Accident and Incident Reporting Policy and Procedure

1. Policy

In addition to their professional obligations, principals and teachers have a legal duty to take reasonable steps to protect students in their charge from risks of injury that are reasonably foreseeable.

Ozford is required to maintain a record of all accidents and incidents at the College or at a College organised activity. Principals may obtain statements from witnesses of accidents and retain these on file with a notation on the statement that this statement is privileged and confidential - prepared solely for anticipated litigation and for the provision of legal advice.

If a student is injured at school, or during a school organised activity, then parents/guardians are responsible for the cost of:

- medical treatment
- transport to a medical facility or home.

Ozford must notify WorkSafe Victoria immediately (by telephoning 132 360) of any workplace incident that results in death or serious injury, or that exposes a person in the immediate vicinity to an immediate health or safety risk.

See also: Critical Incident Policy and Procedures

2. Definition

**Accident/Incident:** An event that has led to or could have led to an injury. Incidents include near misses, accidents and injuries

**Injury:** Physical damage or harm to a person

**Medical Treatment:** Treatment by a registered medical practitioner

3. General Guidelines/Procedure:

Staff must report an incident/accident to Principal as soon as practicable. This is to be followed by completing the Accident/Incident Notification Form (Appendix 1)

The Accident/Incident Notification Form must include the following details for each incident:

- name and year level of the student involved
- date and time of the accident/incident
- exact location of where the accident/incident occurred
- how the accident/incident occurred
- nature of the injury/illness
- names of any witnesses to the accident/incident, and
- date of notification of the accident/incident.
Appendix 1: Accident/Incident Notification Form

**BRIEF ACCOUNT OF INJURY**

Details and location of Incident:

<table>
<thead>
<tr>
<th>Accident Date:</th>
<th>Accident Time:</th>
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<tbody>
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**ACTIVITY (GENERAL & DETAILED)**

1. Chemical Use
2. Manual Handling, Lifting
3. Sports/Physical Education *(Athletics, Basketball, Cricket, Football-All Codes, Skating, Baseball, Gymnastics, Ball Games not Specified, Other Sports)*
4. Vehicle Use (Car, Bicycle, Bus, Other)
5. Machinery Use *(Hand tools, Portable Power Tools, Other Machines)*
6. Using Office Equipment
7. Curriculum Area *(Arts Science, Technology studies, PE, Home Economics, Other)*
8. Fighting/Assault
9. Play General
10. Walking
11. Running, Jumping, Skipping
12. Accidental Contact by other Person
13. Other (Specify)

**ACCIDENT DESCRIPTION**

1. Slip
2. Trip
3. Fall
4. Overexertion
5. Mental Stress
6. Collision
7. Crushing
8. Hit by Moving Object
9. Other (Specify)

**ACCIDENT SITE (Indicate CAMPUS, if more than one CAMPUS)**

1. Sports Ground/Venue
2. Playground General
3. Playground Equipment
4. Classroom General
5. Chairs
6. Doors/Windows
7. Stairs/Steps
8. Paths/Walkways
9. Office Administration
10. Travel to / from School
11. Camp/Excursions
12. Other (Specify)

**STAFF ON DUTY**

Name ____________________________________________

**INJURED PERSON**

Type: Student   Staff   Family   Others
ID (If Applicable):

Date of Birth: Year Level: Gender:

Address: Telephone:

**INITIAL ASSISTANCE BY PERSON**

Type: Student   Staff   Family   Others
ID (If Applicable):

**SEVERITY OF INJURY**

INJURY:
1. First Aid (Returned to Class)
2. First Aid (Sent Home)
3. Doctor or Dental Treatment
4. Hospital (Outpatient) Treatment
5. Hospital (Inpatient) Treatment
6. Fatal
**DOCTOR TREATED PATIENT FOR (If Applicable)**

<table>
<thead>
<tr>
<th>TREATMENT</th>
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</thead>
<tbody>
<tr>
<td>1. Amputation of any part of the body</td>
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<tr>
<td>2. Serious Head Injury</td>
<td></td>
</tr>
<tr>
<td>3. Serious Eye Injury</td>
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<tr>
<td>4. Separation of skin from underlying tissue</td>
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<tr>
<td>(eg Degloving/Scalping)</td>
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<tr>
<td>5. Electric Shock</td>
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<tr>
<td>6. Spinal Injury</td>
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<td>7. The Loss of a bodily function</td>
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<tr>
<td>8. Serious lacerations (serious means “of</td>
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<tr>
<td>Grave Aspect” or “Critical”)</td>
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<tr>
<td>9. Injury due to exposure to a substance (eg</td>
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<tr>
<td>Gas Inhalation, Acid Exposure)</td>
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<tr>
<td>10. Other (Specify)</td>
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**NATURE OF INJURY**

<table>
<thead>
<tr>
<th>NATURE</th>
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<tbody>
<tr>
<td>1. Fracture</td>
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<tr>
<td>2. Dislocation</td>
<td></td>
</tr>
<tr>
<td>3. Strains/Sprains</td>
<td></td>
</tr>
<tr>
<td>4. Lacerations/Cuts</td>
<td></td>
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<tr>
<td>5. Burns/Scalds</td>
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<tr>
<td>6. Crushing/Amputations</td>
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<tr>
<td>7. Bruises/Knocks</td>
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<tr>
<td>8. Dental Injuries</td>
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<tr>
<td>9. Other (Specify)</td>
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</table>

**LOCATION OF INJURY**

<table>
<thead>
<tr>
<th>LOCATION</th>
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<tbody>
<tr>
<td>1. Head (Skull, Face, Jaws, Ears)</td>
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</tr>
<tr>
<td>2. Eyes</td>
<td></td>
</tr>
<tr>
<td>3. Neck</td>
<td></td>
</tr>
<tr>
<td>4. Trunk (Chest, Abdomen, Buttock, pelvis, Spine)</td>
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</tr>
<tr>
<td>5. Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb)</td>
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<tr>
<td>6. Leg (Hip, Thigh, Knee, Ankle, Foot, Toes)</td>
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<td>7. Internal</td>
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<td>8. Multiple locations</td>
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<td>9. Ear</td>
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</tbody>
</table>

**WITNESS DETAILS (Provide attachment if multiple witnesses)**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Type:</th>
<th>Student</th>
<th>Staff</th>
<th>Family</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>ID (If Applicable):</td>
<td>Telephone:</td>
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<tr>
<td>Witness Statement:</td>
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**PREVENTIVE ACTION PROPOSED OR TAKEN (For Staff members or Severe Accidents)**

1. No Preventative Action Taken/Intended
2. Referred to the School’s Safety/OHS or Risk Management Committee
3. Referred to the School’s Health and Safety Representative
4. Review of Curriculum
5. Review/Reinforce/Reiterate Procedures
6. Review Systems
7. Review the Environment
8. Review Personal Protective Clothing/Item
9. Review Equipment/Machinery Modifications
10. Review Equipment/Machinery Maintenance
11. Review/Reinforce/Reiterate Student Instructions

**Staff Initial:**

**Principal Initial:**

**School’s Insurer Contacted:** Yes / No

**Date** / /  
**Signature of Principal/High School Coordinator**