

SOUTH KELSEY AND MOORTOWN PARISH COUNCIL,

PROCEDURE FOLLOWING A PLAYGROUND ACCIDENT AND ACCIDENT FORM

Risk assessment to be carried out following a playground accident

ITEM	INSTRUCTION
1.Do staff members know what to do?	Clerk is aware and will carry out procedure. If Clerk is away a nominated Councillor (needs identifying) will be aware of what to do. Up to date procedures published below
2.Keeping the policy up to date and available.	This procedure will be reviewed annually or as advised by RoSPA and will be posted on the parish council website.
3.Location of nearest Emergency Services.	Address of hospital
4.Location of nearest accessible telephone.	There is no public telephone call will need to be made by use of mobile phone. 999.
5.Have staff had appropriate first aid training?	There are no staff members directly responsible for administering first aid at the playground.
6.Is there a first aid box?	Not at the playground or any open location with in the village.
7.Are there clear legible signs so that the public/emergency services know where to go?	There are no road signs for the playground (Can we request one) but signs at the playground state the address and postcode (my three words?) for the emergency services. Parish council noticeboard has contact details for Clerk and nominated Councillor.
8.Are there clear legible signs with information on who to contact in case of an accident at the site?	Yes, and contact details posted on the parish council notice board.
9.Does the play equipment comply with the appropriate Standard and is it being used as intended?	Clerk/identified councilor to consider whether further recommendations should be put to full Council – specialist help from RoSPA to be sourced if needed

10. Are existing age and use warning notices legible and / or appropriately located?	Clerk/identified councillor to consider whether further recommendations should be put to full Council – specialist help from RoSPA to be sourced if needed
11. Have the existing control measures identified a potential for harm and if so, what is the likelihood of the harm occurring?	Clerk/identified councillor to consider most recent risk assessments and identify whether further recommendations should be put to full Council – specialist help from RoSPA to be sourced if needed

PROCEDURE TO FOLLOW IMMEDIATELY AFTER THE ACCIDENT

1. Notify the Health and Safety Executive (or local Environmental Health Office in the event of an accident reportable under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	Visit www.hse.gov.uk and complete the on-line form.
2. Inform Insurance Company	Contact details (to be completed)
3. Notify RoSPA	General Information: +44 (0)121 248 2000 General email enquiries to: help@rospa.com
4. Notify the equipment provider	
5. Has an accident form been completed.	Clerk to ensure that the Accident Reporting Form is completed and retained on file for 21 years.

6. Do steps need to be taken to prevent a recurrence of the accident?	Clerk/Councillors to decide – seek specialist help from RoSPA if needed.
7. Does the play equipment need immobilising to prevent a repeat accident?	Clerk has orange safety netting to isolate damaged item. Item to be passed to nominated Councillor when Clerk on holiday.
8. Do warning notices need to be posted?	Clerk/Councillors to decide – seek specialist help from RoSPA if needed
9. Does the area need securing with proper robust fencing?	Clerk/Councillors to decide – seek specialist help from RoSPA if needed
10. Has an accident report form been completed?	Complete form

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PLAYGROUND ACCIDENT REPORT FORM

THIS DOCUMENT WHEN COMPLETED SHOULD BE RETAINED FOR A PERIOD OF 21 YEARS, AS REQUIRED BY LAW.

DATE:	TIME: am pm
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NAME OF INJURED PERSON:	ADDRESS:
AGE:	SEX: MALE/FEMALE
PARENT / SUPERVISOR NAME:	ADDRESS
TELEPHONE NUMBER:	AGE IF UNDER 19:
PLACE OF ACCIDENT (PRECISE LOCATION):	ITEM OR CAUSE OF ACCIDENT:
SURFACE:	DESCRIPTION OF ACCIDENT:
WEATHER CONDITIONS:	CLOTHES AND SHOES WORN:

APPARENT INJURY:	BODY PART:
TREATMENT GIVEN:	TIME:
FOLLOW UP TREATMENT:	TIME:
AMBULANCE CALLED: CALL TIME: am pm	AMBULANCE ARRIVAL TIME: am pm
NAME OF DOCTOR OR HOSPITAL:	ADDRESS
ADMITTED: YES NO	TIME IN HOSPITAL: (IF KNOWN)
PARENT OR CAREGIVER INFORMED: YES NO	TIME INFORMED: am pm
WITNESS TO ACCIDENT: ADDRESS: TELEPHONE NUMBER:	WITNESS TO ACCIDENT: ADDRESS: TELEPHONE NUMBER:
REMEDIAL ACTION RECOMMENDED ON SITE:	DATE OF REPORT:

Date	Changes made to information or procedures

