



YEA PRIMARY

Accidents and Incidents Reporting 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/principals/spag/governance/pages/recording.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 administration.**
4. **All accidents and Incidents are to be reported as soon as possible to the school office and required documentation completed.**
5. **Original report and hardcopy of Cases21 report / Sentral Report to be filed in the Accident and Incident Log**

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



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APPENDIX 1



Department of
Education & Training

CASES21 INCIDENT NOTIFICATION FORM

Name/Location:	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	

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:



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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. <i>Fatal</i>
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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: _____	



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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 's Safety/OHS or Risk Management Committee	9. Review Equipment/Machinery Modifications
3. Referred to the '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:	<i>Principal Initial:</i>
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Date ___/___/___ Signature



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Date Implemented	31/7/2017
Author	F Joseph
Approved By	Council
Approval Authority	31/7/2017
Council President	Sign _____ Date _____ Amanda Jolly
Principle	Sign _____ Date _____ Deborah George
Date Reviewed	31/7/2017
Responsible for Review	D George
Review cycle	Annual
Review Date	2018 or after an accident or incident
References	