFS pupils attend**, the academy must ensure that **appropriate paediatric first-aid cover is available for the duration of the visit**, in accordance with the EYFS statutory requirements and the needs identified through the risk assessment.

The first aiders accompanying the visit should be appropriately trained and able to respond to the foreseeable first-aid needs of the pupils attending.

10. Record-Keeping and Reporting

10.1 Accident/Incident Records

- Provide an accident slip/notification for any first aid administered.
- Ensure parents/carers are informed promptly where an injury or illness is significant, where further treatment may be required, or where this is appropriate in accordance with the academy's procedures.
- Retain accident/incident records in accordance with the Trust Records Management Policy and applicable legislation.
- Ensure records are stored securely and access is restricted to authorised personnel.
- Dispose of records securely when the applicable retention period has expired.

Notify the Trust promptly of any significant accident or incident involving a child, member of staff or other person on academy premises that:

- meets the criteria for reporting under **RIDDOR**; or
- results in the person being taken directly to hospital for treatment, where this is reportable under Trust procedures.

Complete the Trust-approved accident/incident record the same day where possible via forms on the Trust Landing Page or **Appendix 6** if no internet access, including date/time, nature of injury/illness, first aid given, and immediate outcome (e.g., returned to class, collected, ambulance).

10.2 RIDDOR and Statutory Notifications

- Certain accidents, occupational diseases, and dangerous occurrences must be reported to the HSE under RIDDOR 2013 within prescribed timeframes.
- Executive Head Teachers/Head Teachers ensure RIDDOR assessments and submissions are completed and inform the Trust H&S Lead and CEO. Significant incidents are reported to Trustees via established reporting lines.

10.3 Parental/Carer Notification

- Parents/carers receive a same-day accident slip for any first aid administered.
- For some injuries/illnesses, class teachers or office staff will also call parents/carers on the day.

- For head injuries, parents/carers **must** be contacted **immediately.**

11. Training and Competence

Academies must:

- Ensure an appropriate number of staff are trained in first aid, taking account of the size, layout, activities and specific needs of the academy.
- Ensure staff undertaking first aid duties have appropriate, valid training for their role, including paediatric first aid where required for staff working with or responsible for children in the EYFS.
- Maintain an up-to-date register of training including trained first aiders/ Paediatric fist aiders, including their name, qualification, training date and expiry/renewal date. **(Appendix 3)**
- Display a visual poster in EYs of who is Paediatric First Aid Trained. **(Appendix 4)**
- Ensure sufficient trained first aiders are available during the academy day, for educational visits, external events, competitions and residential visits, taking account of the relevant risk assessment.
- The Trust H&S Lead will maintain a central summary of first-aid training and qualification expiry dates to monitor Trust-wide coverage.
- Academies and staff should ensure training is renewed before qualifications expire and that appropriate arrangements are made to maintain first-aid cover while staff are attending training.
- Each academy will coordinate and fund first-aid training and refresher training.

12. Trauma-Informed Practice

Staff recognise that accidents and medical emergencies can be distressing experiences. Wherever possible, staff will provide reassurance, communication calmly and maintain the dignity of the injured person whilst ensuring effective first aid is administered.

13. Equality, Inclusion, and Accessibility

The Trust is committed to providing equitable access to first aid to all pupils, staff and visitors regardless of disability, medical condition, SEND, culture, language, religion, or protected characteristic.

Reasonable adjustments will be made where required to ensure individuals receive appropriate support. This includes consideration of communication needs, sensory differences, physical disabilities and individual healthcare requirements.

Staff will ensure that pupils requiring additional support are treated with dignity, respect and compassion throughout any first aid intervention.

