ACCIDENTS & INCIDENTS NOTIFICATION POLICY

This policy has been developed by members of School Council.

Date written: Mar 2015  
School Council Ratified: Nov 2015  
Date reviewed: 2015  
Next review: 2018

PURPOSE

• The Accidents and Incidents Policy is to ensure the correct procedures are followed if an incident occurs and to provide a safe and secure environment for all staff, students and community members.

• All Accidents and Incidents involving injury are also to be entered online in the injury management system on CASES/CASES21 (Appendix 1).

• Incidents involving staff may also be notifiable under Edusafe.

• All incidents involving staff must be reported to administration.

IMPLEMENTATION

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. Use phone or walkie-talkie communication or 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 school administration.

All accidents and Incidents are to be reported as soon as possible to the school's office and required documentation completed.

EVALUATION AND REVIEW

The Rosanna Primary School Accidents & Incidents Notification Policy will be reviewed as per School Council Policy.
School Council will evaluate its relevance in line with DET guidelines and community expectations as represented by parent members on School Council.
REFERENCES


RELATED DOCUMENTS

Policy

Student Engagement and Well Being Policy

First Aid Policy

APPENDICES

Appendix 1 - Cases21 Incident Notification Form

This document can be found at:
USER/Policies/Ratified Policies
ACCIDENTS & INCIDENTS NOTIFICATION POLICY

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)
4. Vehicle Use (Car, Bicycle, Bus, Other)
5. Machinery Use (Hand tools, Portable Power Tools, Other Machines)
6. Using Office Equipment
7. Curriculum Area (Arts, Science, Technology studies, PE, Home Economics, Other)
8. Fighting/Assault
9. Play General
10. Walking
11. Running, Jumping, Skipping
12. Accidental Contact by other Person
13. Other (Specify) __________

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) __________

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)

STAFF ON DUTY

Name: ____________________________
Number of Staff on Duty: ____________________________

INJURED PERSON

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

Date of Birth: ____________________________  Age: ____________________________
Gender: ____________________________

Address: ____________________________
Telephone: ____________________________

If Applicable  Date of Ceasing Work: ____________________________
Work Cover Claim Lodged: ____________________________
# Accidents & Incidents Notification Policy

## Initial Assistance by Person

<table>
<thead>
<tr>
<th>Type:</th>
<th>Student</th>
<th>Staff</th>
<th>Family</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID (If Applicable):</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## 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 |

## Doctor Treated Patient For (If Applicable)


## Nature of Injury


## Location of Injury


## Witness Details (Provide attachment if multiple witnesses)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Type: Student</th>
<th>Staff</th>
<th>Family</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID (If Applicable):</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
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<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
<td></td>
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<tr>
<td>Witness Statement:</td>
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</tbody>
</table>

## 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
13. Other (Please first contact the Liability Claims Management Unit - Specify)

## Office Use Only - Entry to Cases21

<table>
<thead>
<tr>
<th>Staff Initial:</th>
<th>Principal Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date___/_<strong>/</strong>__</td>
<td>Signature of Principal/Head Officer ______________________</td>
</tr>
</tbody>
</table>

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