

THE IVORY FEDERATION

Propps Hall Junior, Infant and Nursery School Springhead Infant and Nursery School Rushcroft Primary School

ACCIDENT POLICY

RATIONALE

Our school, through its practices and procedures, aim to be a school where accidents occur rarely. We aim to ensure that all staff have a consistent approach to the safety and wellbeing of both staff and children; however, we do acknowledge that unforeseen or unpreventable accidents may occur from time to time without anybody being at fault.

PURPOSE

The formulation of this policy will enable our school to effectively:

- Provide for the immediate needs and requirements of any adult or child who has sustained an injury
- Ensure that adequate resources and arrangements are in place to deal with accidents/injuries as they arise
- Ensure lines of communication with parents/ carers are in place
- Activate a known plan of action in which all staff are aware of

BROAD GUIDELINES

In the event of an accident/injury to a child

- The supervising adult will immediately assist the child. If they are a qualified first aider, they will administer first aid. If they are not qualified to administer first aid they will call for assistance immediately.
- The member of staff who initially dealt with the incident or witnessed the accident will complete a slip in the accident book. They will fill it in, sign and date it on the same day that the accident occurred and a copy will go home to the parents.
- Depending on the nature of the accident or injury, parents/carers will be informed by telephone (head injury, asthma, high temperature, nose bleeds and severe sickness incidents). This will be detailed on the accident form.
- Minor bumped heads are relayed to parents via the 'bumped head wrist band' and through the accident slip that is sent home.
- In line with EYFS Statutory Requirements, for our three to five children, the form will be shared with parents and carers, who will endorse the incident with their signature.
- There are 2 accident books in school; a foundation stage one which is kept in the foundation stage, a Year 1 -6 book which is kept in a central adult area. Before and After School accidents are recorded in the same books.
- Should the nature of the injury/accident involve a nose bleed or moderate/serious bumped head, it is the supervising adults' responsibility to ensure that parents are contacted and a letter goes home (see Appendix 2: Bumped head letter).
- Depending on the seriousness of the accident or injury the SLT will be informed and a decision will be made about the next course of action. First aid will be given and an ambulance will be requested if necessary. A senior member of staff will accompany the child to the hospital in the event that parents/carers cannot. A 'major accident' report form (Appendix 1) which can be located in the main office, will be completed by the member of staff who initially witnessed/assisted the accident on the same day as the accident occurred.
- If the member of staff who first witnessed/dealt with the accident/incident is unable to physically fill in the details a senior member of staff will record it for them.

In the event of accident or injury to an adult

- In the event of an accident or injury occurring, a first aider will provide assistance to the injured person and a senior member of staff will be notified.
- Depending on the seriousness of the accident or injury, the SLT will contact the next of kin. First aid will be given and an ambulance will be requested if necessary. A senior member of staff will accompany the adult to hospital in the event that a family member is unable to.
- If able to, the injured adult will complete a 'Major Accident / Incident Report Form' (Appendix 1), located in the main office as close to when the accident occurred as possible.
- A minor accident book is kept in the main office for any adult who has a minor injury that does not require further treatment.
- If the adult is unable to complete the necessary forms the first person present i.e first aider or witness will do so.

In the event of any accident / injury occurring, a risk assessment and investigation will be carried out by a senior member of staff. All actions, practices and procedures will follow the guidelines and requirements as stipulated by *Oldham Council*.

All reportable accidents will be reported to the Governing Body on a termly basis.

CONCLUSION

Implementation of this policy will result in the consistent application of procedures and practices and ensure that all accidents and incidents are dealt with promptly and appropriately.

Policy reviewed September 2024

APPENDIX 1

** Indicates a mandatory field

Accident / Near Miss Reporting Form (version 1.09)**Details of person involved in Accident / Near Miss**

Surname: **

Forename: **

Address: **

Postcode: **

Telephone No. **

D.O.B: **

 Gender: ** ☐ Male
☐ Female

Person type: **

☐ Oldham Council Employee☐ Member of the public☐ Service User☐ Pupil / Student (please complete details below)☐ Teacher☐ School / Academy (other Staff Member)☐ Partnership Employee☐ Contractor☐ Agency Worker**Oldham Council employee / Agency Worker / School or Academy Staff**

Job title: **

Payroll Number: ** (Oldham Council employees only)

Name of Manager / Head Teacher: **

Telephone No: **

Place of work (e.g. Civic centre) OR Name of School / Academy: **

Directorate: ** (Oldham Council employees only)

Division: ** (Oldham Council employees only)

Section: ** (Oldham Council employees only)

Pupils: (Please complete details below)

Name of School: **

Tel No:

Account of Accident / Near Miss

This account should detail as fully as possible what happened.

Try and include the following: **WHO** was involved, **WHAT** happened, **WHERE** did it happen, **WHEN** did it happen, **WHY** did it happen and **HOW** did it happen.

