

# ACCIDENT & INCIDENT REPORTING

## POLICY

At all times the Underbool Primary School will adhere to the DET guidelines.

Refer to : [DEECD 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)

### **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 Principal to seek trained first aid assistance.
2. Seek assistance from nearby staff if necessary.
3. Any serious accident or incident is to be reported immediately to the Principal.
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 : p. 2

**APPENDIX 1**



**CASES21 INCIDENT NOTIFICATION FORM**

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

Details of Incident: _____ _____	
Accident Date:	Accident Time:

**ACTIVITY (GENERAL & DETAILED)**

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

1. Slip 2. Trip 3. Fall 4. Overexertion	5. Mental Stress 6. Collision 7. Crushing 8. Hit by Moving Object	9. Other (Specify) _____ _____ _____
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**ACCIDENT SITE (Indicate CAMPUS, if more than one CAMPUS)**

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

Name _____
Number of Staff on Duty:

**INJURED PERSON**

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

**INITIAL ASSISTANCE BY PERSON**

Type: Student Staff Family Others ID (If Applicable):	Name:
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**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	<b>6. 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	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:

Date \_\_\_/\_\_\_/\_\_\_ Signature of Principal/Head Officer \_\_\_\_\_

This policy will be reviewed as part of the school's three-year review cycle.

This policy was last ratified by School Council on....

**March 2015**

References: