



# ACCIDENTS AND INCIDENTS REPORTING POLICY

At all times Abbotsford Primary School will adhere to the DET guidelines.

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

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

## **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 serious accidents and Incidents are to be reported as soon as possible 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 A)

Incidents to staff may also be notifiable under WorkSafe. All incidents involving staff must be reported to administration.

See Appendix A: p. 2- 4

## **Evaluation**

This policy was ratified by School Council in September, 2016

This policy will be reviewed as part of the school's four-year review cycle.

## APPENDIX A



Department of  
Education & Training

### CASES21 INCIDENT NOTIFICATION FORM

School Name/Location: Abbotsford Primary School	School Number: 1886
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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	4. Vehicle Use (Car, Bicycle, Bus, Other)	8. Fighting/Assault
2. Manual Handling, Lifting	5. Machinery Use ( <i>Hand tools, Portable Power Tools, Other Machines</i> )	9. Play General
3. Sports/Physical Education ( <i>Athletics, Basketball, Cricket, Football-All Codes, Skating, Baseball, Gymnastics, Ball Games not Specified, Other Sports</i> )	6. Using Office Equipment	10. Walking
	7. Curriculum Area ( <i>Arts Science, Technology studies, PE, Home Economics, Other</i> )	11. Running, Jumping, Skipping
		12. Accidental Contact by other Person
		13. Other (Specify):

#### ACCIDENT DESCRIPTION

1. Slip	5. Mental Stress	9. Other (Specify):
2. Trip	6. Collision	
3. Fall	7. Crushing	
4. Overexertion	8. Hit by Moving Object	

#### ACCIDENT SITE (Indicate CAMPUS, if more than one CAMPUS)

1. Sports Ground/Venue	6. Doors/Windows	11. Camp/Excursions
2. Playground General	7. Stairs/Steps	12. Other (Specify):
3. Playground Equipment	8. Paths/Walkways	
4. Classroom General	9. Office Administration	
5. Chairs	10. Travel to / from School	

#### STAFF ON DUTY

Name
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Number of Staff on Duty:

### INJURED PERSON

Type: Student Staff Family Others ID (If Applicable):	Name:	
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 ID (If Applicable):	Name:
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### SEVERITY OF INJURY

INJURY:	<ol style="list-style-type: none"> <li>1. First Aid (Returned to Class)</li> <li>2. First Aid (Sent Home)</li> <li>3. Doctor or Dental Treatment</li> </ol>	<ol style="list-style-type: none"> <li>4. Hospital (Outpatient) Treatment</li> <li>5. Hospital (Inpatient) Treatment</li> <li>6. Fatal</li> </ol>
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### DOCTOR TREATED PATIENT FOR (If Applicable)

TREATMENT:	<ol style="list-style-type: none"> <li>1. Amputation of any part of the body</li> <li>2. Serious Head Injury</li> <li>3. Serious Eye Injury</li> <li>4. Separation of skin from underlying tissue (e.g. De-gloving/Scalping)</li> <li>5. Electric Shock</li> <li>6. Spinal Injury</li> </ol>	<ol style="list-style-type: none"> <li>7. The Loss of a bodily function</li> <li>8. Serious lacerations (serious means "of Grave Aspect" or "Critical")</li> <li>9. Injury due to exposure to a substance (e.g. Gas Inhalation, Acid Exposure)</li> <li>10. Other (Specify):</li> </ol>
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### NATURE OF INJURY

NATURE:	<ol style="list-style-type: none"> <li>1. Fracture</li> <li>2. Dislocation</li> <li>3. Strains/Sprains</li> <li>4. Lacerations/Cuts</li> <li>5. Burns/Scalds</li> </ol>	<ol style="list-style-type: none"> <li>6. Crushing/Amputations</li> <li>7. Bruises/Knocks</li> <li>8. Dental Injuries</li> <li>9. Other (Specify):</li> </ol>
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### LOCATION OF INJURY

LOCATION	<ol style="list-style-type: none"> <li>1. Head (<i>Skull, Face, Jaws, Ears</i>)</li> <li>2. Eyes</li> <li>3. Neck</li> <li>4. Trunk (<i>Chest, Abdomen, Buttock, pelvis, Spine</i>)</li> </ol>	<ol style="list-style-type: none"> <li>5. Arm (<i>Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb</i>)</li> <li>6. Leg (<i>Hip, Thigh, Knee, Ankle, Foot, Toes</i>)</li> <li>7. Internal</li> <li>8. Multiple locations</li> <li>9. Ear</li> </ol>
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**WITNESS DETAILS (Provide attachment if multiple witnesses)**

Name:	Type: Student Staff Family Others ID (If Applicable):
Address:	Telephone:
Witness Statement:	
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**PREVENTIVE ACTION PROPOSED OR TAKEN (For Staff members or Severe Accidents)**

<ol style="list-style-type: none"> <li>1. No Preventative Action Taken/Intended</li> <li>2. Referred to the School's Safety/OHS or Risk Management Committee</li> <li>3. Referred to the School's Health and Safety Representative</li> <li>4. Review of Curriculum</li> <li>5. Review/Reinforce/Reiterate Procedures</li> <li>6. Review Systems</li> <li>7. Review the Environment</li> </ol>	<ol style="list-style-type: none"> <li>8. Review Personal Protective Clothing/Item</li> <li>9. Review Equipment/Machinery Modifications</li> <li>10. Review Equipment/Machinery Maintenance</li> <li>11. Review/Reinforce/Reiterate Student Instructions</li> <li>12. Review Training Provisions</li> <li>13. Other (Please first contact the Liability Claims Management Unit - Specify):</li> </ol>
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**OFFICE USE ONLY – ENTRY TO CASES21**

Staff Initial:	Principal Initial:
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Date \_\_\_/\_\_\_/\_\_\_      Signature of Principal/Head Officer \_\_\_\_\_