



## **MOYSTON PRIMARY SCHOOL ACCIDENTS AND INCIDENTS REPORTING POLICY**

At all times the school will adhere to the DEECD guidelines. Refer to : DEECD Accident Recording and Reporting  
<http://www.education.vic.gov.au/school/principals/spag/governance/pages/recordinq.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 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 school administration.
4. All accidents and Incidents are to be reported as soon as possible to the principal and required documentation completed.

### **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. All incidents involving staff must be reported to administration.

See Appendix 1 : p. 2

## APPENDIX 1



### CASES21 INCIDENT NOTIFICATION FORM

School Name/Location: Moyston Primary School	School Number: 1263
--	---------------------

#### 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 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)**

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      \_\_\_\_\_