

ACCIDENTS AND INCIDENTS REPORTING POLICY AND PROCEDURES

Rationale

To ensure compliance with the Department of Education and Training's (DET) administrative requirement to report and record accidents and incidents.

Aims

- adhere to the DET guidelines at all times - refer to: [DET Accident Recording and Reporting](#)
- anticipate the possibility of litigation following an accident and prepare for a detailed examination of actions, planning and the curriculum role of any activity.

Implementation

Reporting Incidents and Accidents

- Record and report all incidents and accidents.
- Notably, some incidents and accidents to staff, students or visitors may also be required to be reported to WorkSafe described as follows, in the [WorkSafe Guide to Incident Notification](#) .
 - Notification is required where an incident at a workplace results in death or serious injury .
- Serious injury is used in this context to describe those incidents that result in the consequences described in section 37(1) of the [Occupational Health and Safety Act 2004](#).
 - They include, but are not limited to, incidents that result in a person requiring:
 - medical treatment within 48 hours of exposure to a substance
 - immediate treatment as an in-patient in a hospital
 - immediate medical treatment for: – amputation – serious head injury – serious eye injury – separation of skin from underlying tissue (for example de-gloving or scalping) – electric shock – spinal injury – loss of bodily function – serious lacerations
- Serious injuries, fatalities, or any incident that exposed a person to immediate risk to their health or safety must be reported to the Department of Education Emergency and Security Management Branch immediately on (03) 9589 6266 and WorkSafe on 132 360 and on EduSafe, and reference should be made by staff to the school's Incident Management policy.
- Refer to the procedures in Appendix A.

Witness Statements

- Principals may:
 - obtain statements from witnesses of accidents and retain these on file with a notation on the statement that this statement is privileged and confidential - prepared solely for anticipated litigation and for the provision of legal advice.

Who pays for medical treatment?

- If a student is injured at school, or during a school organised activity, then parents/guardians are responsible for the cost of:
 - medical treatment
 - transport to a medical facility or home.

Accident insurance for students

- Student accident insurance may be taken out by:
 - parents/guardians, deciding to obtain student accident insurance cover from a commercial insurer, or

- School Councils, deciding to obtain a whole of school student accident cover.
see: [Circular S042-2014 Student accident insurance/ambulance cover arrangement and private property brought to school](#)

Related Legislation and Policies

- [Occupational Health and Safety Act 2004](#)
- [DET Emergency Management and Security Services Support](#)
- [DET Edusafe](#)
- [DET Police - Department Protocols](#)
- [DET Reporting \(emergency and incidents\)](#)
- [DET Student Safety](#)
- [WorkSafe Notification](#)
- [WorkSafe Guide to Incident Notification](#)
- [Equipment \(Public Safety\) Regulations 2017](#)
- WSC First Aid Policy
- WSC Duty of Care Policy

Appendices

- Appendix A: Accidents and Incidents Reporting Procedures
- Appendix B: CASES21 Incident Notification Form

Evaluation

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

This Policy was last ratified by School Council in: 2017

APPENDIX A

Accidents and Incidents Reporting Procedures

Injured Students, Staff and Visitors

- take first aid action as required
- send a reliable student (or staff member) to the office to seek trained first aide assistance and administration assistance if necessary
- seek assistance from nearby staff if necessary
- immediately report any serious accident or incident involving injury to the school administration
- complete required documentation as soon as possible
- serious injuries, fatalities, or any incident that exposed a person to immediate risk to their health or safety must be reported to the [DET Emergency Management and Security Services Support](#) immediately on (03) 9589 6266, [WorkSafe Incident Notification](#) on 132 360 and on [DET Edusafe](#)
- and reference should be made by staff to the school's Incident Management policy.

Injured Students

- implement actions above for Injured students, staff and visitors and
- any injuries to a child's head, face, neck or back must be reported to parents/guardian
- serious injuries, fatalities, or any incident that exposed a person to immediate risk to their health or safety must be reported to the Department of Education Emergency and Security Management Branch immediately on (03) 9589 6266 and WorkSafe on 132 360 and on EduSafe and reference should be made by staff to the school's Incident Management policy.
- treatment may be organised
- any student who is collected from school by parents/guardians as a result of an injury, or who is administered treatment by a doctor/hospital or ambulance officer as a result of an injury, or has an injury to the head, fact, neck or back, or where the treating first aid teacher considers the injury to be greater than 'minor', will be reported on Department of Education Accident/Injury form LE375 and entered onto CASES21 using the Notification Form (refer to Appendix B)

Injured Staff

- implement actions above for Injured students, staff and visitors and
- incidents to staff may also be notifiable under WorkSafe Incident Notification rules
- also report incidents, accidents, hazards, near misses and injuries on EduSafe www.eduweb.vic.gov.au/edusafe

Injured Visitors

- implement actions above for injured students, staff and visitors and
- the Principal, as nominee, also reports the incident, accident or injury on EduSafe www.eduweb.vic.gov.au/edusafe

Obligations to Report an Incident

Employers, occupiers and person in charge must report the following types of incidents to WorkSafe [WorkSafe Reporting an Incident](#) .

Health and safety incidents

- death
- employees or persons who require either:
 - medical treatment by a doctor (for example, fractures, administration of a drug or medical treatment)
 - immediate treatment as an in-patient in a hospital.

- incidents involving high risk equipment or plant listed in the [Equipment \(Public Safety\) Regulations 2017](#)

Explosives

- theft of explosives
- injuries caused by explosives

Dangerous goods

- any releases of dangerous goods (for example, gas leaks or spills of liquids)

APPENDIX B

CASES21 INCIDENT NOTIFICATION FORM

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

BRIEF ACCOUNT OF INJURY

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|----------------------|
| Details of Incident: |
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| | |
|----------------|----------------|
| 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 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 ID (If Applicable): | Name: | |
|---|-------|--|

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)

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

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

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| 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) _____ |
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OFFICE USE ONLY – ENTRY TO CASES21

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

Date ____/____/____ Signature of Principal/Head Officer _____