

## ACCIDENT REPORTING POLICY

### Aim

To ensure consistency and accuracy in managing and recording accidents at school.  
At all times the school will adhere to the Victorian Department of Education's guidelines.  
Accidents and incidents involving staff, visitors and students may be notifiable under WorkSafe practices.

### Implementation

When an accident or incident occurs, the following actions are to be undertaken by staff as soon as practicable:

1. Use First aid treatment as needed, according to the DRSABCD regime
  - a. Danger
  - b. Response
  - c. Send for help
  - d. Airways
  - e. Breathing
  - f. Compressions - Cardio-pulmonary resuscitation (CPR)
  - g. Defibrillation
2. Contact the office to seek additional first aid assistance and administration assistance, if necessary.
3. All accidents and incidents involving staff, visitors and students must be reported to administration as soon as possible.
4. The Illness/Injury/Parent Notification Register (located in the First Aid room at school, and with the First Aid kit on excursions and camps) is to be completed and a copy of the notification sent home (usually with the child) in order to inform parents and/or guardians of the nature of an illness, injury or incident, and of the treatment or attention given.
5. Parents are to be notified of a serious accident, injury or illness as soon as possible.
6. Any accident or injury involving the head, necessitates parent notification at the earliest opportunity, regardless of the severity.
7. All accidents and incidents involving significant injury are to be entered online in the Injury Management System on CASES21 (the CASES21 Incident Notification Form - **Appendix1**).
8. Following Victorian Department of Education guidelines for the reporting of accidents at work, such events will be recorded as necessary on the Victorian Department of Education's website:

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

### Appendix

CASES21 Incident Notification Form

### Evaluation

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

### CASES21 INCIDENT NOTIFICATION FORM

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

Details of Incident: <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/>
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Accident Date:	Accident Time:
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**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:
<b>If Applicable</b> Date of Ceasing Work:	WorkCover Claim Lodged:	

**INITIAL ASSISTANCE BY PERSON**

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

**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: _____ _____	

**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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**OFFICE USE ONLY – ENTRY TO CASES21**

Staff Initial:	<i>Principal Initial:</i>
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Date \_\_\_/\_\_\_/\_\_\_

Signature of Principal/Head Officer

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