GLEN HUNTLY PRIMARY SCHOOL

**NO. 3703**

 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/school/principals/spag/governance/pages/recording.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%20g.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 member of staff not on yard duty, a reliable student or call the office, if necessary to the office or West site staffroom to seek a Level 2 trained first aid assistance and administration assistance.
2. Seek other 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 required documentation completed.

NOTES ;

All accidents and incidents involving injury (Emergency response/serious incident) 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.

This policy is to be read and implemented in conjunction with the school’s Student Health and First Aid policy. A relevant extract from this policy is as follows:

**TEACHER OBLIGATIONS and REQUIREMENTS**

The teacher who is made aware of and attends/witnesses the incident/accident is responsible for:

* Entering full details onto an ‘Accident Report’ sheet (CASES 21 Incident Notification Form) – found in folder in the Sick Bay on the East site and in the staffroom on the West site
* Calling a Level 2 trained First Aid staff member (First Aid officer) if required, to assess the situation and administer any appropriate treatment. Several staff have current Level 2 First Aid training and there will be at least one member of staff present on each site of the school with these qualifications.
* Contacting the parents/emergency contact as soon as possible if the student needs to be sent home or if further medical attention is determined to be required (Emergency Response)

See Appendix 1 : p. 2

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
2. Manual Handling, Lifting
3. Sports/Physical Education (*Athletics, Basketball, Cricket, Football-All Codes, Skating, Baseball, Gymnastics, Ball Games not Specified, Other Sports*)
 | 1. Vehicle Use (Car, Bicycle, Bus, Other)
2. Machinery Use (*Hand tools, Portable Power Tools, Other Machines)*
3. Using Office Equipment
4. Curriculum Area (*Arts Science, Technology studies, PE, Home Economics, Other*)
 | 1. Fighting/Assault
2. Play General
3. Walking
4. Running, Jumping, Skipping
5. Accidental Contact by other Person
6. Other (Specify) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
 |

# ACCIDENT DESCRIPTION

|  |  |  |
| --- | --- | --- |
| * 1. Slip
	2. Trip
	3. Fall
	4. Overexertion
 | * 1. Mental Stress
	2. Collision
	3. Crushing
	4. Hit by Moving Object
 | * 1. Other (Specify) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
 |

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

|  |  |  |
| --- | --- | --- |
| 1. Sports Ground/Venue
2. Playground General
3. Playground Equipment
4. Classroom General
5. Chairs
 | 1. Doors/Windows
2. Stairs/Steps
3. Paths/Walkways
4. Office Administration
5. Travel to / from School
 | 1. Camp/Excursions
2. Other (Specify)

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

# STAFF ON DUTY

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of Staff on Duty:  |

# INJURED PERSON

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

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

# SEVERITY OF INJURY

|  |  |  |
| --- | --- | --- |
| INJURY: | 1. First Aid (Returned to Class)
2. First Aid (Sent Home)
3. Doctor or Dental Treatment
 | 1. Hospital (Outpatient) Treatment
2. Hospital (Inpatient) Treatment

Fatal |

# 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
 | 1. The Loss of a bodily function
2. Serious lacerations (serious means “of Grave Aspect” or “Critical”)
3. Injury due to exposure to a substance (eg Gas Inhalation, Acid Exposure)
4. Other (Specify) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
 |

# NATURE OF INJURY

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

# LOCATION OF INJURY

|  |  |  |
| --- | --- | --- |
| LOCATION | 1. Head (*Skull, Face, Jaws, Ears*)
2. Eyes
3. Neck
4. Trunk (*Chest, Abdomen, Buttock, pelvis, Spine*)
 | 1. Arm (*Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb*)
2. Leg (*Hip, Thigh, Knee, Ankle, Foot, Toes*)
3. Internal
4. Multiple locations
5. 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
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
 | 1. Review Personal Protective Clothing/Item
2. Review Equipment/Machinery Modifications
3. Review Equipment/Machinery Maintenance
4. Review/Reinforce/Reiterate Student Instructions
5. Review Training Provisions
6. Other (Please first contact the Liability Claims Management Unit - Specify) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_
 |

# OFFICE USE ONLY – ENTRY TO CASES21

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

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