

ACCIDENT AND INCIDENT REPORTING POLICY AND PROCEDURES

Approving authority	Executive Management Team
Purpose	<p>This policy and procedure has been developed to comply with the Minimum standards of registration and the ESOS National Code 2018 to ensure Ozford College has:</p> <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	Principal
Associated documents	<ul style="list-style-type: none"> 🕒 First Aid and Medical Conditions Policy and Procedures 🕒 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

The Minimum standards of registration require that schools have policies and procedures to provide students with a safe environment where the risk of harm is minimised and students feel safe. Managing student wellbeing includes:

- 🕒 arrangements for ill students
- 🕒 accident and incident register
- 🕒 first aid
- 🕒 distributing medicine
- 🕒 current register of staff trained in first aid
- 🕒 records of student medical conditions and management, or a pro forma for a school applying to register

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.

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

2. SCOPE

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 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 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.
- 3.3 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
- 3.4 Ozford is required to maintain a record of all accidents and incidents at the College or at a College organised activity. Statements from witnesses of accidents will be obtained and retained 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.
- 3.5 If a student is injured at school, or during a school organised activity, then parents /guardians/ students are responsible for the cost of:
 - ⌚ Medical treatment
 - ⌚ Transport to a medical facility or home.
- 3.6 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.

4. PROCEDURES

- 4.1 Staff must report an incident/accident to the Principal via reception 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 Principal may interview the relevant staff and student to obtain further information to prepare an Accident/Incident report.
- 4.4 The Accident/Incident report will be recorded in the Accident/Incident Register List by the Principal or the International Student Coordinator and presented to Executive Management Team (EMT) after a major incident.
- 4.5 **Follow-up and evaluation** – For severe accidents/incidents, the EMT will establish 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.

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

ACCIDENT DESCRIPTION

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

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

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

STAFF ON DUTY

Name

INJURED PERSON

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

INITIAL ASSISTANCE BY PERSON

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

SEVERITY OF INJURY

INJURY:	1. First Aid (Returned to Class)	4. Hospital (Outpatient) Treatment
	2. First Aid (Sent Home)	5. Hospital (Inpatient) Treatment
	3. Doctor or Dental 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 (<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
----------	--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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	

Please submit completed form to the Principal via reception or email: info@oxford.edu.au