Date of accident/near miss: **

Time of accident/near miss: **

Location of accident/near miss: **

Specific area of accident/near miss: **

Condition of location at time of accident/near miss: **

Details of accident/near miss: ** (Please attach additional sheets if necessary)

Caused By: **

- ☐ Contact with electricity
- ☐ Drowned or Asphyxiated
- ☐ Exposed to an explosion
- ☐ Exposed to fire
- ☐ Exposed to harmful Substance
- ☐ Fell from height
- ☐ Fell or trapped in lift
- ☐ Foreign object entering eyes
- ☐ Hit by moving, flying, falling object
- ☐ Hit by moving vehicle
- ☐ Industrial Illness / Disease

- ☐ Injured by an animal/insect
- ☐ Injured while handling, lifting, carrying
- ☐ Injured whilst being restrained
- ☐ Involving machinery or equipment
- ☐ Lost balance
- ☐ Pinched/Trapped
- ☐ Pregnancy related
- ☐ Road traffic accident
- ☐ Scalding
- ☐ Self-inflicted

- ☐ Sharp object
- ☐ Slip / Trip / Fall (Same Level)
- ☐ Sports injury (Non-School Lesson)
- ☐ Sports injury (School Lesson)
- ☐ Stress (Psychological/Mental)
- ☐ Sudden Illness
- ☐ Trapped by collapsing or overturning
- ☐ Under the influence
- ☐ Walked into something stationary

Witness Details

Where appropriate, take a statement from witness and attach to this form.

Name:

Address:

Postcode:

Telephone No.

Details of Injury/First Aid

Which part of body injured: **

Details of Injury / First aid administered: **

Was first aid given? **

☐ Yes ☐ No ☐ Refused

Did injured person go to hospital / doctor? **

☐ Yes ☐ No

Hospital / Doctors treatment / diagnosis: **

Injury Type: **

- ☐ Amputation
- ☐ Animal/Insect Bite
- ☐ Bruising/Abrasion
- ☐ Concussion
- ☐ Contact/Exposure
- ☐ Crush
- ☐ Cut/Laceration

- ☐ Dislocation
- ☐ Electric Shock
- ☐ Foreign Body
- ☐ Fracture
- ☐ Loss of Consciousness
- ☐ Loss of Sight
- ☐ No Injury Sustained

- ☐ Noise Induced Hearing Loss
- ☐ Scald/ Burn (Chemical)
- ☐ Scald Burn (Non-Chemical)
- ☐ Shock/Trauma
- ☐ Strain/Sprain
- ☐ Sudden Illness (i.e. Heart Attack)
- ☐ Unwell

How Serious: **

- ☐ N/A
- ☐ >7 days off work

- ☐ Minor Injury
- ☐ Major Injury

- ☐ >3 days off work
- ☐ Fatality

Referred to doctor for medical advice where medical condition was a contributory factor towards accident? **

☐ Yes ☐ No

Affected Person:

I confirm that the facts stated on this form are true to the best of my knowledge, information and belief.

Name: **

Signature:

Additional Information (to be completed by Manager / Head Teacher) **

Did injured person go to hospital direct from site? ☐ Yes ☐ No

If Yes, did injured person return back to work, on the same day? ☐ Yes ☐ No

Did injured person continue to work? ☐ Yes ☐ No

If No, what is the expected date for return?.....

Was a Risk Assessment in place for the activity being carried out? ☐ Yes ☐ No

If No, ensure a Risk Assessment is completed for this activity for future use.

If Yes, ensure that Risk Assessment is reviewed.

Has a review of the Risk Assessment been carried out as a result of this incident? ☐ Yes ☐ No

If Yes, are any changes required? ☐ Yes ☐ No

If Yes, give details;

Did injured person suffer from a pre-existing condition? ☐ Yes ☐ No

If yes, give details

Was the injured person taking any medication? ☐ Yes ☐ No

If yes, give details

Were control measures being used as required? ☐ N/A ☐ Yes ☐ No

Was PPE available and being used as required? ☐ N/A ☐ Yes ☐ No

Were photographs taken at the time of the incident? ☐ Yes ☐ No
(Please attach copies)

Was a sketch plan made at the time of the incident? ☐ Yes ☐ No
(Please attach copies)

Was CCTV available at the time of the incident? ☐ Yes ☐ No
(Please make copy)

Has an H&S advisor attended site as a result of this incident? ☐ Yes ☐ No

Manager / Head teacher:

I confirm that the facts stated on this form are true to the best of my knowledge, information and belief.

Name: **

Signature:

Appendix 2

BUMPED HEAD LETTER

Date _____

Dear Parent/Carer

We contacted you today to inform you that your child _____ has

bumped their head ☐ *had a nose bleed* ☐ during the school day.

A member of staff did attend to your child and they appeared to be well, they joined in the rest of the days activities with no problems.

Symptoms do not always occur straight away, therefore we advise you to keep a closer eye on your child tonight. If your child has any of the symptoms below please contact your local GP or NHS Direct.

- *Increasing drowsiness*
- *Worsening headache*
- *Confusion or strange behaviour*
- *Two or more bouts of vomiting*
- *Loss of use of part of the body. E.g. weakness in arm or leg*
- *Dizziness, loss of balance or convulsions*
- *Any visual problems, such as blurring or double vision*
- *Blood, or clear fluid, leaking from the nose or ear*
- *Unusual breathing patterns*

Please feel free to contact me at school if you have any questions or concerns.

Yours Faithfully,

Class Teacher / Adult in Charge