

Guidelines for Dealing with an Incident/Accident

Introduction

The Club Instructors are required to "keep information and records relating to training-related injuries suffered by students." and near misses. Club Instructors must use these records to identify training hazards in order to develop control measures to prevent accidents.

All accidents/incidents related to training must be investigated to determine the underlying causes and identify failures of the Club Instructors system. When action is taken to address each of the factors found as a result of investigation, not only is the likelihood of a similar incident minimised, it may be instrumental in preventing accidents of a different nature in which one of these factors may play a part.

In addition it is prudent to report and investigate all "near miss" incidents in order to implement control measures before they can cause injury.

Definitions

For the purpose of this guideline, an accident is defined as "any unplanned event that causes, or has the potential to cause, an injury or illness and/or damage to a student." Incidents range from serious incidents and emergencies to near-miss incidents where there is no actual injury or damage.

Purpose

The purpose of this guideline is to ensure all incidents are reported and investigated according to legislative requirements. A consistent approach is necessary across all disciplines. Reporting all incidents provides the Club Instructor with an accurate record that can be used to determine the most efficient use of resources in prevention strategies. Good accident investigation is an effective proactive measure in the prevention of training-related injury or illness. It is not designed to apportion blame on any individual or group.

Process for reporting incidents

All incidents that arise out of, or in the course of any training activity must be reported. The immediate Club Instructor is responsible for ensuring that the correct processes are followed with incidents that occur, during training or within recreational breaks.

4.1. The Hull Kung Fu Organisation has developed an **Accident/Incident Report and Investigation Form** (see Appendix A), which can be obtained from any Club Instructor within the club. A separate form titled **Head Related Injuries** can be obtained separately for Head Related Injuries (see Appendix B).

4.2. The person involved in the incident and their Club Instructor must sign the relevant forms.

4.3. All sections of the **Accident/Incident Report and Investigation Form** (see Appendix A) must be completed and signed within 48 hours. The person involved in the incident and the club instructor should both keep a copy of the form. The student who has been involved in the incident has the responsibility to request an **Accident/Incident Report and Investigation Form** (see Appendix A) within the required timescale.

4.4. If training related injuries or illnesses that incur medical expenses or time off work then the relevant insurance claim form must be obtained from the Club Instructor. This will then be progressed through the relevant governing body (currently WAKO GB) – **within 72 hours of the incident**. The insurance claim will be processed and managed at all times by the Club Instructor.

4.5. Notification of any incident, which may result in a claim against a Club Instructor, must be reported to the relevant Governing Body (currently WAKO GB) – **within 72 hours of the incident**. The insurance claim will be processed and managed at all times by the Club Instructor.

4.6. The Club Instructor must keep a central record of all forms obtained and ensure that incident trends are monitored and that appropriate corrective action is taken.

4.7 The Club Instructor must review the forms. Follow up actions will be initiated, if appropriate.

4.8 All relevant forms must be kept for at least one year after the date of the incident.

Guidelines for Incident Investigation

NB: This guideline assumes appropriate first-aid/emergency services have been provided to any persons suffering injury or illness as a result of an accident.

5.1 All accident investigations should commence immediately and be completed within 48 hours. In exceptional circumstances, 72 hours is acceptable. A statement from the injured person may be collected at a later date if necessary.

5.2 The Club Instructor should attend the scene of the accident and ensure that the area involved is not unnecessarily disturbed until the investigation is completed. They may need to interview the person(s) involved, witnesses and all other relevant personnel (e.g. suppliers of equipment, instructions for use of equipment etc).

5.3 The Club Instructor should collect evidence (e.g. parts of failed equipment, etc) and review documentation including risk assessments etc. If necessary, they should draw a diagram of the accident scene, including measurements of distances and dimensions and where appropriate, take photographs.

This report should note all other relevant factors, such as weather conditions, lighting, ventilation, noise, time frames etc.

5.4 All relevant points brought out during the investigation must be accurately recorded.

5.5 The Club Instructor must identify all the contributing factors so that a decision can be made on which conditions and circumstances contributed to the accident and to what degree.

5.6 The Club Instructor must summarise the information gathered and the action proposed using the relevant incident forms.

5.7 The Club Instructor must ensure the proposed action is implemented to prevent further accidents.

5.8 The above reports can be overruled by any Police Intervention. If this is the case then the Police Authority will advise on reports that must be completed.

Information Analysis

6.1 The Club Instructor will analyse the information gathered from the incident, identify underlying causes and recommend appropriate action.

6.2 The Club Instructor will review the **Accident/Incident Report and Investigation Form** (see Appendix A) and ensure appropriate action has been taken.

6.3 The Club Instructor will review data from the **Accident/Incident Report and Investigation Form** (see Appendix A) and monitor trends and make recommendations to other Club Instructors on appropriate preventative strategies and priorities in health and safety.

Attendance at the club whilst the student is deemed to be incapacitated

It is the club instructors responsibility to inform employers\parents if any student is continuing their attendance at the clubs classes whilst they are deemed to be incapacitated from their place of education or place of employment with any injuries or conditions that have been caused outside the place of training.

If an individual is to continue training with the club whilst incapacitated, then it will be for beneficial purposes only as advised by a medical practitioner.

If any injury does occur to the student whilst they are in attendance at the club then the club instructor will not be responsible.

The student's employer\parents will be informed in writing if training is to continue in some manner. The example template is shown below:

Subject: [name of student] attendance at [type of club] Martial Arts Classes

It is the club instructors responsibility to inform employers\parents if any student is continuing their attendance at the clubs classes whilst they are deemed to be incapacitated from their place of education or place of employment with any injuries or conditions that have been caused outside the place of training.

This letter is to just confirm that **[name of student]** has not/will not be involved in any physical exercise whilst he is in attendance of the Martial Arts Classes on a **[day of event\time of event]** at the **[place of training]**. We run under strict guidelines to ensure that no further injuries come to our students whilst under the control of the clubs Chief Instructors.

[explanation of why the student is attending the club]

If you need anymore information then this is available on the clubs **Guidelines for Dealing with an Incident/Accident** document that is available for viewing on the www.hullkungfu.co.uk website under the legal documents section. If you need to contact the club regarding this issue then please contact me on **[contact number]**.

Blood Spillage and Body Fluids

The aim of this section is to decrease the exposure risk to blood-borne and body fluid pathogens¹ whilst at training/competing/grading at events organised by the Club Instructor.

When the instructor is advised or witnesses a student with a bleed, the instructor will direct that student to leave the training area immediately, if not already done, to seek medical attention.

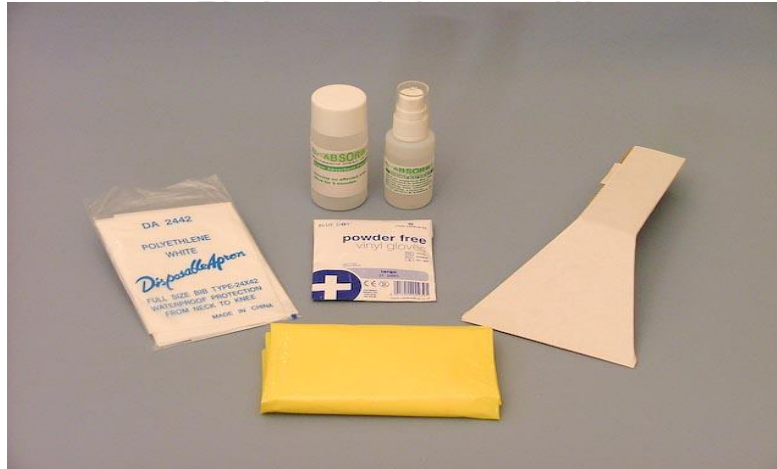
The students injury/wound must be treated (no further bleeding) with the affected area completely and securely covered and only return to the training area on advice from the treating qualified instructor.

If there is any blood on the uniform or protective equipment the student must change the blooded item immediately. (It is the responsibility of the student to ensure they have a replacement uniform and protective equipment.) Under no circumstances should a student be allowed in the training area with wet or dry blood stains on their uniform or any protective equipment.

Blood or body fluids spilt within the training area or immediate surrounding area must be treated with a suitable cleaning solution.

