

ACCIDENTS AND INCIDENTS REPORTING POLICY

Purpose

To ensure all accidents/incidents are reported and documented in accordance with Department Education & Early Childhood Development Guidelines/Policy

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 school office and a CASES 21 Incident Notification Form be completed and given to the office in a timely manner.

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 : p. 2

APPENDIX 1**CASES21 INCIDENT NOTIFICATION FORM**

School Name/Location:	School Number:
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BRIEF ACCOUNT OF INJURY

Details of Incident:	
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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 _____
Number of Staff on Duty:

INJURED PERSON

Type: Student Staff Family Others	Name:	
ID (If Applicable):		
Date of Birth:	Age:	Gender:
Address:		Telephone:
If Applicable Date of Ceasing Work:		WorkCover Claim Lodged:

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
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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	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	6. Crushing/Amputations
	2. Dislocation	7. Bruises/Knocks
	3. Strains/Sprains	8. Dental Injuries
	4. Lacerations/Cuts	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
	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:
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Date ____/____/____ Signature of Principal/Head Officer _____