

# Sligo Grammar School

Telephone: 071 9145010 Email: admin@sligogrammarschool.org



## ACCIDENT POLICY

Safety of pupils and staff is a priority for the Board of Management, and robust measures have been put in place to ensure no children or staff are put at risk. A comprehensive school Safety Statement identifies hazards. Remedial measures are outlined.

The overall responsibility for the day to day management of school supervision and routines rests with the Headmaster. The subject teacher is responsible for classroom supervision and teachers on school duty are directly responsible for the supervision of pupils at break time.

Each Form teacher regularly instructs his/her class on issues relating to safety in class, sports grounds and in general areas during lunch and break time e.g. care on stairs, running and 'rough' play. The First Aid Policy is based on collective teacher input. The teachers on duty are automatically assisted by others in the case of a significant injury. The Matrons are called for advice in these cases.

Temporary/substitute teachers are informed of these procedures by the Health and Safety Officer as required.

### Resources

A First Aid Box is located in the Surgery.

Basic First Aid supplies are kept in the front office.

Each sports team has a First Aid Kit for training, home and away games.

Defibrillator – Located on wall in Staff Room Teaching Block.

### Procedure

1. Check welfare of injured person
2. Get assistance
3. Phone Matron on 086 4105036
4. Phone emergency services if this is deemed required (999)
5. Stay with injured party until assistance arrives
6. Make safe area around the injured person
7. Follow instructions of Matron / Emergency Services
8. Matron makes arrangements for contacting Parent/Guardian/Headmaster
9. After the injured party has been attended to, complete the accident report form, located in the Staff Room to right of door or from Matron' office or from Facilities, and forward to Matron.
10. Matron files copy of accident form, insurance form and order form number to Facilities Office.

### Record Keeping

All accidents/injuries are recorded in the Accident Report Form which is filed securely in the surgery.

A report form is filled in by the teacher/member of staff who reported/witnesses the accident.

More significant injuries, where a child had to go to the doctor/hospital will be notified to the school's insurers on the accident report form.

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## ACCIDENT/INJURY REPORT FORM.

This is a to be completed in respect of each and every incident, whether injury is apparent or not and returned to the Matron's office.

Nature of accident / injury \_\_\_\_\_  
Damage \_\_\_\_\_  
Complaint \_\_\_\_\_  
Treatment Given First Aid: Yes / No Given by \_\_\_\_\_  
Doctor: Yes / No Name \_\_\_\_\_  
Hospital: Yes / No Name \_\_\_\_\_

### Part 1

#### Personal details of injured person.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

State whether employee, pupil, visitor \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

P. S. I. (Employees only) \_\_\_\_\_

Staff Number (Employees only) \_\_\_\_\_

### Part 2

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

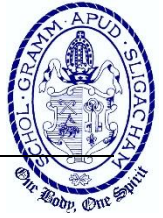
Address of Establishment: \_\_\_\_\_  
\_\_\_\_\_

Where did the accident occur? – exact place (e.g. Classroom, Gym, Kitchen, Playing Fields)  
\_\_\_\_\_

How did it happen?  
\_\_\_\_\_  
\_\_\_\_\_

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Who saw it happen? (names of all persons in position to give any information)

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Name of person in charge (state capacity and if present at the time)

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To whom reported: \_\_\_\_\_ Date and time reported \_\_\_\_\_

Injured person's normal working hours – (Staff Only) \_\_\_\_\_

From: \_\_\_\_\_ a.m. / p.m. To: \_\_\_\_\_ a.m. / p.m.

Date school ceased: \_\_\_\_\_ Expected date of return: \_\_\_\_\_

## **Part 3**

Nature and severity of injuries (if to limb or eye state left or right)

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Medical attention given

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## **Part 4**

Did the accident result from the use of machinery or equipment?

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If yes, was the injured person authorized to use it and under whose authority:

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If injury is alleged as a result of the use of materials, please state brand of product:

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Names and addresses of supplier and manufacturer:

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If accident was due to fall state type of floor or other surface and condition:

Have any reports been made to the Headmaster regarding defects associated with the location of the accident?

If yes, please give details:

Have there been any previous complaints regarding the machinery, equipment or materials? If yes please give details of action taken:

Did the accident occur as a result of misbehavior or breach of rules or guidelines?

If yes, please give details

At the time of the accident or injury, were you satisfied that there were adequate

supervision and all other necessary precautions taken?

Any other information you consider relevant (use back page if necessary)

Signature \_\_\_\_\_  
(Of person reporting incident)

Date \_\_\_\_\_

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## PROCEDURE FOR FIRST AID AND REPORTING ACCIDENT

### Procedure

1. Check welfare of injured person
2. Get assistance
3. Phone Matron on 086 4105036
4. Phone emergency services if this is deemed required (999)
5. Stay with injured party until assistance arrives
6. Make safe area around the injured person
7. Follow instructions of Matron / Emergency Services
8. Matron makes arrangements for contacting Parent/Guardian/Headmaster
9. After the injured party has been attended to, complete the accident report form, located in the Staff Room to right of door or from Matron' office or from Facilities, and forward to Matron.
10. Matron files copy of accident form, insurance form and order form number to Facilities Office.

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Policy Reviewed and updated by Board of Management: \_\_\_\_\_ March 2019 \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Chairperson, Board of Management

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Principal

Due for next review: \_\_\_\_\_