



ACCIDENTS, INCIDENTS & FIRST AID REPORTING POLICY

To be read in conjunction with DEECD Guidelines

Refer to: [DET Accident Recording and Reporting](#)

http://www.education.vic.gov.au/school/principals/spag/governance/pages/recordin_g.aspx

Rationale:

An accident is an unplanned, uncontrolled event, which causes, or could cause injury, damage or loss. In most cases accidents can be avoided and it is our intentions to prevent as many as possible.

Aims:

To have clear processes for responding to and reporting accidents, incidents and emergencies.

Definitions:

An accident is an event that happens unexpectedly; without a deliberate plan or cause and that results in an injury that is in no way the fault of the injured person.

An incident is any event that poses a risk to or impacts the safety of a student, parent, visitor or staff member or threat to property or the environment.

Implementation:

We aim to reduce the risk of accidents by:

- Making risk assessments for as many foreseeable risks as possible. By doing risk assessments we can identify hazards and look at how we can eliminate or reduce the risk. These include risk management as part of occupation health and safety procedures and risk assessment as part of preparation for camps and use of learning spaces such as the science room.
- The premises are regularly checked and used properly as part of occupational health and safety requirements.
- Staff and to some extent the children, are aware of hazards I.e. putting toys away tidily etc.
- Staff and children are encouraged to care about their environment and their colleagues.
- Staff identify and report hazards and risks and encourage children to do the same.
- An occupational health and safety (OHS) officer is appointed to oversee all health and safety issues.

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.
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 MPPS office and required documentation completed.
5. The Principal will follow DEECD guidelines including the Hazard/Incident Reporting and Investigation Procedure.

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 through the DET EduSafe Online Website. All incidents involving staff must be reported to administration.

See Appendix 1: p. 3

Evaluation:

This policy will be evaluated on a 3 year review cycle.

Key Person responsible for development of the Accidents and Incidents Reporting Policy: Principal

This policy was last ratified by School Council in....	March 2014
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APPENDIX 1

CASES21 INCIDENT NOTIFICATION FORM

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

Details of Incident:	
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Accident Date:	Accident Time:

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 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:
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SEVERITY OF INJURY

INJURY:	1. First Aid (Returned to Class)	4. Hospital (Outpatient) Treatment
	2. First Aid (Sent Home)	5. Hospital (Inpatient) Treatment
	3. Doctor or Dental Treatment	6. Fatal

DOCTOR TREATED PATIENT FOR (If Applicable)

TREATMENT:	1. Amputation of any part of the body	7. The Loss of a bodily function
	2. Serious Head Injury	8. Serious lacerations (serious means "of Grave Aspect" or "Critical")
	3. Serious Eye Injury	9. Injury due to exposure to a substance (eg Gas Inhalation, Acid Exposure)
	4. Separation of skin from underlying tissue (eg Degloving/Scalping)	10. Other (Specify) _____
	5. Electric Shock	_____
	6. Spinal Injury	_____

NATURE OF INJURY

NATURE:	1. Fracture	6. Crushing/Amputations
	2. Dislocation	7. Bruises/Knocks
	3. Strains/Sprains	8. Dental Injuries
	4. Lacerations/Cuts	9. Other (Specify) _____
	5. Burns/Scalds	_____

LOCATION OF INJURY

LOCATION	1. Head (<i>Skull, Face, Jaws, Ears</i>)	5. Arm (<i>Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb</i>)
	2. Eyes	6. Leg (<i>Hip, Thigh, Knee, Ankle, Foot, Toes</i>)
	3. Neck	7. Internal
	4. Trunk (<i>Chest, Abdomen, Buttock, pelvis, Spine</i>)	8. Multiple locations
		9. 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	8. Review Personal Protective Clothing/Item
2. Referred to the School's Safety/OHS or Risk Management Committee	9. Review Equipment/Machinery Modifications
3. Referred to the School's Health and Safety Representative	10. Review Equipment/Machinery Maintenance
4. Review of Curriculum	11. Review/Reinforce/Reiterate Student Instructions
5. Review/Reinforce/Reiterate Procedures	12. Review Training Provisions
6. Review Systems	13. Other (Please first contact the Liability Claims Management Unit - Specify) _____
7. Review the Environment	_____

OFFICE USE ONLY – ENTRY TO CASES21

Staff Initial:	<i>Principal Initial:</i>
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Date ___/___/___

Signature of Principal/Head Officer _____