

Information Sheet Number 8

Coping with Accidents

Even on the best managed playgrounds accidents to users will happen and managers should have a written procedure for dealing with them and the consequences. (Staff accidents have different procedures).

In case there is an accident

Staff:

- Do staff members know what to do?
- Is there a written procedure for staff to follow?
- Have all new staff members read it?
- Is it kept up to date and available?
- Do they know the location of emergency services?
- Is there an accessible telephone?
- Have staff had appropriate first aid training?

- Is there a first aid box?
- Is there a stocklist for the first aid box?
- Do the contents match the stocklist?
- Who is responsible for checking?
- Does equipment need to be immobilised or made safe?

Users:

- Do the public know where to go?
- Are there clear legible signs around the site?

- Is there an accessible telephone?

Immediately after the accident

Parents expect injuries to their children to be taken seriously and that quick, efficient treatment should be available. They expect serious investigation and, if necessary, remedial action to be taken to ensure a similar accident cannot occur again. If staff members are on site, ensure that the child is attended to, proper treatment is given and appropriate measures taken to avoid a recurrence.

- Has the accident been notified to the Health and Safety Executive or local Environmental Health Officer in the event of an accident reportable under **RIDDOR**?
- Has your insurance company been informed?

Accident report forms

In some circumstances, there may be litigation as a result of an accident and it is helpful to have a clear record made at the time of what took place. A suggested accident report form is overleaf. Photographs immediately afterwards are helpful.



Accident Report			
Date	Time		am pm
Name of injured		Title Mr Mrs Miss Ms	
Address			
Tel:	Age	Sex	Male Female
Parent or supervisor		Title Mr Mrs Miss Ms	
Address			
Tel:	Age (if under 18)		
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	Call time	Arrival time	am pm
Ambulance called			
Name of Doctor or Hospital			
Address			
Admitted Yes No	Time in hospital (if known)		days
Parents or Caregiver informed	Yes No	Time	am pm
Witnesses to accident			
1.	Address		
2.	Address		
Remedial action recommended on site			
Date of report			
Signed			