

Accident Reporting Policy

1. Introduction

The Requirements of Registration state: "All serious accidents and incidents must be reported to the Health and Safety Inspectorate, the nursery's insurance company and the Manager of Childcare Registration for the Minister's information". From October 2015, should a child, member of staff or member of the public have a notifiable accident on your premises please use the attached form.

As per ESC policy: In line with best practice, the **Department for Education, Sport & Culture (ESC)** requires schools and all other ESC sites to formally report notifiable accidents to the Department. (See below for a definition of a 'notifiable accident.')

Definitions

Notifiable Accidents

A notifiable accident is an incident which results in:

- death or major injury
- 24 hrs hospitalisation or
- More than three (3) days absence from school or work
- Accidents/incidents involving a staff member/child/contractor or a visitor (member of the public) (Lawful or unlawful) on any ESC controlled premises requiring an ambulance call out or treatment at the Accident and Emergency section of the hospital.

(Please note that a notifiable accident does not have to result in an injury to be notifiable and it may include an episode of an existing medical condition. It should still be reported if it meets the criteria above.)

4. Reporting notifiable accidents to the Department

All '**Notifiable**' Accidents (**See above definition**) resulting in personal injury **shall** be recorded on the Accident Record Form (see appendix). This form should be returned to the **Department of Education Sport & Culture** within 5 working days.

ACCIDENT RECORD

Use this form to report all notifiable accidents

A notifiable accident is one which results in:

- (Tick all that apply)
- | | |
|----------------------------------|--------------------------|
| Death or major injury | <input type="checkbox"/> |
| 24hr hospitalisation | <input type="checkbox"/> |
| More than 3 days off work/school | <input type="checkbox"/> |
| Ambulance call out | <input type="checkbox"/> |
| Visit to A&E | <input type="checkbox"/> |

Phone the Department on 449199 as well as completing this form

This applies to all accidents on the Department's premises or under the Department's supervision (including trips and visits) whether child, staff member or member of public.

About the person who had the accident

Name: _____ Date of birth: _____

CHILD STAFF PARENT YOUTH SOMEONE ELSE (Provide details below)

Setting or site where accident happened

Details of Accident

When did it happen? Date _____ Time _____

What happened?

Cause of Accident

- (Tick one box only)
- | | | | |
|---------------------------|--------------------------|---|--------------------------|
| Act of Violence | <input type="checkbox"/> | Contact with stationery object | <input type="checkbox"/> |
| Illness/Allergic Reaction | <input type="checkbox"/> | Injured while lifting/handling/carrying | <input type="checkbox"/> |
| Slip/Trip/Fall | <input type="checkbox"/> | Struck by moving object | <input type="checkbox"/> |

Category of Injury

- (Tick one box only)
- | | | | |
|----------------|--------------------------|-------------------------|--------------------------|
| Bite | <input type="checkbox"/> | Bumps & knock to head | <input type="checkbox"/> |
| Burns | <input type="checkbox"/> | Chest pains & seizures | <input type="checkbox"/> |
| Concussion | <input type="checkbox"/> | Cuts, Grazes & Bruising | <input type="checkbox"/> |
| Dislocation | <input type="checkbox"/> | Eye injury | <input type="checkbox"/> |
| Fracture/break | <input type="checkbox"/> | Mouth/Dental Injury | <input type="checkbox"/> |
| Nose bleed | <input type="checkbox"/> | Sprains and strains | <input type="checkbox"/> |
| None | <input type="checkbox"/> | | |

About the person filling in this form

PRINT NAME: _____ POSITION: _____

CONTACT NUMBER: _____

Sign _____