

WARRAGUL REGIONAL COLLEGE ACCIDENT INCIDENT NOTIFICATION POLICY

October 2015



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

NOTES ;

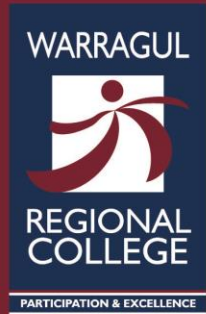
All Accidents and Incidents involving injury are also to be entered online in the injury management system on CASES/CASES21 (Appendix 1)

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

See Appendix 1: p. 2

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APPENDIX 1



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CASES21 INCIDENT NOTIFICATION FORM

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

Details of Incident:	
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Accident Date:	Accident Time:

ACTIVITY (GENERAL & DETAILED)

1. Chemical Use	4. Vehicle Use (Car, Bicycle, Bus, Other)	8. Fighting/Assault
2. Manual Handling, Lifting	5. Machinery Use (<i>Hand tools, Portable Power Tools, Other Machines</i>)	9. Play General
3. Sports/Physical Education (<i>Athletics, Basketball, Cricket, Football-All Codes, Skating, Baseball, Gymnastics, Ball Games not Specified, Other Sports</i>)	6. Using Office Equipment	10. Walking
	7. Curriculum Area (<i>Arts Science, Technology studies, PE, Home Economics, Other</i>)	11. Running, Jumping, Skipping
		12. Accidental Contact by other Person
		13. Other (Specify) _____

ACCIDENT DESCRIPTION

1. Slip	5. Mental Stress	9. Other (Specify) _____
2. Trip	6. Collision	_____
3. Fall	7. Crushing	_____
4. Overexertion	8. Hit by Moving Object	

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

1. Sports Ground/Venue	6. Doors/Windows	11. Camp/Excursions
2. Playground General	7. Stairs/Steps	12. Other (Specify)
3. Playground Equipment	8. Paths/Walkways	_____
4. Classroom General	9. Office Administration	_____
5. Chairs	10. Travel to / from School	

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STAFF ON DUTY

Name _____
Number of Staff on Duty:

INJURED PERSON

Type: Student Staff Family Others	Name:	
ID (If Applicable):		
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:
ID (If Applicable):	

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
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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, Face, Jaws, Ears) 2. Eyes 3. Neck	4. Arm (Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb) 5. Leg (Hip, Thigh, Knee, Ankle, Foot, Toes)
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This policy will be reviewed in 2018.

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	4. Trunk (<i>Chest, Abdomen, Buttock, pelvis, Spine</i>)	7. Internal 8. Multiple locations 9. 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: _____ _____	

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) _____ _____
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OFFICE USE ONLY – ENTRY TO CASES21

Staff Initial:	Principal Initial:
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Date ___/___/___ Signature of Principal/Head Officer _____