

ASD Class – Health & Safety: Recording & Reporting of Accidents/Incidents

current

Aims & Objectives.

The aim of this document is to increase knowledge, and enhance skills in the recording and reporting of accidents and incidents that occur in the ASD class.

A separate recording and reporting system has been put in place to ensure effective communication to all relevant parties of all accidents and incidents that occur. Please also see our school health and safety policy and our medical policy.

Procedure.

There are two different Accident/Incident Report forms.

- Accidents or Incidents involving students (See attached Appendix A) – To be filled out if the harmed/injured person is a student
 - Accidents or Incidents involving staff (See attached Appendix B) – To be filled out if the harmed/injured person is a staff member.
1. The staff member should fill out the appropriate form as close to the accident/incident occurring as possible.
 2. The form must be signed by a witness
 3. If the harmed/injured person has sustained any sort of injury (bump/bang/mark) on their head/face area, a call should be made to the school secretary to notify the child's parents immediately.
 4. Two copies of the Accident/Incident Report form are made, one is kept on file, and one is sent home in the child's school bag.
 5. When the incident involves two children, a copy of the Accident/Incident form is only sent to the harmed/injured child's parents. The child who has caused the injury/harm must **not** be named in the Accident/Incident Report.

Examples of what should be reported on an Accident/Incident Report form may include, but not be limited to;

- A child/ staff member being bitten
- A child/ staff member being hit/ kicked
- A child/ staff member falling/ tripping
- A child/ staff member having hair pulled
- A child/ staff member cutting themselves

Student Accident or Incident Record Form

Details:	
Date	
Time	
Location	
Name of Injured Student	
Description of Incident/Accident	
Description of Injuries	
Witness	
Actions Taken:	
First Aid (Give brief details)	
Call made to Parents (by who)	
Report to H&S officer	
Report to School Principal	
Additional Notes:	

Print and Signature of Person completing the form:

Print: _____

Signature: _____

Date: _____

Please make two copies of this report. One for the students' parents and one for school records

Staff Accident or Incident Record Form

Details:	
Date	
Time	
Location	
Name of Injured Staff	
Description of Incident/Accident	
Description of Injuries	
Witness	
Actions Taken:	
First Aid (Give brief details)	
Call made to Next of Kin (by who)	
Report to H&S officer	
Report to School Principal	
Additional Notes:	

Print and Signature of Person completing the form:

Print: _____

Signature: _____

Date: _____

Please make two copies of this report. One for the staff member and one for school records

