



Medical Incident Procedure

THIS POLICY APPLIES TO THE MAIN SCHOOL AND BEVENDEAN For after school activities/events

General principles

- To be familiar with location of First Aid equipment on site – See map attached
- Registers for after school activities must show contact numbers and medical information provided by parents specifically for the named club.
- Ensure student medical details and contact numbers are available – complete & sign club register
- Effective communication: Registration and reporting of illness or injury, keep notes and pass on to Medical Centre by email : nurse@daneshill.surrey.sch.uk
- Ensure any medication is provided by parents for the out-of-hours activity as named as required for the club, such as asthma inhaler or adrenaline pen. **Always check this prior to starting the activity**, or the child cannot attend.

In the event of an incident

- Account for all members of the party, make the area safe
- Call for emergency services if necessary- familiarise yourself with the main school address, Danes Hill School, Leatherhead Road, Oxshott, Surrey, KT22 0JG or Bevendean, Steels lane, Oxshott KT22 0QQ and the main contact point for emergencies 24/7 is Richard Quinn, Bursar, on 07436 107072
- Establish injuries and administer first aid

Guidance on Emergency Procedures

- Ensure that an adult from the party accompanies casualties to hospital. If on your own you should look after the rest of the party until another member of staff arrives.
- Ensure that the remainder of the party are adequately supervised throughout.
- Arrange for one adult to remain at the incident site to liaise with emergency services.
- Have helpful telephone numbers available.
- The school will arrange to contact the parents of those involved. In serious incidents the parents of all party members should be informed.
- Accident report form to be completed– see attached

