

This document details the procedures to follow in the event of an accident or incident during working hours. This may be during sessions, in the office, or at events. This applies to all trustees, staff and volunteers, including freelance or subcontracted staff.

Incident/Accident Reporting Procedure

1. Record details of incident on incident report form (see page 2 of this document).
2. Record details of incident in the report book at the venue where appropriate.
3. Report incident to management as soon as possible after the incident and send relevant paperwork (incident report form) to management. This may be out of office hours, in which case contact Dawn Vickers on 07875 128015.
4. If the person involved or their parent/carer wants a copy of the form, advise that this will be sent from the office, make sure you record their contact details.
5. Management will follow up, where appropriate, with the person involved.

This policy will be reviewed annually and amended when necessary. It may also be reviewed should any new, relevant legislation require this.

Date of implementation: February 2013

Date of next review: November 2020

Signed: *Sue Blackwell*

Sue Blackwell, Acting Chair – DanceSyndrome – 01.11.2019

Office address:

DanceSyndrome
C/O Pathway Associates
Suite 2, Waterside,
St James Court West,
Accrington, Lancashire,
BB5 1NA

Telephone: 07597 942494
Email: info@dancesyndrome.co.uk
Website: dancesyndrome.co.uk
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facebook: dancerleddisabilityinspired

Registered Charity No: 1152664
Registered in England and Wales
Social Enterprise
and company limited by guarantee
Company No: 8402154

Incident/Accident Reporting Form

This form should be used to record any accidents/incidents.

Details of incidents should be recorded in as much detail, and as accurately as possible.

Name, role and contact details of person completing this form
Date and time of incident
Name, date of birth and contact number of person(s) involved
Names of parents or carers, address and telephone numbers of person(s) involved
Names, telephone numbers and addresses of any witnesses

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Description of the accident/incident.
What follow up action will be taken?

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Who did you report the incident to (names and contact details)? DanceSyndrome staff, another agency, parent/carer?
Any other relevant information

Signed:

Date: Time:

This form should be kept in a secure and safe place, in compliance with the DanceSyndrome Data Protection policy.

You should seek further guidance and support from:
- Dawn Vickers, Managing Director on 07875 128015

This form is part of the DanceSyndrome Incident/Accident Reporting Procedure as implemented in February 2013. Next review in November 2019.

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