



Endon High School Accidents Policy

Principles

Schools, like all organisations, have a responsibility to care for the health and safety of those who use the premises. Accidents can happen even in the best regulated organisations, but it is important that the opportunities for accidents are minimised by careful risk assessment and that, when they do occur, they are dealt with promptly and appropriately, from both a medical and an accountability point of view. Thus the school will be seen to be carrying out its health and safety duties responsibly.

Accurate documentation is essential in order to ensure that the school accepts its responsibilities, that it has acted appropriately following any accident and to confirm that appropriate ameliorative action is taken to minimise future risk.

The school fulfils its responsibilities to provide adequate First Aid assistance to staff, visitors and pupils. Currently there are the following trained First Aid staff in school: Three clerical officers in the Main Office (N Hayward, S Cummings and K Wright) and cleaning supervisors, H Bennett and M Moss. The school is happy to provide opportunities and to pay for the training of appropriate staff in First Aid certification, and undertakes to ensure that the support staff above receive the updates required every three years.

Practice

School staff

1. The injured person must make an entry in the school accident book (located in the main school office).
2. The line-manager/team leader or other senior member of staff undertakes a detailed investigation into the circumstances of the accident and completes an Accident Report Form. Photographs and sketches of the scene may be useful/appropriate in certain circumstances.
3. All accidents to adults on the school site must be reported to the L.A. according to the following guidelines:
 - a) Where the accident results in a fatality, major injury (see *Appendix A* for definition) or specified dangerous occurrence and is attributable to either:
 - the way an activity has been organised or managed
 - equipment or substances
 - the condition of the premisesthe Headteacher must immediately notify details to the LA by the quickest means email shss@staffordshire.gov.uk telephone 01785 355777 or the Health & Safety Adviser for Staffordshire Moorlands & Newcastle Borough steve.brown@staffordshire.gov.uk (01782 538758 or 07773 791559) and a completed Accident Report Form must be submitted by email.
 - b) Where the injury results in more than three days absence from work, a completed Accident Report Form must be submitted to the LA.
 - c) Minor injuries must be reported to the LA by post /email.

Pupils, visitors etc.

1. The responsible member of staff must make an entry in the school accident book B1510 Staff, Visitors and Pupil Accident Book (this may be one of the First Aiders or member of staff on duty/responsible for the pupils at the time of the accident).
2. The supervising member of staff must undertake a detailed investigation into the circumstances of the accident and complete an Accident Report Form. This should be the teacher responsible for the pupil at the time of the accident – subject teacher, form tutor or duty teacher - and may be the same person as in (1) above. Photographs and sketches of the scene may be useful/appropriate in certain circumstances.
3. Where the accident results in a fatality, major injury (see *Appendix A*) or specified dangerous occurrence and is attributable to either:
 - the way an activity has been organised or managed
 - equipment or substances
 - the condition of the premises

the Headteacher must immediately notify details to the LA by the quickest means (01785 355777 or email steve.brown@staffordshire.gov.uk and a completed Accident Report Form must be submitted by 1st class post.

4. The school must also submit a completed form where the accident is attributable to either:
 - the way an activity has been organised or managed
 - equipment or substances
 - the condition of the premises.

but has not required transfer to hospital

There is no requirement to submit a report form if the accident is not attributable to any of the above, but the school must keep a record in its files.

An accident Investigation Report form is completed for all accidents that involve a visit to the hospital. The assessment should determine any actions necessary to prevent a recurrence.

Reviewed by Governors: Sept 2015

To be reviewed every 3 years – next review October 2018

Appendix A

Definition of major injury

- Any fracture other than to the fingers, thumbs or toes.
- Any amputation.
- Dislocation of the shoulder, hip, knee or spine..
- Any chemical/hot metal burn to the eye
- Any penetrating eye injury.
- Injury requiring admission to hospital for more than 24 hours.

1. Details of Injured Person

Forename: Surname:
 Date of Birth: Gender: Male Female

Injured Person's Address & Postcode Status

Employee of SCC Contractor
 Service User Member of the Public
 Student/Pupil Work Experience
 Volunteer Other (please state)

If injured person is an employee of Staffordshire County Council indicate relevant Service:

People **Place** **Strategy & Transformation** **Finance & Resource** **Law & Democracy** **Customer Services & Comms**
Schools, Families First, Care & Ind *Traded services Culture & Leisure Strat planning* *Policy Performance, Executive support* *ICT Property HR* *Law, Emergency Planning* *Marketing Customer Services*

Business Unit/Establishment

Job Title **Employee Pay Ref:**

At the time of the accident was the employee authorised to carry out the task being performed

Yes **If no, provide details.**

If the injured person is employed by someone other than Staffordshire County Council, state name, address, telephone number of employer and reason for being on the premises / site:

2. Accident Details

Name of workplace/establishment where the accident occurred (please include the postcode)	Postcode		
	Location e.g. office, grounds, stairwell		
Is this the injured persons usual workplace or base location?(please ✓)	Yes	No	Please state their usual workplace/base location

Date of Accident: **Time of Accident:** am/pm
Date Reported : **Time Reported:** am/pm
Reported to: **Reported By:**

Description of how the accident occurred.

Accident Type (e.g. fall):

From the investigation, what has been identified as the root cause of the accident?

3. Details of damage, injury or ill-health

Damage or part(s) of body Injured: e.g. left leg or 1st finger left hand

Injury type(s): e.g. fracture or laceration

First-Aid Administered? (please ✓) YES NO If yes by whom?

First-Aid Treatment Given:

Details of the accident recorded in the Accident Book (please ✓) YES NO

Please ✓ one of the following where applicable:

- | | | |
|--|-----------------------------|--------------------------|
| <input type="checkbox"/> Fatality | Person needed resuscitation | <input type="checkbox"/> |
| <input type="checkbox"/> Non-Employee taken from the premises / site to hospital | Major Injury to employee | <input type="checkbox"/> |
| <input type="checkbox"/> Person became unconscious | Dangerous occurrence | <input type="checkbox"/> |
| <input type="checkbox"/> Employee admitted to hospital for more than 24 hours | Over three day absence | <input type="checkbox"/> |
| <input type="checkbox"/> Fall from height ... | Minor Injury/No Injury | <input type="checkbox"/> |

Number of days lost (includes weekends/non workdays)

Is the absence continuing? (not yet returned to work) Yes No

If a non employee/service user has been taken to hospital was it due:

A) Solely to the injured persons medical condition Y/N

B) Sports Accident Y/N

Were there any defects to the premises/equipment that caused the accident? Yes No

4. Actions Necessary to Prevent a Similar Accident

Prior to the accident had a risk assessment been completed for the activity? Yes No

Post Accident Risk Assessment been completed/or an existing one reviewed? Yes No

If NO, give reasons:

State what action has been taken or planned to reduce the risk of a similar accident:

Any other comments? Family informed?

Witnesses Details: Name, Address and Telephone.

1.	2.
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5. Details of the manager completing this form

Print Name		Job Title:	
Signature		Date:	

For Strategic Health and Safety Service use only

Date Received		HSE RIDDOR Reportable		HSE Report Number	
Date reported to HSE		Telephone Investigation		H&S Advisers Name	
Site Visit Required		Date of Site Visit			

Additional Comments by H&S Advisor

Please send this form to the Strategic Health and Safety Service within 3 days of the accident for RIDDOR reportable accidents, or 10 days of the accident for minor i.e. non-RIDDOR reportable accidents.

Email shss@staffordshire.gov.uk or fax 01785 355842. (Need advice about this form? Call- 01785 355777)