



# Olinda Primary School

## Accidents and Incidents

2017

**Principal: Cornelia Sheeran**

**School Council President: Sharryn Veto**

|                               |  |
|-------------------------------|--|
| <b>Date Approved</b>          | April 2017   |
| <b>Approved By</b>            | School Council   |
| <b>Next Review Date</b>       | April 2020   |
| <b>Responsible for Review</b> | Principal  |
| <b>References</b>             | Victorian Government Schools Policy and Advisory Guide |



# OLINDA PRIMARY SCHOOL ACCIDENTS AND INCIDENTS 2017

## Rationale

All Accidents and Incidents involving injury are also to be entered online in the injury management system on CASES/CASES21- **See Appendix 1**

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

## Procedure

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

- 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.
- Seek assistance from nearby staff if necessary.
- **Any serious accident or incident is to be reported immediately to school administration.**
- **All** accidents and incidents are to be reported as soon as possible and required documentation completed.

## Links and Appendices

Resources/Links which are connected with this policy are:

- [DET Accident Recording and Reporting](#)

Appendices which are connected with this policy are:

- Appendix A: Cases21 Incident Notification Form

## Evaluation

This policy will be reviewed annually or more often if necessary due to changes in regulations or circumstances.



OLINDA PRIMARY SCHOOL  
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2017



Appendix A- Cases21 Incident Notification Form

Cases21 Incident Notification Form

|                       |                |
|-----------------------|----------------|
| School Name/Location: | School Number: |
|-----------------------|----------------|

**BRIEF ACCOUNT OF INJURY**

|                      |
|----------------------|
| Details of Incident: |
|----------------------|

|                |                |
|----------------|----------------|
| Accident Date: | Accident Time: |
|----------------|----------------|

**ACTIVITY (GENERAL & DETAILED)**

|  |  |   |
|--|--|---|
| Chemical Use<br>Manual Handling, Lifting<br>Sports/Physical Education<br>(Athletics, Basketball,<br>Cricket, Football-All Codes,<br>Skating, Baseball,<br>Gymnastics, Ball Games not<br>Specified, Other Sports) | Vehicle Use (Car, Bicycle, Bus,<br>Other)<br>Machinery Use ( <i>Hand tools,<br/>Portable Power Tools, Other<br/>Machines</i> )<br>Using Office Equipment<br>Curriculum Area ( <i>Arts Science,<br/>Technology studies, PE, Home<br/>Economics, Other</i> ) | Fighting/Assault<br>Play General<br>Walking<br>Running, Jumping, Skipping<br>Accidental Contact by other<br>Person<br>Other (Specify) _____<br>_____<br>_____ |
|--|--|---|

**ACCIDENT DESCRIPTION**

|                                      |  |   |
|--------------------------------------|--|---|
| Slip<br>Trip<br>Fall<br>Overexertion | Mental Stress<br>Collision<br>Crushing<br>Hit by Moving Object | Other (Specify) _____<br>_____<br>_____ |
|--------------------------------------|--|---|

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

|  |   |  |
|--|---|--|
| Sports Ground/Venue<br>Playground General<br>Playground Equipment<br>Classroom General<br>Chairs | Doors/Windows<br>Stairs/Steps<br>Paths/Walkways<br>Office Administration<br>Travel to / from School | Camp/Excursions<br>Other (Specify)<br>_____<br>_____ |
|--|---|--|

**STAFF ON DUTY**

|                          |
|--------------------------|
| Name                     |
| Number of Staff on Duty: |

**INJURED PERSON**

|  |                         |         |
|--|-------------------------|---------|
| Type: Student Staff Family Others<br>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<br>ID (If Applicable): | Name: |
|--|-------|



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**SEVERITY OF INJURY**

|         |  |  |
|---------|--|--|
| INJURY: | First Aid (Returned to Class)<br>First Aid (Sent Home)<br>Doctor or Dental Treatment | Hospital (Outpatient) Treatment<br>Hospital (Inpatient) Treatment<br>Fatal |
|---------|--|--|

**DOCTOR TREATED PATIENT FOR (If Applicable)**

|            |  |  |
|------------|--|--|
| TREATMENT: | Amputation of any part of the body<br>Serious Head Injury<br>Serious Eye Injury<br>Separation of skin from underlying tissue (eg De-gloving/Scalping)<br>Electric Shock<br>Spinal Injury | The Loss of a bodily function<br>Serious lacerations (serious means "of Grave Aspect" or "Critical")<br>Injury due to exposure to a substance (eg Gas Inhalation, Acid Exposure)<br>Other (Specify) _____<br>_____ |
|------------|--|--|

**NATURE OF INJURY**

|         |  |   |
|---------|--|---|
| NATURE: | Fracture<br>Dislocation<br>Strains/Sprains<br>Lacerations/Cuts<br>Burns/Scalds | Crushing/Amputations<br>Bruises/Knocks<br>Dental Injuries<br>Other (Specify) _____<br>_____ |
|---------|--|---|

**LOCATION OF INJURY**

|          |  |  |
|----------|--|--|
| LOCATION | Head ( <i>Skull, Face, Jaws, Ears</i> )<br>Eyes<br>Neck<br>Trunk ( <i>Chest, Abdomen, Buttock, pelvis, Spine</i> ) | Arm ( <i>Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb</i> )<br>Leg ( <i>Hip, Thigh, Knee, Ankle, Foot, Toes</i> )<br>Internal<br>Multiple locations<br>Ear |
|----------|--|--|

**WITNESS DETAILS (Provide attachment if multiple witnesses)**

|                                      |  |
|--------------------------------------|--|
| Name:                                | Type: Student Staff Family Others<br>ID (If Applicable): |
| Address:                             | Telephone:   |
| Witness Statement:<br>_____<br>_____ |  |

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

|   |   |
|---|---|
| No Preventative Action Taken/Intended<br>Referred to the School's Safety/OHS or Risk Management Committee<br>Referred to the School's Health and Safety Representative<br>Review of Curriculum<br>Review/Reinforce/Reiterate Procedures<br>Review Systems<br>Review the Environment | Review Personal Protective Clothing/Item<br>Review Equipment/Machinery Modifications<br>Review Equipment/Machinery Maintenance<br>Review/Reinforce/Reiterate Student Instructions<br>Review Training Provisions<br>Other (Please first contact the Liability Claims Management Unit - Specify) _____<br>_____ |
|---|---|

**OFFICE USE ONLY – ENTRY TO CASES21**

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

Date \_\_\_/\_\_\_/\_\_\_ Signature of Principal/Head Officer \_\_\_\_\_