SOUTH KELSEY AND MOORTOWN PARISH COUNCIL

PROCEDURE FOLLOWING A PLAYGROUND ACCIDENT AND ACCIDENT FORM

Date policy approved and adopted: 4 December 2023

Date of review: 9 May 2025 (AMPC)
Date of next review: May 2026 (AMPC)

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 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.	Scunthorpe General Hospital, Cliff Gardens, Scunthorpe DN15 7BH
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 2 warning triangles on the approach to the park from either direction in the village, emergency contact details and 'what3words' info is on the notice board.
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 councillor 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?	Yes, on the main notice board at the entrance to the main play area and next to the gym equipment.
11.Have the existing control measures identified a potential for harm and if so, what	RoSPA inspections carried out and recommendations should be put should be put to

is the likelihood of the harm occurring?	full Council.

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PROCEDURE TO FOLLOW IMMEDIATELY AFTER THE ACCIDENT

Notify the Health and Safety Executive (or local Environmental Health Office in the event of an accident reportable under The	Visit <u>www.hse.gov.uk</u> and complete the on-line form.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	
2. Inform Insurance Company	Contact details:
	Zurich Municipal
	Tel: 0800 077 8552
	Policy reference is: YLL- 2720924153
3. Notify RoSPA	General Information: +44 (0)121 248 2000
	General email enquiries to: help@rospa.com
4. Notify the equipment provider	N/A
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?	Council to use 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
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:	WITNESS TO ACCIDENT:
ADDRESS:	ADDRESS:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
REMEDIAL ACTION RECOMMENDED ON SITE:	DATE OF REPORT:

This Procedure and form will be reviewed annually.

ADOPTED: 4 December 2023 DATE OF REVIEW: May 2026