14. Links to Other Policies

Academy Policies	**Trust Policies**
➢ Early Years Policy (EYFS) ➢ Equality objectives and Policy ➢ Attendance Policy ➢ Food and Nutrition Policy ➢ Health and Safety Policy ➢ Safeguarding and child protection Policy ➢ Special Educational Needs Policy ➢ Risk assessments	➢ Allergy Policy ➢ Supporting Pupils with Medical Conditions Policy and administering medication ➢ Educational Visits Policy ➢ Data Protection Policy ➢ Records Management Policy ➢ Intimate Care Policy

15. Monitoring, Review, and Assurance

- Each academy's Senior Leadership Team (SLT) and LGB review local implementation termly, including incident trends and training coverage.
- The Trust H&S Lead collates Trust-wide data and provides termly assurance reports to the CEO and Trustees, highlighting trends, actions, and compliance.
- This policy is reviewed annually by the Trust H&S Lead and approved by Trustees, or sooner following significant incidents, legislative changes, or audit findings.

The Trust will monitor:

- First aider ratios
- Training compliance
- AED compliance
- Accident trends
- Near misses
- Head injuries
- RIDDOR submissions
- Patterns relating to safeguarding
- Equality to access first aid

15.1 Learning from Incidents

The Trust will regularly analyse accidents and first aid data to:

- Identify recurring trends
- Reduce avoidable accidents
- Improve risk assessments
- Inform staff training
- Improve environmental safety
- Strengthen safeguarding where patterns emerge

15.2 Near misses

Staff must report **near misses** where no injury or harm has occurred but an incident had the potential to cause injury, illness, damage or harm. Near-miss reporting supports proactive risk management by identifying hazards and enabling appropriate action to be taken before an accident occurs.

Near misses should be recorded using the Trust-approved Near Miss Accident Reporting Form via forms on the Trust Landing Page or **Appendix 5** if no internet access. Academies should review reported near misses and take appropriate action to reduce the likelihood of recurrence.

16. Appendix

Appendix 1- First Aid Kit Check Record

Appendix 2- AED location(s), serial numbers, and check schedule

Appendix 3- First Aid and Health and Safety Training Overview Record

Appendix 4- Paediatric First Aid Poster (Photo, Name, Role and start/expiry date)

Appendix 5- Near Miss Accident Form

Appendix 6- Accident and Incident Reporting Form

First Aid Kit Check Record

Academy:	Location of First Aid Kit:	Kit/Reference Number:	Person Responsible:

Check Date	Contents Complete?	Items Used/Missing	Expired Items Removed	Replacements Required	Action Completed	Checked By
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					
	☐ Yes ☐ No					

Checklist

At each check, confirm:

- ☐ First aid kit is **clearly identified and accessible**
- ☐ Contents are **clean and in good condition**
- ☐ Required items are present
- ☐ Used items have been replaced
- ☐ Expired items have been removed and replaced
- ☐ No damaged packaging
- ☐ Disposable items are sealed and suitable for use
- ☐ PPE is available where required
- ☐ Kit is returned to its designated location after checking

Issues identified / action taken:

Signature:	Name of Staff member:	Date:

**Academies may use an excel version of this form to track the checks of First Aid Kits*

Appendix 2



AED location(s), serial numbers, and check schedule

AED Location	AED Make/Model	Serial Number	Date Installed	Check Frequency

Last Check	Checked By	Comments/ Action Required	Next Check

**Academies may use an excel version of this form to track the checks of defibrillators*

Appendix 3



First Aid Training Record

Course	Name(s) of staff members	Course Date	Expiry Date
Accident Reporting and Investigation Training			
Administering Medication			
Anaphylaxis awareness (Online training)			
Asthma awareness (Online training)			
Diabetes training **Pupil initials**:			
Educational Visit Coordinator Training			
Emergency First Aid at Work Training (Level 3)			
Epilepsy training – Bucculam **Pupil initials**:			
Food Hygiene Training (Level 2)			
Paediatric First Aid Training			
Risk Assessment Training			
Supporting Pupils at School with Medical Conditions			

**Academies may use an excel version of this form to track the checks training and add extra rows for specific training*

Appendix 4

Paediatric First Aid Training Record

Insert photo	Insert photo	Insert photo	Insert photo	Insert photo	Insert photo	Insert photo
Staff name	**Staff name**	**Staff name**	**Staff name**	**Staff name**	**Staff name**	**Staff name**
Staff role	Staff role	Staff role	Staff role	Staff role	Staff role	Staff role
Start & end date	Start & end date	Start & end date	Start & end date	Start & end date	Start & end date	Start & end date
Insert photo	Insert photo	Insert photo	Insert photo	Insert photo	Insert photo	Insert photo
Staff name	**Staff name**	**Staff name**	**Staff name**	**Staff name**	**Staff name**	**Staff name**
Staff role	Staff role	Staff role	Staff role	Staff role	Staff role	Staff role
Start & end date	Start & end date	Start & end date	Start & end date	Start & end date	Start & end date	Start & end date
Insert photo	Insert photo	Insert photo	Insert photo	Insert photo	Insert photo	Insert photo
Staff name	**Staff name**	**Staff name**	**Staff name**	**Staff name**	**Staff name**	**Staff name**
Staff role	Staff role	Staff role	Staff role	Staff role	Staff role	Staff role
Start & end date	Start & end date	Start & end date	Start & end date	Start & end date	Start & end date	Start & end date

Appendix 5

Near Miss Accident Form

A near-miss is a potential hazard or incident in which no property was damaged and no personal injury was sustained, but where, given a slight shift in time or position, damage or injury easily could have occurred. Near misses also may be referred to as close calls, near accidents, or injury-free events. For the sake of a safe work environment, the Trust asks that all employees report and correct any of these potential hazards immediately.

Please use this form to report near-misses and assist us in preventing future incidents and making the Company a safer workplace.

Academy:	Location:
Date and Time of Incident:	Witnesses (optional):
Type of Near Miss: ☐ Near-Miss ☐ Safety Concern ☐ Safety Idea/Suggestion Other (describe): _____	Type of Concern: ☐ Unsafe Act ☐ Unsafe Condition of Area ☐ Unsafe Condition of Equipment ☐ Unsafe Use of Equipment ☐ Health and Safety Policy Violation Other (describe): _____
Describe the potential incident/hazard/concern and possible outcome (be detailed):	
Were Health and safety procedures violated? (describe):	
Incident site inspection – Why was an unsafe act committed, or why was the unsafe condition present?:	
Recommendations/steps to take to prevent a similar incident:	
Name (optional):	Date Reported:
Supervisor or Office Signature:	Date:

Please submit this form to the main office or your supervisor.

Appendix 6

Accident and Incident Report Form

Please email this form in the first instance to safeguarding@lhmat.com

Academy:	
Location:	
Date and Time of Incident:	

Injured/Assaulted Person			
Forename:		**Surname:**	
D.O.B:		**Home Address:**	
Telephone Number:			
Employee:		**Job Title:**	
Student:		**Visitor:**	

Incident Details			
Location:		**Date:**	
Time:			
Reported to:		**Date:**	
Time:			

Please circle	
Minor (non – Riddor) accidents/incidents:	
Treatment:	N/A First Aid Doctors Hospital
Riddor Accidents/Incidents:	7day: Specified: Fatality: Hospitalised: Date HSE Notified: Website/Phone By whom: Incident Number:

Please note: Accidents to the public are only RIDDOR if the injured person goes straight to the hospital for treatment (not just examinations or diagnostic tests) AND the accident was work-related, otherwise they are classed as Minor/Other

Witness:	Name: Address: Telephone Number:
Describe what happened, including any treatment/advice received and any connected absences	

Outcome/action taken to prevent recurrence:

Reported by (employee or their supervisor)	**Countersigned (line manager)**
Name: Position: Signature: Tel: Date:	Name: Position: Signature: Tel: Date:

Privacy statement: The data we collect using this form helps us fulfil our legal duty to report certain accidents, and a limited summary of this data will be shared with the Lighthouse MAT Central Team and appropriate Governors and Trustees.