

Accident and Incident Reporting Policy and Procedure

1. Rationale

This Ozford English Language Centre (Ozford) policy has been developed to meet the requirements of the National Code 2018 Standard 6 and other requirements for CRICOS registration.

Ozford recognises that planning for the management of unwell students and the management of accidents and incidents is essential to enable Ozford and its staff to meet the duty of care owed to its students.

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.

2. Scope

This policy and procedure applies to all staff and students when there is an accident/incident event that has led to or could have led to an injury (physical damage or harm to a person). Incidents can include near misses, accidents and injuries relating to Ozford students.

3. Policy

- 3.1 Ozford is committed to take all reasonable steps to provide a safe environment on campus and advise students and staff on actions they can take to enhance their safety and wellbeing.
- 3.2 Ozford is required to maintain a record of all accidents and incidents on campus or at an Ozford 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.
- 3.3 All international students are required to have Health Insurance, if a student is injured at Ozford, or during an Ozford organised activity, then parents/guardians/students are responsible for the cost of:
 - Medical treatment
 - Transport to a medical facility or home.
- 3.4 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.
- 3.5 See also: ELICOS Critical Incident Policy and Procedure

4. 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

5. Procedure:

- 5.1 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)
- 5.2 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.
- 5.3 The Accident/Incident report will be recorded in the Accident/Incident Register List by staff and presented to Executive Management Team (EMT) after a major incident.

6. Feedback

Feedback or comments on this policy and procedure is welcomed by the Executive Management Team.

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 <i>(Athletics, Basketball, Cricket, Football-All Codes, Skating, Baseball, Gymnastics, Ball Games not Specified, Other Sports)</i>	4. Vehicle Use (Car, Bicycle, Bus, Other) 5. Machinery Use (<i>Hand tools, Portable Power Tools, Other Machines</i>) 6. Using Office Equipment 7. Curriculum Area (<i>Arts Science, Technology studies, PE, Home Economics, Other</i>)	8. Fighting/Assault 9. Play General 10. Walking 11. Running, Jumping, Skipping 12. Accidental Contact by other Person 13. Other (Specify) _____ _____ _____ ____
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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) _____ _____ _____ ____
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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) _____ _____
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STAFF ON DUTY

Name

INJURED PERSON

Type: Student Staff Family Others	Name:	
ID (If Applicable):	Year Level:	Gender:
Date of Birth:	Telephone:	
Address:		

INITIAL ASSISTANCE BY PERSON

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

SEVERITY OF INJURY

INJURY:	1. First Aid (Returned to Class) 2. First Aid (Sent Home)	4. Hospital (Outpatient) Treatment 5. Hospital (Inpatient) Treatment
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3. Doctor or Dental Treatment	6. Fatal
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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) _____ _____ _____
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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) _____ _____ _____
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LOCATION OF INJURY

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