



Mernda Primary School 0488

ACCIDENTS & 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/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 office to seek trained first aid assistance and administration assistance.
2. Seek assistance from nearby staff if necessary.
 - i. Any serious accident or incident is to be reported immediately to school administration.
 - ii. Student injuries of a serious nature to be reported to Worksafe within 48 hours and an online 'Incident Notification Form' completed.
3. DET Emergency & Security Management to be notified ASAP when a serious incident occurs -95896266
4. Edusafe to be used for all non-student incidents

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

EVALUATION

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

This policy was last ratified by School Council on 17/03/20

APPENDIX 1



CASES21 INCIDENT NOTIFICATION FORM

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

Details of Incident:	
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Accident Date:	Accident Time:

2 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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3 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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4 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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5 STAFF ON DUTY

Name _____
Number of Staff on Duty:

6 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:
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7 INITIAL ASSISTANCE BY PERSON

Type: Student Staff Family Others ID (If Applicable):	Name:
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8 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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9 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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10 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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11 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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12 WITNESS DETAILS (Provide attachment if multiple witnesses)

Name:	Type: Student Staff Family Others ID (If Applicable):
Address:	Telephone:
Witness Statement: _____ _____	

13 PREVENTIVE ACTION PROPOSED OR TAKEN (For Staff members or Severe Accidents)

<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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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14 OFFICE USE ONLY – ENTRY TO CASES21

Staff Initial:	14.1.1.1 Principal Initial:
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14.1.2 **Date** ___/___/___

Signature of Principal/Head Officer
