

## ACCIDENTS & INCIDENTS REPORTING POLICY

### RATIONALE

At all times Thomastown Secondary College will adhere to the DET guidelines.

*Refer to:*

[DET Accident Recording and Reporting](http://www.education.vic.gov.au/school/principals/spag/governance/pages/recording.aspx)

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**When an accident / incident occur the following is to be undertaken by staff on hand:**

- First aid action is to be taken as required. Ring office/Send a reliable student if necessary to the office to seek trained first aid assistance and administration assistance.
- Seek assistance from nearby staff if necessary.
- Any serious accident or incident is to be reported immediately to school administration and ambulance rung if required.
- All accidents and Incidents are to be reported as soon as possible on the day to the School office and required documentation completed.

### 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

### RELATED POLICIES AND RESOURCES

DET Accident Recording and Reporting

<http://www.education.vic.gov.au/school/principals/spag/governance/pages/recording.aspx>

### REVIEW PERIOD

This policy was last updated on 2/7/19 and is scheduled for review on July 2020.

# 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:

### 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) 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 (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:	Principal Initial:
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Date \_\_\_/\_\_\_/\_\_\_ Signature of Principal/Head Officer \_\_\_\_\_