



Accident Incident Notification POLICY

Cape Clear Primary School

Cape Clear Primary School will adhere to the DET guidelines at all times. Refer to: DET Accident Recording and Reporting
<http://www.education.vic.gov.au/school/principals/spag/governance/pages/recording.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/ staff room 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 the school Principal.
4. All accidents and incidents are to be reported as soon as possible to the office and required documentation completed by the staff member involved with support from the Administration team.

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/EduSafe. All incidents involving staff must be reported to administration.

See Appendix 1 : p. 2

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 <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) _____ _____ _____
--	---	--

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	Name:	
ID (If Applicable):	Age:	Gender:
Date of Birth:	Telephone:	
Address:		
If Applicable Date of Ceasing Work:		WorkCover Claim Lodged:

INITIAL ASSISTANCE BY PERSON

Type: Student Staff Family Others	Name:
-----------------------------------	-------

ID (If Applicable):	
---------------------	--

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)

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) ----- -----
------------	---	---

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) ----- -----
---------	---	---

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
----------	--	---

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) ----- -----
--	---

OFFICE USE ONLY – ENTRY TO CASES21

Staff Initial:	Principal Initial:
----------------	--------------------

Date ___/___/___

Signature of Principal/Head Officer _____