

Britain Yearly Meeting Children and Young People's Work



Event & Activity Management Policy Procedures & Guidance 11

Incident or Accident or Concern Reporting Form

BYM's insurers require records of accidents and incidents that may result in a claim, in addition this form provides space to record any issues of a pastoral nature that are significant in their impact on an individual or event. Incidents that may be recorded on this are: accidents, issues of inappropriate behaviour, incidents that relate to the breaking of event boundaries or significant pastoral concerns. These forms should be completed by the person reporting the incident/concern or a first aider where first aid treatment has been given and should be stored confidentially. There are separate forms for recording minor concerns relating to the pastoral care of participants as well as forms for disclosures.

Details of incident/accident/concern			
Please record information about when and where the incident/accident happened			
Date (dd/mm/yyyy)		Time	
Event			
Location			
Names of participant involved			
Names of team members involved			
If relevant names of staff members involved in the incident			
If relevant names of parent/s or guardians involved in the incident			
If relevant names of witnesses to incident /accident/concern			
If relevant name of first aider (certificate valid till)			
If a First Aider was called they should complete this form. Otherwise the person reporting the incident or concern should complete the form			
Additional or particular needs that participant has that are associated to this incident/ accident/ concern.			

Nature of incident/ accident / concern

- Include details of incident / accident / concern
- Give the cause if relevant.

Action taken Give details of any action taken by staff or team (including First Aid treatment given)

First Aid				
Please detail the first aid that was given including (Supplies and quantity used) from Kit Number _____				
Medical advice sought (please tick, please details below the advice given)				
Pharmacist <input type="radio"/>	NHS 111 <input type="radio"/>	Walk-in centre <input type="radio"/>	GP <input type="radio"/>	Minor injuries unit <input type="radio"/>
Nurse <input type="radio"/>	Dentist <input type="radio"/>	Other (please state)		
Name and contact address (if relevant)				
Emergency services	Were emergency services called? Yes/No (if yes please give details below)			
called ____:____am/pm	arrived ____:____am/pm	departed ____:____am/pm		
Please detail any medical advice given and/or emergency assistance that was provided				
Hospital treatment	If individual was taken to hospital, please state			
How did they get to hospital?		Who accompanied them?		
Time arrived at hospital	____:____am/pm	Time and date discharged	__/__/20__ at __:__am/pm	
If relevant state time and date admitted	__/__/20__ at __:__am/pm	To which ward?		

Who was informed about this incident		
Who	How	Where and When
Team members		
Parent/ Guardian / Responsible adult		
Participants		
Staff member/s		
Other e.g. social worker, medical practitioner, police		
Further action required please give details of further action or follow up required and who is responsible for this		
Name of team member completing the form		
Signature of team member		
Date & Time		
Name of Staff member		
Signature of Staff member		
Date & Time		
Further action taken please give details of any further action taken		
Is there a risk associated with this concern (could it impact on the individuals health or wellbeing?) If yes staff member should complete a risk assessment		Yes/No
Name of team member who took this action		
Signature of team member		
Date & Time		
Name of Staff member		
Signature of Staff member		
Date & Time		