



Parkmore Primary School

Accidents and Incidents Reporting Policy

1. **Rationale:**

Parkmore Primary School is committed to dealing with accidents or incidents as they occur and keep accurate records in accordance with Department guidelines.

2. **Aims:**

Parkmore Primary School aims to:

2.1 Record all accidents and incidents appropriately according to Department of Education and Training (DET) guidelines.

3. **Implementation:**

3.1 Following accidents or incidents the Business Manager is to input relevant data on to injury management system on CASES/CASES21 (Appendix 1)

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

4. **Resources:**

4.1 Department Links

4.1.1 DET Accident Recording and Reporting

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

4.2 Appendices which are connected with this policy are:

4.2.1 Appendix A: CASES21 Incident Notification Form

5. **Evaluation:**

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

Review Date: 2018

This policy was last ratified by School Council in: **July 2015**



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Appendix A

CASES21 INCIDENT NOTIFICATION FORM

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

Details of Incident: _____

Activity (General & Detailed)

ACCIDENT DESCRIPTION

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 (Hand tools, Portable Power Tools, Other Machines) 6. Using Office Equipment 7. Curriculum Area (Arts Science, Technology studies, PE, Home Economics, Other)	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 SITE (Indicate CAMPUS, if more than one CAMPUS)

1. Sports Ground/Venue 2. Trip 3. Playground 4. Classroom General 5. Chairs 6. Overexertion 7. Equipment	5. Mental Stress 6. Collision 7. Crushing 8. Hit by Moving Object 9. Administration	6. Doors/Windows 7. Stairs/Steps 8. Paths/Walkways 9. Office Administration 10. Travel to / from School	10. (Specify) Excursions 11. (Specify) 12. Other (Specify) _____ _____ _____
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STAFF ON DUTY

Name _____
Number of Staff on Duty: _____



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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	Name:
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ID (If Applicable):	
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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



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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 (Skull, <i>Face, Jaws, Ears</i>) 2. Eyes 3. Neck 4. Trunk (Chest, <i>Abdomen, Buttock, pelvis, Spine</i>)	Arm (Shoulder, <i>Elbow, Forearm, Wrist, Hand, Finger, Thumb</i>) Leg (Hip, <i>Thigh, Knee, Ankle, Foot, Toes</i>) Internal Multiple locations 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:	



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PREVENTIVE ACTION PROPOSED OR TAKEN (For Staff members or Severe Accidents)

<ol style="list-style-type: none">1. No Preventative Action Taken/Intended2. Referred to the School's Safety/OHS or Risk Management Committee3. Referred to the School's Health and Safety Representative4. Review of Curriculum5. Review/Reinforce/Reiterate Procedures6. Review Systems7. Review the Environment	<ol style="list-style-type: none">8. Review Personal Protective Clothing/Item9. Review Equipment/Machinery Modifications10. Review Equipment/Machinery Maintenance11. Review/Reinforce/Reiterate Student Instructions12. Review Training Provisions13. Other (Please first contact the Liability Claims Management Unit - Specify) _____ _____
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OFFICE USE ONLY – ENTRY TO CASES21

Date ___/___/___ Signature of Principal/Head Officer _____ Page 2 of 2