



مدرسة المتحدة الدولية
United School International
The Pearl Island جزيرة اللؤلؤة
an Orbital Education School



Accident Report Policy

United School International

Approved by:	Ian Evason, Executive Principal	Date: 29 th Aug 2025
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United School International
an Orbital Education School
The Pearl, Doha, Qatar

reception@unitedschool.qa | +974 4404 8301 | www.unitedschool.qa

CR No. 142027 | School Code: 31071

Accident Report Policy

Purpose: This policy outlines the procedure for reporting accidents and incidents that occur within the premises of United School International aiming to ensure the safety and well-being of students, staff, and visitors.

Reporting Procedure:

1. Immediate Response:

- In the event of an accident or incident, the nearest staff member or witness must provide immediate assistance to the injured party and ensure their safety.
- If necessary, call emergency services (e.g., ambulance, fire brigade) immediately.

2. Notify Supervisor or Designated Personnel:

- The staff member witnessing or responding to the accident/incident must inform their supervisor or designated personnel promptly.
- If the supervisor is unavailable, notify the designated backup personnel or the school administration.
- The gate security has to be informed that ambulance have been called.

3. Accident/Incident Report Form:

- Complete an accident / incident report form as soon as possible after the occurrence.
- Include detailed information such as the date, time, location, nature of the incident, individuals involved, and witnesses.
- Describe any injuries sustained and the actions taken to address the situation.

4. Medical Attention:

- Arrange for medical attention or first aid for the injured party, as necessary.
- Ensure that a trained first aider or medical professional attends to the injured individual promptly.

5. Document and File:

- Submit the completed accident / incident report form to the Lead Nurse.
- File a copy of the report in the school records (held with the nurse) for documentation and future reference.

Follow-Up Actions:

1. Investigation:

- Member of SLT to conduct a thorough investigation into the circumstances surrounding the accident or incident to identify contributing factors and prevent recurrence.

- Involve relevant stakeholders, such as supervisors, health and safety officers (where appropriate, the Regional Head of Schools/ RHoS), and witnesses, in the investigation process. A copy of the report must be shared with the Executive Principal, Head of Operations and the RHoS.

2. Corrective Measures:

- Implement corrective measures or safety improvements based on the findings of the investigation to mitigate risks and enhance safety protocols.
- Communicate any changes or updates to relevant staff members and stakeholders.

3. Support and Follow-Up:

- Provide necessary support and follow-up to the individuals involved in the accident or incident, including medical assistance, counseling, or any other required services.
- Monitor the progress of any injured parties and ensure they receive appropriate care and attention.

Review and Evaluation:

1. Regular Review:

- The Head of Operations will periodically review accident / incident reports to identify trends, patterns, or areas of concern. A report on the findings will be submitted to the Executive Principal and the RHoS.
- Accidents to be reviewed during termly H & S committee meeting.
- Use this information to enhance safety procedures, training programs, and risk mitigation strategies.
- This policy will be reviewed by the Principal annually.

2. Continuous Improvement:

- Continuously improve the accident reporting and response process based on feedback, lessons learned, and best practices.
- Encourage staff members to provide input and suggestions for improving safety protocols and procedures.

By adhering to this Accident Report Policy, United School International aims to maintain a safe and secure environment for all individuals within its premises and promote the well-being of its community members.



Accident / Incident Report Form

About the person who was involved in the incident:

Injured person: Participant Visitor Staff Contractor

Full name: _____ D:O:B: __/__/____

Gender: M F

Contact number: _____

Contact email address: _____

About the person completing the form:

Full name of person completing this form: _____

Contact number: _____

About the person/s who witnessed the incident:

Name of witness: _____

Contact number: _____

Incident details:

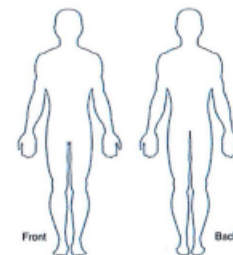
Date of incident: __/__/____

Time of incident: __: __ (24 hour format)

Swimming pool facility: _____

Exact location of incident at facility: _____

Session type: _____



Description of incident:

How did the incident happen?

How many other participants were in the casualty's session at the time of the incident? _____

Accident / Incident Report Form - USI

What action was taken to ensure the safety of the other participants?

Description of the injury or illness sustained (signs, symptoms and condition of the casualty)

First Aid details:

Was First Aid: Accepted Refused

Was the person referred to hospital? Yes No

Description of the treatment given (what did you do?)

Action Details

Time Health and Safety representative/ Deputy contacted: __ : __

Remedial Action (e.g. action taken to reduce the risk)

Date parent was contacted after the incident: __ / __ / ____

What was the outcome of the contact?

First Aider/ Staff Signature: Date:

Participant/ Parent/ Guardian Signature: Date:

Health and Safety Representative Signature: Date: