



# ACCIDENT AND INCIDENTS REPORTING POLICY

## **Purpose:**

At all times Eaglehawk North Primary School will adhere to the DET guidelines as referenced through DET Accident Recording and Reporting for any accidents and incidents that occur at the school.

## **Guidelines for Implementation:**

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

1. First aid actions is to be taken as required. Send a reliable student if necessary to the office to seek a 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 the required documentation completed.

## **NOTES:**

All accidents and incidents are recorded on our accident register. Where incidents require hospital visits or broken bones, they will be entered online in the injury management system on CASES 21 (Appendix 1) WorkSafe will be notified.

Incidents/accidents to staff may also be notifiable under WorkSafe. All incidents involving staff must be reported to administrations.

See Appendix 1: page 2

## **Resources:**

DET guidelines

<http://www.education.vic.gov.au/school/principals/spag/management/pages/reporting.aspx>

**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):		
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 ID (If Applicable):	Name:
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**SEVERITY OF INJURY**

INJURY:	1. First Aid (Returned to Class) 2. First Aid (Sent Home) 3. Doctor or Dental Treatment	4. Hospital (Outpatient) Treatment 5. Hospital (Inpatient) Treatment 6. Fatal
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**DOCTOR TREATED PATIENT FOR (If Applicable)**

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

NATURE:	1. Fracture 2. Dislocation 3. Strains/Sprains 4. Lacerations/Cuts 5. Burns/Scalds	6. Crushing/Amputations 7. Bruises/Knocks 8. Dental Injuries 9. Other (Specify) _____ _____
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**LOCATION OF INJURY**

LOCATION	1. Head ( <i>Skull, Face, Jaws, Ears</i> ) 2. Eyes 3. Neck 4. Trunk ( <i>Chest, Abdomen, Buttock, pelvis, Spine</i> )	5. Arm ( <i>Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb</i> ) 6. Leg ( <i>Hip, Thigh, Knee, Ankle, Foot, Toes</i> ) 7. Internal 8. Multiple locations 9. Ear
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**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 2. Referred to the School’s Safety/OHS or Risk Management Committee 3. Referred to the School’s Health and Safety Representative 4. Review of Curriculum 5. Review/Reinforce/Reiterate Procedures 6. Review Systems 7. Review the Environment	8. Review Personal Protective Clothing/Item 9. Review Equipment/Machinery Modifications 10. Review Equipment/Machinery Maintenance 11. Review/Reinforce/Reiterate Student Instructions 12. Review Training Provisions 13. Other (Please first contact the Liability Claims Management Unit - Specify) _____ _____
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