A 'Blood Kit' must be provided at each club lesson. The Blood Kit should be used only for the purpose of dealing with spilt blood and or body fluid on the mat and or immediate surrounding area. The contents of the Blood Kit are as follows:

Bi ABSORB



- Pair latex free vinyl gloves to protect hands during bio hazard spillage removal.
- Neck to knee waterproof Polythene disposable apron to protect clothing during bio hazard spillages.
- Special yellow bio hazard disposable bag for placing all the spillage, waste and cleaning items. The disposable bag, has an adhesive strip at the top, which not only allows the bag to be sealed, but can also be used to adhere the bag to a hard surfaces such as a wall.. aiding filling of the bag by a single pair of hands.
- 30ml disinfectant spray, which is effective against micro-organisms including: HIV, Hepatitis B, Salmonella, Listeria, E Coli (0157) & EMRSA 16/17. It also contains an offensive smell neutralizer.
- 50ml SAP (Super Absorbent Powder) The granules are very effective in solidifying any bio hazard spillage into a solid form, so that it can be removed safely, and with ease. They are able to absorb up to 200 times their own volume.
- Small cardboard flat packed scoop.

The health and safety at work act (1974) and The control of substances hazardous to health regulation (COSHH 1975), state that employees should not be put at risk in the workplace, and whenever a risk can not be removed, control measures should exist, which allow employees to work safely.

Attending to Blood or Body Fluids within a training area.

Persons (including Instructors and Officials) attending to blood or body fluids on the mat and or immediate area, must

- Take precautions so as not to come into contact with blood or body fluids, wet or dry, either on themselves, their clothing or protective equipment. In particular avoid blood or body fluids reaching the eyes or the areas inside the mouth and nose.
- Must designate 1 person (or people if large spill) to clean the soiled area. In doing so that designated person/s must:
 - Wear single-use disposable gloves.
 - Use the 'Spray' bottle, and being beware of any splash, spray the cleaning solution directly onto the soiled surface, and let soak for 5 minutes.
 - After 5 minutes, wipe the surface with paper towel
 - Place all soiled paper towel and gloves in a sealed disposable bag to disposed in an approved manner.
- Protective equipment being the property of the owner, must be placed in a sealed plastic bag which is returned to the owner who has the responsibility to wash the items in a normal machine-washing process.
- Immediately after every clean up of blood or body fluid, hands including arms to the elbow must be washed with warm water and soap for 1 minute. This should be performed even if gloves have been worn. Wash all areas that have come into contact with blood.
- Under NO circumstances use any material other than paper towel to clean blood or body fluid.

Infectious Disease Control

The Club Instructor will do everything possible to prevent the transmission of infectious disease during training activities and associated events by providing the necessary training and equipment to all personnel.

Infectious diseases may be extremely debilitating and potentially hazardous for students and/or individual(s) concerned. These diseases may be spread by direct contact between broken skin or mucous membranes, infected blood and other body fluids and substances.

The following information and recommendations may reduce the risk of transmitting infectious diseases.

Blood-Borne Viruses

Viruses, like other microscopic organisms, live in, on and around us all the time. When they

- (a) Exist in sufficient quantities.
- (b) Are able to spread from someone or something (like food or animals).
- (c) Enter your body, they can cause disease. When our bodies are under stress, for example during periods of intensive training for competition, we are more susceptible to illness caused by these tiny germs.

Blood-borne viruses are those, which are transmitted from one person's blood to another person's blood stream.

Hepatitis

Hepatitis means inflammation of the liver. The liver is responsible for filtering the blood and breaking down food and poisons in the body. Viral hepatitis (often simply called hepatitis) refers to a number of different viruses which affect the liver and can potentially cause fever, vomiting, jaundice (where the eyes and skin go yellow) or sometimes permanent liver damage, even cancer. Sometimes people with hepatitis have no obvious symptoms but may still be able to infect others. The most significant types of hepatitis are A, B & C. Several new types of hepatitis have been discovered in recent years (hepatitis D, E, & G), and it is possible that more strains will be identified in the future. Other forms of hepatitis (non-viral) can be caused by alcohol or drug abuse (including steroids).

Other Infections

There are a number of other infectious diseases, caused by viruses, bacteria, fungi and tiny parasites that can have an effect on the health and performance of people participating in sport. Some may be transmitted during play, some through social activities after training. The way in which they are passed on from person to person varies and some are more serious than others, particularly if left untreated.

How Infections can Spread Through Sport

- People can be exposed to infection through participation in sport in a variety of ways:
- Through blood to blood contact via broken skin and open wounds. Of most concern are the serious blood-borne viruses such as HIV and hepatitis C.
- Through contact between a person's broken skin, mouth, eyes and other mucous membranes with another person's infected body fluid.
- Through exposure of the skin to another person's infected skin or body fluids. This may be via direct body to body contact or indirectly through the use of shared equipment (e.g. training mats), clothing (e.g. jumpers, socks) and other surfaces that remain moist for a period of time (shower floors, rub down benches). These usually involve fungal skin infections such as warts, or parasites such as scabies.
- Through ingestion of contaminated food and drinks. If people handling food don't wash their hands properly, hepatitis A or a number of other infectious diseases, such as those which cause gastroenteritis, can be passed on.
- By breathing in airborne droplets of saliva or sputum when an infectious person coughs, sneezes or spits. The common cold and the flu are easily passed on from person to person in this way.

Procedures for Minimising the Risks of Infection

- New starter forms must be completed prior to enrolment at the club.
- Instructors must be informed by students of any change in medical condition that is likely to lead to the spread of infectious diseases.
- It is every students responsibility to maintain strict personal hygiene at all times.
- All participants with prior evidence of infectious diseases are strongly advised to obtain confidential advice and clearance from a doctor prior to participation in contact/collision sports.
- All open cuts and abrasions must be reported and treated immediately.
- Fingernails and toenails must be kept short and neatly trimmed to prevent causing cuts and injuries to other participants.
- All clothing, equipment and surfaces contaminated by blood must be treated as potentially infectious. Equipment and surfaces will be cleaned or changed immediately if soiling or spills occur. See Article 8. Blood Spillage and Body Fluids

Discrimination and Exclusion of Participants

It is prohibited to discriminate against a person because he or she:

- Is living with an infectious disease.
- Is thought to be living with an infectious disease.
- May have an infectious disease in the future.
- Is an associate of someone who has (or is presumed to have) infectious disease.
- Is a carer of someone who has an infectious disease?

Sharing of towels, shaving razors, face washers, mouth guards, personal sparring equipment and drink containers must NOT occur.

Training

All new instructors and students must be informed of the requirements and procedures for incident reporting.

Review

This policy will normally be reviewed every three years or earlier.

Appendix A

Accident/Incident Report and Investigation Form

This form is to be used to report all incidents, or near misses, whether an injury occurred or not, and to document the investigation into the incidents by the Instructor of the person involved. Please complete within 48 hours of the incident.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED AND BY THEIR INSTRUCTOR (PLEASE PRINT)

Details of the person involved in the incident/near miss

Club: **Work phone:**

Title:..... **Family name:**..... **Given names (in full):**

Position: **Date of birth:** **Male** **Female**

Please select one: Instructor Student Visitor/Other

Details of the: Incident Near miss Medical

Date: **Time:** am/pm

Location:

Was the incident/near miss reported to your instructor, immediately: Yes No

Part of the body injured

Head	Trunk	Internal	Arm	Hand	Leg	Foot
<input type="checkbox"/> eye	<input type="checkbox"/> neck	<input type="checkbox"/> heart	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left
<input type="checkbox"/> ear	<input type="checkbox"/> hip	<input type="checkbox"/> lungs	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right
<input type="checkbox"/> nose	<input type="checkbox"/> chest	<input type="checkbox"/> systemic	<input type="checkbox"/> shoulder	<input type="checkbox"/> thumb	<input type="checkbox"/> knee	<input type="checkbox"/> great toe
<input type="checkbox"/> mouth	<input type="checkbox"/> stomach		<input type="checkbox"/> upper arm	<input type="checkbox"/> fingers	<input type="checkbox"/> lower leg	<input type="checkbox"/> other toes
<input type="checkbox"/> teeth	<input type="checkbox"/> groin		<input type="checkbox"/> elbow	<input type="checkbox"/> palm	<input type="checkbox"/> ankle	
<input type="checkbox"/> face	<input type="checkbox"/> back		<input type="checkbox"/> forearm		<input type="checkbox"/> thigh	
<input type="checkbox"/> skull	<input type="checkbox"/> multiple		<input type="checkbox"/> wrist		<input type="checkbox"/> upper leg	<input type="checkbox"/> psychosocial

