

# ACCIDENT & INCIDENT NOTIFICATION POLICY

At all times the school will adhere to the DET guidelines. Refer to : [DET Accident Recording and Reporting \[http://www.education.vic.gov.au/school/principals/spag/governance/pages/recordin g.aspx\]\(http://www.education.vic.gov.au/school/principals/spag/governance/pages/recordin\_g.aspx\)](http://www.education.vic.gov.au/school/principals/spag/governance/pages/recordin_g.aspx)

## **When an accident / incident occurs the following is to be undertaken by staff on hand :**

1. First aid action is to be taken as required. Send a reliable student if necessary to the office to seek trained first aid assistance and administration assistance.
2. Seek assistance from nearby staff if necessary.
3. Any serious accident or incident is to be reported immediately to school administration.
4. All accidents and Incidents are to be reported as soon as possible to the college office and required documentation completed.

## **NOTES :**

All Accidents and Incidents involving injury are also to be entered online in the injury management system on CASES/CASES21 (Appendix 1)

Incidents to staff may also be notifiable under workSafe. All incidents involving staff must be reported to administration.

See Appendix 1

## APPENDIX 1



### CASES21 INCIDENT NOTIFICATION FORM

|                       |                |
|-----------------------|----------------|
| School Name/Location: | School Number: |
|-----------------------|----------------|

#### BRIEF ACCOUNT OF INJURY

|                      |                |
|----------------------|----------------|
| Details of Incident: |                |
|                      |                |
|                      |                |
| Accident Date:       | Accident Time: |

#### ACTIVITY (GENERAL & DETAILED)

|  |   |  |
|--|---|--|
| 1. Chemical Use<br>2. Manual Handling, Lifting<br>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)<br>5. Machinery Use ( <i>Hand tools, Portable Power Tools, Other Machines</i> )<br>6. Using Office Equipment<br>7. Curriculum Area ( <i>Arts Science, Technology studies, PE, Home Economics, Other</i> ) | 8. Fighting/Assault<br>9. Play General<br>10. Walking<br>11. Running, Jumping, Skipping<br>12. Accidental Contact by other Person<br>13. Other (Specify) _____<br>_____<br>_____ |
|--|---|--|

#### ACCIDENT DESCRIPTION

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

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

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

#### STAFF ON DUTY

|                                |
|--------------------------------|
| Name _____                     |
| Number of Staff on Duty: _____ |

#### INJURED PERSON

|  |       |            |
|--|-------|------------|
| Type: Student    Staff    Family    Others | Name: |            |
| ID (If Applicable):                        |       |            |
| Date of Birth:                             | Age:  | Gender:    |
| Address:                                   |       | Telephone: |

|  |                         |
|--|-------------------------|
| <b>If Applicable</b> Date of Ceasing Work: | WorkCover Claim Lodged: |
|--|-------------------------|

**INITIAL ASSISTANCE BY PERSON**

|  |       |
|--|-------|
| Type: Student Staff Family Others<br>ID (If Applicable): | Name: |
|--|-------|

**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. <b>Fatal</b>                    |

**DOCTOR TREATED PATIENT FOR (If Applicable)**

|            |  |   |
|------------|--|---|
| TREATMENT: | 1. Amputation of any part of the body                                | 7. The Loss of a bodily function  |
|            | 2. Serious Head Injury   | 8. Serious lacerations (serious means “of Grave Aspect” or “Critical”)      |
|            | 3. Serious Eye Injury  | 9. Injury due to exposure to a substance (eg Gas Inhalation, Acid Exposure) |
|            | 4. Separation of skin from underlying tissue (eg Degloving/Scalping) | 10. Other (Specify) -----   |
|            | 5. Electric Shock  | -----   |
|            | 6. Spinal Injury   | -----   |

**NATURE OF INJURY**

|         |                    |                          |
|---------|--------------------|--------------------------|
| NATURE: | 1. Fracture        | 5. Crushing/Amputations  |
|         | 2. Dislocation     | 7. Bruises/Knocks        |
|         | 3. Strains/Sprains | 8. Dental Injuries       |
|         | 4. Lacerations/Cut | 9. Other (Specify) ----- |
|         | 5. Burns/Scalds    | -----                    |

**LOCATION OF INJURY**

|          |  |  |
|----------|--|--|
| LOCATION | 1. Head ( <i>Skull, Face, Jaws, Ears</i> )                 | 5. Arm ( <i>Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb</i> ) |
|          | 2. Eyes  | 6. Leg ( <i>Hip, Thigh, Knee, Ankle, Foot, Toes</i> )                  |
|          | 3. Neck  | 7. Internal  |
|          | 4. Trunk ( <i>Chest, Abdomen, Buttock, pelvis, Spine</i> ) | 8. Multiple locations  |
|          |  | 9. Ear   |

**WITNESS DETAILS (Provide attachment if multiple witnesses)**

|                    |  |
|--------------------|--|
| Name:              | Type: Student Staff Family Others<br>ID (If Applicable): |
| Address:           | Telephone:   |
| Witness Statement: |  |
| -----              |  |
| -----              |  |

**PREVENTIVE ACTION PROPOSED OR TAKEN (For Staff members or Severe Accidents)**

|   |   |
|---|---|
| 1. No Preventative Action Taken/Intended                            | 8. Review Personal Protective Clothing/Item   |
| 2. Referred to the School's Safety/OHS or Risk Management Committee | 9. Review Equipment/Machinery Modifications   |
| 3. Referred to the School's Health and Safety Representative        | 10. Review Equipment/Machinery Maintenance  |
| 4. Review of Curriculum   | 11. Review/Reinforce/Reiterate Student Instructions                                   |
| 5. Review/Reinforce/Reiterate Procedures                            | 12. Review Training Provisions  |
| 6. Review Systems   | 13. Other (Please first contact the Liability Claims Management Unit - Specify) _____ |
| 7. Review the Environment   | _____   |

**OFFICE USE ONLY – ENTRY TO CASES21**

|                |                    |
|----------------|--------------------|
| Staff Initial: | Principal Initial: |
|----------------|--------------------|

Date \_\_\_/\_\_\_/\_\_\_ Signature of Princ This policy will be reviewed as part of the school's three-year review cycle.

|  |                     |
|--|---------------------|
| This policy was last ratified by School Council on.... | <b>August, 2015</b> |
|--|---------------------|