**OSCAR ACCIDENT PROCEDURE**

1. Administer appropriate first aid. Any injuries requiring first aid should be followed up with an appropriate referral.
2. In the case of a more serious accident to a child, the Manager/Deputy/Senior Staff member will contact the parent/guardian to agree a course of action if time permits.
3. If the parent/guardian cannot be contacted, the Manager/Deputy Manager/Senior Staff member will seek appropriate medical attention or treatment for the child.
4. Children who have suffered an accident should not be given anything to eat or drink.
5. If a child or adult needs to be transported to hospital an ambulance will be called.
6. Should an ambulance be required, one adult must accompany the child or adult.
7. The child’s registration form must be taken to the hospital with the child.
8. Once the child is in the care of the ambulance staff and/or the hospital, the responsibility to act in the child’s best interests will pass to them from the Oscar staff.
9. Every effort must be made to maintain appropriate staffing levels at the club, utilising the Oscar Staff Emergency Cover Policy if necessary.
10. All accidents to children or staff, however slight, must be clearly recorded in the accident book and signed by the member of staff who dealt with the incident. If necessary, a detailed, confidential report should be placed in their file. Anyone who goes to hospital due to an accident must report it to RIDDOR within 24 hours.
11. The accident book must also be signed by the person with parental responsibility (or named person allowed to collect the child). In the case of an accident involving a child, the person with parental responsibility should be fully informed as soon as possible regarding the accident and the action taken. In the case of an accident involving a member of staff their relatives/partner should be fully informed as soon as possible.

Oscar Accident Procedure

Dated 18/9/00. Revised 16/11/05, 12/11/07

Signed on behalf of the Voluntary Management Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_