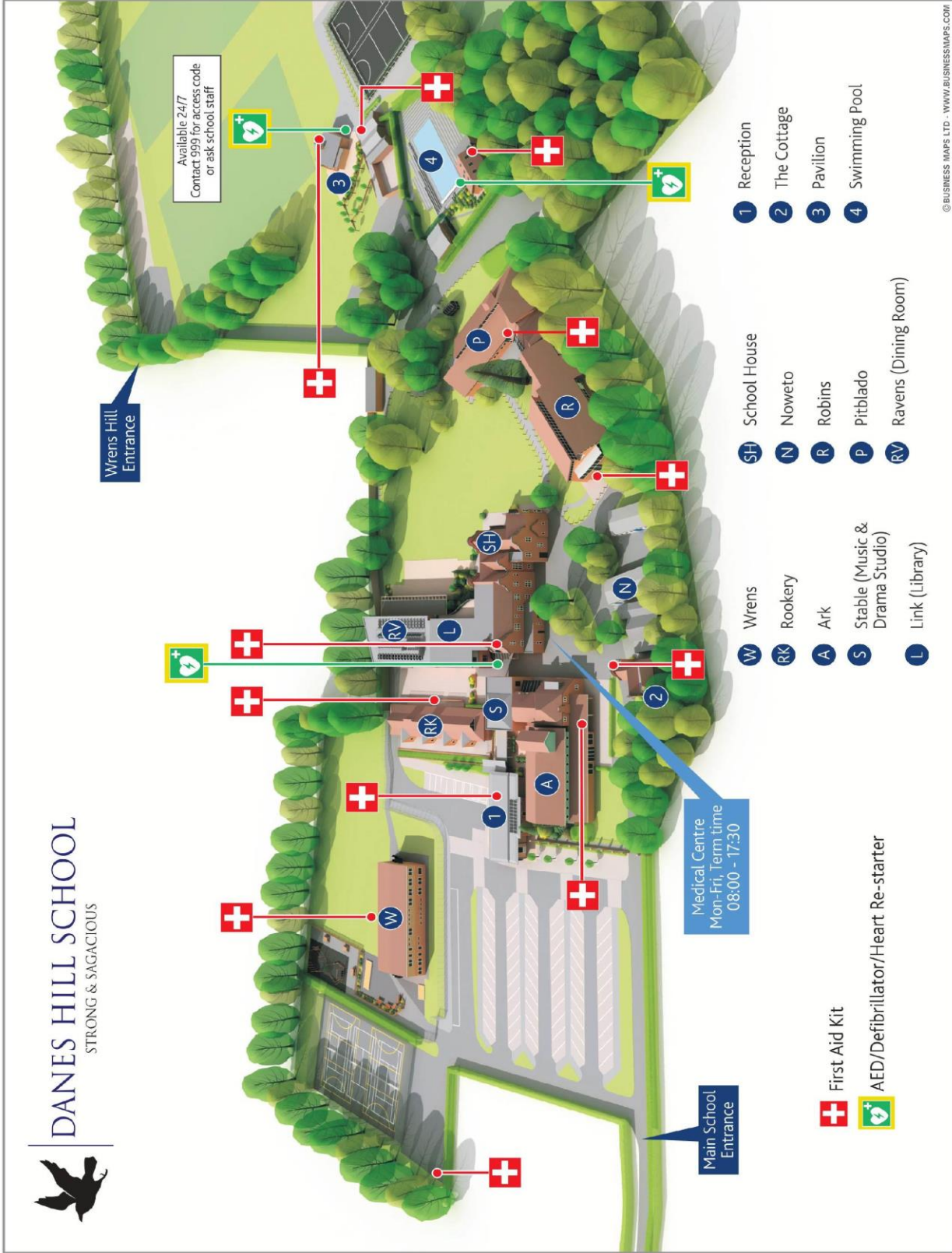
TELEPHONE NUMBERS

Name		First Aid	Position	Home Tel	Mob Tel
Murdock	Willie		Headmaster	01372 842356	07720 550566
Quinn	Richard		Bursar	07968 302928	07436 107072
Andrews	Rob		Deputy Head	01932 865367	07540 221248
Callis	Tiffany	YES	School Administrator	01483 612036	07930 361698
Taylor	Jackie		Pastoral Care	Ex Directory	07776 145294
Samson	Ruth		Head of Bevendean		07972 771387
Walsh	Claire	YES	Marketing Manager	01372 451477	07969 549381
Cunningham	Phil		Site Manager		07753 813686
May	Yvette		Senior Receptionist	01932 588744	07974 001965
Anderson	Sarah		School Secretary	01372 274462	07533 455636
Corbett	Anna	YES	School Nurse Manager	01932 867391	07941 454704
Walters	Katharine	YES	School nurse	0800-1730only	07436 106982 (W)

Key 24/7 Contact: Richard Quinn, Bursar
Mobile: 07436 107072

Please add this contact on to your mobile phone

Medical Maps: showing **First Aid Kits** & **Defibrillators** Main School and Bevendean site





DANES HILL SCHOOL
STRONG & SAGACIOUS

Pre-Preparatory School - Bevendean



Accident Report Form

This form needs to be completed for all incidents and accidents to children, staff, or visitors, (including near misses) occurring at Danes Hill School arising as a result of its operations.

This process complies with, and all information is protected under, the Data Protection Act. Please delete once emailed.

PERSONAL DETAILS

Surname		First Name			
D.O.B		Age		Form	

DESCRIPTION OF THE INCIDENT

Date		Time (24 hr clock)		
Location				
Did it result in Injury	<input type="checkbox"/>	or Near Miss	<input type="checkbox"/>	(please tick)

Description of Events leading up to the Incident	
Type of injury (e.g. Cut, sprain, electric shock etc.). If none, write none	
What part of the body was injured?	

Who was notified? E.g. Medical Centre, Parents, HOD, Emergency Services? Please name all.

Any further action taken?

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FURTHER INFORMATION

What supervision was in force at the time of the incident?
Identify the reasons for the accident/incident
Was the incident witnessed? If so, by whom?
What immediate action was taken?
What has been done to prevent something similar happening again? Is any remedial action required by maintenance team?
Any other remarks or details?

Name		Date	
Dep't		Title	

Example of Activities register to be completed

Name of Club					
Term:					
Instructors Name:		Lesson time:			
Mobile number:					
	Medical Conditions	Contact number 1	Contact number 2	Week 1	
1	Name of Child				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

TJC

Date of policy: 27 February
2019

To be reviewed: February
2020