

TROSTON PARISH COUNCIL PLAYGROUND ACCIDENT POLICY

9/7/2015

To be reviewed every 4 years in line with elections

Document compiled by Linda Harley

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

[Type text]

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PROCEDURE FOLLOWING A PLAYGROUND ACCIDENT

RISK ASSESSMENT

ITEM	INSTRUCTION
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. All Councillors provided with a copy.
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 village website.
Location of nearest Emergency Services.	West Suffolk Hospital, Hardwick Lane, Bury St Edmunds 01284 713486. Bury St Edmunds Fire Brigade – Parkway (North) Bury St Edmunds, Suffolk IP33 3BA
Location of nearest accessible telephone.	Telephone box on the High Street ??? opposite The Bull
Have staff had appropriate first aid training ?	There are no staff members directly responsible for administering first aid at the playground.
Is there a first aid box ?	Not at the playground. There is a first aid box at the village hall ?
Are there clear legible signs so that the public/emergency services know where to go ?	Yes – both entrances to the playground from ----- road have signage.
Are there clear legible signs around the site ?	Yes at both entrances.

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	Came and Company Parish Council Insurance – Policy number 24414511CHC Telephone: 01256 395020 Aviva Claims line: 0500 114 477
3. Notify Oxfordshire Playing Fields Association	Telephone 01865 883488 Email opfa@oxonrcc.org.uk
4. Notify RoSPA	General Information: +44 (0)121 248 2000 General email enquiries to: help@rospa.com
5. Notify the equipment provider	To be completed once equipment re-sited or replaced.
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

PLAYGROUND ACCIDENT REPORT FORM

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: ADDRESS: TELEPHONE NUMBER:	WITNESS TO ACCIDENT: ADDRESS: TELEPHONE NUMBER:
REMEDIAL ACTION RECOMMENDED ON SITE:	DATE OF REPORT: