

ACCIDENT AND INCIDENT REPORTING POLICY AND PROCEDURES

Approving authority	Executive Management Team
Purpose	This policy and procedure has been developed to ensure Oxford College has: <ul style="list-style-type: none"> - an effective approach in response to accident/ incidents as they occur; - appropriate support and counselling services available to those affected; - appropriate training and information resources provided to staff.
Responsible Officer	High School Coordinator
Associated documents	<ul style="list-style-type: none"> • Child Safety Policy and Procedures • Child Safe Risk Management Policy and Procedures • Younger Students Policy and Procedures • Mandatory Reporting Policy • Responding to and reporting allegations of suspected child abuse policy and procedures • Student Support & Services Policy & Procedures • Homestay Policy and Procedures • Human Resources Policy • Building Supervision Policy and Procedures

1. RATIONALE

Under Standard 6 of the ESOS National Code 2018, the registered provider must have and implement a documented policy and process for managing critical incidents that could affect the overseas student's ability to undertake or complete a course, such as but not limited to incidents that may cause physical or psychological harm. The registered provider must maintain a written record of any critical incident and remedial action taken by the registered provider for at least two years after the overseas student ceases to be an accepted student.

Oxford recognises that planning for the management of a critical incident is essential to enable Oxford and its staff to meet the duty of care owed to its students.

2. SCOPE

2.1 This policy and procedures apply to *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 the College's students.

3. POLICY

- 3.1 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.
- 3.2 *Accident/Incident* is defined as an 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
- 3.3 Oxford 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.
- 3.4 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.

3.5 Oxford 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

4. PROCEDURES

- 4.1 Staff must report an incident/accident to High School Coordinator as soon as practicable. This is to be followed by completing the Accident/Incident Notification Form (Appendix 1)
- 4.2 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.
- 4.3 The Accident/Incident Form will be presented to EMT for review.
- 4.4 **Follow-up and evaluation** – If required for severe accident/incident, the EMT will set in motion a Critical Incident Action Evaluation Plan to review the management and response of the critical incident to address the underlying causes and various aspects arising from the incident by:
 - evaluating and reviewing the plan;
 - creating and disseminating a revised plan and its procedures for future incidents;
 - updating and publishing relevant policy and procedures; and
 - organising appropriate staff development and training.
- 4.5 Changes to the plan, policy and procedures, including updated resources, will be made as soon as practicable following the review and evaluation

5. FEEDBACK

Feedback or comments on this policy and procedure is welcomed by the listed responsible officer.

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) 3. Doctor or Dental Treatment	4. Hospital (Outpatient) Treatment 5. Hospital (Inpatient) 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:	Principal Initial:
School's Insurer Contacted: Yes / No	

Date ____/____/____ Signature of High School Coordinator _____