



ACCIDENTS & INCIDENTS NOTIFICATION POLICY

This policy has been developed by members of School Council.

Date written:	Mar 2015	Date reviewed:	2015
School Council Ratified:	Nov 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

DET Guidelines - [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>

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

APPENDIX 1



CASES21 INCIDENT NOTIFICATION FORM

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

Details of Incident:

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:
If Applicable Date of Ceasing Work:		Work Cover Claim Lodged:

ACCIDENTS & INCIDENTS NOTIFICATION POLICY

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. Fatal
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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 5. (eg De gloving/Scalping) 6. Electric Shock 7. Spinal Injury	8. The Loss of a bodily function 9. Serious lacerations (serious means "of Grave Aspect" or "Critical") 10. Injury due to exposure to a substance (eg Gas Inhalation, Acid Exposure) 11. 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:	Principal Initial:
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Date ___/___/___ Signature of Principal/Head Officer _____