Nature of injury

<input type="checkbox"/> abrasion	<input type="checkbox"/> puncture	<input type="checkbox"/> heart attack	<input type="checkbox"/> sprain	<input type="checkbox"/> burn	<input type="checkbox"/> traumatic shock
<input type="checkbox"/> bruise	<input type="checkbox"/> laceration	<input type="checkbox"/> hearing loss	<input type="checkbox"/> strain	<input type="checkbox"/> scald	<input type="checkbox"/> electric shock
<input type="checkbox"/> fracture	<input type="checkbox"/> amputation	<input type="checkbox"/> foreign body	<input type="checkbox"/> hernia	<input type="checkbox"/> rash	<input type="checkbox"/> psychosocial
<input type="checkbox"/> concussion	<input type="checkbox"/> bite	<input type="checkbox"/> minor cuts		<input type="checkbox"/> allergy	<input type="checkbox"/> chemical
<input type="checkbox"/> aggravation of previous injury or medical condition (please describe):					

Type of incident which caused injury

<input type="checkbox"/> striking against	<input type="checkbox"/> stumbling	<input type="checkbox"/> lifting	<input type="checkbox"/> pushing	<input type="checkbox"/> ingestion
<input type="checkbox"/> struck by	<input type="checkbox"/> slipping	<input type="checkbox"/> bending	<input type="checkbox"/> pulling	<input type="checkbox"/> absorption
<input type="checkbox"/> caught in/on	<input type="checkbox"/> tripping	<input type="checkbox"/> twisting	<input type="checkbox"/> jumping	<input type="checkbox"/> inhalation
<input type="checkbox"/> stepping on	<input type="checkbox"/> falling	<input type="checkbox"/> stress	<input type="checkbox"/> vehicle	<input type="checkbox"/> needlestick
<input type="checkbox"/> other (please describe):				

Agency of injury

i.e., furniture, training equipment (please describe):

SECTION B: TO BE COMPLETED BY PERSON INVOLVED AND BY THEIR INSTRUCTOR (PLEASE print)

Describe the incident/near miss:

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Prevention of incident/near miss recurrence

Describe what action is planned or has been taken to prevent a recurrence of the incident, based on the key contributing factors:

Immediate action:

Long term action:

Training Required?

Induction Yes No

Task specific Yes No

Area specific Yes

No

AUTHORISATION (ALL SIGNATURES ARE REQUIRED)

Person involved in the incident	Instructor
Name <i>(please print)</i> :	Name <i>(please print)</i> :
Signature:	Signature:.....
Date:	Date:

Appendix B

HEAD INJURY FORM

THIS PART TO BE RETAINED BY THE PARENT/CARER

INSTRUCTIONS TO RELATIVES OF A CHILD WHO HAS RECEIVED A HEAD INJURY

1. This child has been examined and found to have a head injury, though not of a sufficient severity to require, in our opinion, hospital treatment. He/She therefore has been permitted to go home.
2. However, in any case of head injury, the condition of the child may at any time, particularly in the first 48 hours, become more serious. You should, therefore, keep watch for any of the following signs which may be important:
 - a) Increasing drowsiness or actual unconsciousness, which can be detected by your inability to rouse the person.
 - b) The headache (which most of these patients have) becoming more severe.
 - c) Repeated vomiting.
 - d) Dizziness.
 - e) Any weakness of arm or leg.
 - f) Disturbed vision (double vision or loss of focus).
 - g) Any change in the child's condition about which you are not satisfied e.g., restlessness, irritability, loss of concentration increasing loss of memory, etc.
3. If any of these signs are noticed then medical advice must be sought **AT ONCE**. You should, therefore, telephone your own doctor or seek help from your local hospital Casualty Department.

Signature of parent/carer who has received this letter of notification:

..... Date:

THIS PART TO BE RETAINED BY THE COACH

Signature of parent/carer who has received this letter of notification of a head injury:

..... Date:

Signature of Club Instructor:

..... Date: