

ACCIDENT REGISTER POLICY



Help for non-English speakers

If you need help to understand the information in this policy, please contact Statewide Vision Resource Centre

This Statewide Vision Resource Centre policy is available in braille hard copy and etext format from our administration upon request.

PREAMBLE

Documentation using a Department of Education (DE) template is a legal document that is used to communicate the relevant conditions associated with accidents that occur at the Statewide Vision Resource Centre.

PURPOSE

To ensure that accidents in the school grounds are registered appropriately.

GUIDELINES FOR IMPLEMENTATION

At all times, the Centre will adhere to the DE guidelines.

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 Centre administration.**
4. **All** accidents and incidents are to be reported as soon as possible to the Centre office and required documentation completed.

NOTES

All accidents and incidents involving injury are also to be entered online in the injury management system on Edu Safe (see [Appendix 1](#), p. 2)

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

PARENTS' ROLE

Parents will be informed of the policy and support it.

POLICY REVIEW AND APPROVAL

Policy last reviewed	Approved by	Next scheduled review date
November 2023	Principal	November 2024

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)

Please highlight:

- | | | |
|---|--|--|
| <ol style="list-style-type: none"> 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>) | <ol style="list-style-type: none"> 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>) | <ol style="list-style-type: none"> 8. Fighting/Assault 9. Play General 10. Walking 11. Running, Jumping, Skipping 12. Accidental Contact by another Person 13. Other (Specify) |
|---|--|--|

ACCIDENT DESCRIPTION

Please highlight:

- | | | |
|---|---|--|
| <ol style="list-style-type: none"> 1. Slip 2. Trip 3. Fall | <ol style="list-style-type: none"> 4. Overexertion 5. Mental Stress 6. Collision 7. Crushing 8. Hit by Moving Object | <ol style="list-style-type: none"> 9. Other (Specify) |
|---|---|--|

ACCIDENT SITE (Indicate campus)

Please highlight:

- | | | |
|---|---|--|
| <ol style="list-style-type: none"> 1. Sports Ground/Venue 2. Playground General 3. Playground Equipment 4. Chairs | <ol style="list-style-type: none"> 5. Classroom General 6. Doors/Windows 7. Stairs/Steps 8. Paths/Walkways 9. Office Administration 10. Travel to/from School | <ol style="list-style-type: none"> 11. Camp/Excursions 12. Other (Specify) |
|---|---|--|

STAFF ON DUTY

Name(s):

Number of Staff on Duty:

INJURED PERSON		
Type (please highlight): 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:
INITIAL ASSISTANCE BY PERSON		
Type (please highlight): Student Staff Family Others		Name:
ID (If Applicable):		
SEVERITY OF INJURY		
Please highlight:		4. Hospital (Outpatient) Treatment
1. First Aid (Returned to Class)		5. Hospital (Inpatient) Treatment
2. First Aid (Sent Home)		6. Fatal
3. Doctor or Dental Treatment		
DOCTOR TREATED PATIENT FOR (If Applicable)		
Please highlight:		7. The Loss of a bodily function
1. Amputation of any part of the body		8. Serious lacerations (serious means "of Grave Aspect" or "Critical")
2. Serious Head Injury		9. Injury due to exposure to a substance (e.g., Gas Inhalation, Acid Exposure)
3. Serious Eye Injury		10. Other (Specify)
4. Separation of skin from underlying tissue (e.g., Degloving/Scalping)		
5. Electric Shock		
6. Spinal Injury		
NATURE OF INJURY		
Please highlight:		6. Crushing/Amputations
1. Fracture		7. Bruises/Knocks
2. Dislocation		8. Dental Injuries
3. Strains/Sprains		9. Other (Specify)
4. Lacerations/Cuts		
5. Burns/Scalds		

LOCATION OF INJURY	
<p>Please highlight:</p> <ol style="list-style-type: none"> 1. Head (Skull, Face, Jaws, Ears) 2. Eyes 3. Neck 4. Trunk (Chest, Abdomen, Buttock, Pelvis, Spine) 5. Ear 	<ol style="list-style-type: none"> 6. Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb) 7. Leg (Hip, Thigh, Knee, Ankle, Foot, Toes) 8. Internal 9. Multiple locations
WITNESS DETAILS (Provide attachment if multiple witnesses)	
Name:	Type (please highlight): Student Staff Family Others ID (If Applicable):
Address:	Telephone:
Witness statement:	
PREVENTIVE ACTION PROPOSED OR TAKEN (For staff members or severe accidents)	
<p>Please highlight:</p> <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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:

Assistant Principal Initial:

Date:

Signature: