Ozford English Language Centre (CRICOS No. 02501G)

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. Student Welfare Officer 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 organized activity, then parents/guardians/students 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: ____ ____	
Accident Date:	Accident Time:

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):	Name:	
Date of Birth:	Year Level:	Gender:
Address:		Telephone:

INITIAL ASSISTANCE BY PERSON

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

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)

TREATMENT:	1. Amputation of any part of the body 2. Serious Head Injury 3. Serious Eye Injury 4. Separation of skin from underlying tissue (eg Degloving/Scalping) 5. Electric Shock 6. Spinal Injury	7. The Loss of a bodily function 8. Serious lacerations (serious means "of Grave Aspect" or "Critical") 9. Injury due to exposure to a substance (eg Gas Inhalation, Acid Exposure) 10. Other (Specify) _

NATURE OF INJURY

NATURE:	1. Fracture 2. Dislocation 3. Strains/Sprains 4. Lacerations/Cuts 5. Burns/Scalds	6. Crushing/Amputations 7. Bruises/Knocks 8. Dental Injuries 9. Other (Specify) _

LOCATION OF INJURY

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

WITNESS DETAILS (Provide attachment if multiple witnesses)

Name:	Type: Student Staff Family Others ID (If Applicable):
Address:	Telephone:
Witness Statement: ____	

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 12. Review Training Provisions
Staff Initial:	ELICOS/Student Service Coordinator Initial:
School's Insurer Contacted: Yes / No	

Date____/___/____ Signature of ELICOS/Student Service Coordinator ______________________