

ACCIDENT AND INCIDENT REPORTING POLICY

Policy Statement

The College will develop and implement accident and report processes to ensure expert response to all emergencies and incidents including ones that occur during camps, excursions, outdoor adventure activities, weekends, holidays, travel to or from school and non-school hours.

Our College will:

- At all times adhere to DET reporting guidelines.

Implementation:

- Call **000 immediately** to report any incident threatening life or property. *University Campus will then call 003 to notify Federation Uni services of the issue.*
- **DO NOT** contact local emergency services directly. To do so increases response times as these calls are redirected to 000, wasting valuable time in an emergency.
- Notify DET Emergency Management (after contacting **000**) on (03) 9589 6266.
- Notify Worksafe and complete online incident notification.
- All accidents and incidents involving injury are to be entered online in the injury management system on CASES21 (Appendix A) for student and EduSafe (Appendix B) for staff and visitors.

When an accident / incident occur, 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 first aid area 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 campus office and required documentation completed.

Reportable incidents to Emergency Management

As a general rule, a serious incident is one that requires medical attention or a police investigation.

Examples of reportable incidents involving schools include:

- motor vehicle collision and/or all WorkSafe incidents
- impact by machinery, equipment, aircraft
- fatalities
- fire on school grounds, bush or grass fire
- incidents of death or serious injury (injury requiring medical attention)
- incidents resulting in closure or significant damage to parts of a building or its contents and/or a threat to health and safety

- bomb threat
- outbreak or incidence of disease
- presence of toxic fumes or explosive conditions
- finding hazardous material on school site including explosives, fog signals, detonators, gun powder, cords and fuses, blasting cartridges, incendiary devices, marine distress signals, propellant powders etc
- fumes, spill, leak or contamination by hazardous material
- flood, windstorm, earthquake or other natural disasters
- criminal activity such as suspicious person/s and/or vehicles, vandalism, burglary, graffiti, theft, fraud, property damage
- neighborhood complaint
- missing/disappearance/removal of student/s including:
 - unauthorised/unexplained absenteeism from school
 - unauthorised absenteeism resulting in a missing persons report
- firearms, weapons or bomb threat
- behavior of a student, visitor or staff member that could lead to potential risk to someone else
- serious threats made against a person
- siege or hostage situation
- need for evacuation or lockdown
- unethical staff behaviour particularly if it involves taking advantage of a student, visitor or staff member
- issues of negligence or legal liability
- near misses: incidents that very nearly lead to injury or death, e.g. hazardous conditions observed/near misses.
- an event with a major impact on school operations or the potential to:
 - involve the relevant Minister
 - subject the Department to high levels of public or legal scrutiny.

Note: Schools should also report any nuisance activity which may not have led to damage, but could lead to crime at a future time. This information is used to implement pro-active security measures such as targeted security patrols, temporary surveillance and intruder detection systems to prevent criminal activity.

Reportable incidents to WorkSafe

Health and safety incidents

- Deaths and life-threatening injuries, like amputations, must be reported immediately.

Other serious incidents, such as those listed below, should be reported as soon as the employer is aware of the incident.

- a person requires medical treatment:
 - after exposure to a substance
 - as an inpatient in hospital
 - for a serious injury such as an amputation, a head or eye injury, electric shock, spinal injuries or serious laceration.
- incidents where employees or other persons are in the immediate vicinity of a risk such as:

- registered or licensed plant that has collapsed, overturned, failed or malfunctioned
- collapse of an excavation supporting an excavation
- collapse of a building or structure
- implosion, explosion or fire
- incidents involving [Dangerous Goods](#)
- plant or objects falling from high places
- in relation to a mine:
 - overturning or collapse of any plant
 - inrush of water, mud or gas
 - interruption of the main system of ventilation.

Dangerous Goods incidents

All incidents involving [Dangerous Goods](#) must be reported. Examples of incidents include:

- fire
- explosion
- spills
- leakage
- escape

Incidents Involving Explosives and High Consequence Dangerous Goods

Incidents involving explosives that must be reported include:

- all injuries
- damage to property
- fire that may be caused by an explosion
- any theft, attempted theft or unexplained loss of High Consequence Dangerous Goods (HCDG)
- any other security incident involving HCDG.

Costs

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.

The Department will compensate for medical and other expenses if determined liable by its legal advisers or the courts.

Hazard and near miss reporting

The College will maintain a register of Hazards and near misses. Hazards and near misses will be recorded on the EduSafe system. The OHS committee will review incidents as part of the College's OHS review processes.

Links:

DET Accident Recording and Reporting

<http://www.education.vic.gov.au/school/principals/spag/management/Pages/reporting.aspx>

Appendices:

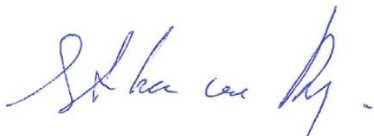
Appendix A – Cases - Student incident notification form.

Appendix B – EduSafe Staff and Visitors Incident form.

Appendix B – EduSafe Hazard Notification form.

Evaluation

This policy will be reviewed as part of the College's four year review cycle.

Date Implemented	Week 3 – Term 2 – 2014 –V1
Approval Authority (Signature and date)	 16/3/2021
Dates Reviewed	Week 7 – Term 4 – 2014 – V2 Week 3 – Term 2 – 2018 – V3 Week 3 – Term 1 – 2021 – V3
Responsible for Review	College Principal
Next Review date	Week 3 – Term 1 - 2025
References	DET

Appendix - A



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 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) _____ _____ _____
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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) _____ _____ _____
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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) _____ _____
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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:
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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 (<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
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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	8. Review Personal Protective Clothing/Item
2. Referred to the School's Safety/OHS or Risk Management Committee	9. Review Equipment/Machinery Modifications
3. Referred to the School's Health and Safety Representative	10. Review Equipment/Machinery Maintenance
4. Review of Curriculum	11. Review/Reinforce/Reiterate Student Instructions
5. Review/Reinforce/Reiterate Procedures	12. Review Training Provisions
6. Review Systems	13. Other (Please first contact the Liability Claims Management Unit - Specify) _____
7. Review the Environment	_____

Date ____/____/____ Signature of Principal: _____

OFFICE USE ONLY – ENTRY TO CASES21

Staff Initial:	Principal Initial:
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Mechanism of Injury:	1. Accidentally hit by ball/object	12. Exposure to specified illness/disease	23. Physical injury - Other specified activity	34. Stress reaction - Conflict with parent/s
	2. Assault by other person	13. Exposure to substance/gas	24. Physical injury - Participating in sport	35. Stress reaction - Conflict with student/s
	3. Assault by parent/student	14. Exposure to vibration/pressure	25. Physical injury - Simple object	36. Stress reaction - Excessive Workload
	4. Bite/scratch/hit by student	15. Long term effect of repeated activity	26. Slip/trip/fall from a height	37. Stress reaction - Exposure to traumatic event
	5. Bite/scratch/sting by animal or insect	16. Long term effect of seating/computer use	27. Slip/trip/fall from steps/stairs/ladder	38. Stress reaction - Harassment
	6. Collision involving a vehicle	17. Long term exposure to noise	28. Slip/trip/fall on even surface	39. Stress reaction - Work environment
	7. Collision with object (non-vehicle)	18. Long term exposure to substance/gas/radiation	29. Slip/trip/fall on uneven surface	40. Systemic injury (eg eg heart/circulatory)
	8. Collision with person	19. Long term use of voice	30. Slip/trip/fall on wet surface	41. Unspecified mechanism of injury
	9. Exposure to electricity	20. Physical injury - Awkward object	31. Slip/trip/fall over object or person	42. Use of hand-tools or machinery
	10. Exposure to high volume of sound	21. Physical injury - Heavy object	32. Stress reaction - Conflict with colleagues	
	11. Exposure to hot/cold object/liquid	22. Physical injury - Interaction with student	33. Stress reaction - Conflict with management	
Agency of Injury:	1. Activity was rushed	7. Indoor environment (incl. office)	13. Normal interaction with students	19. Powered equipment, tools and appliances
	2. Animals	8. Insufficient preventive action	14. Normal outdoor school hazard	20. Spills of liquid or substances
	3. Biological Agencies	9. Insufficient training	15. Organisation of work	21. Vehicles or other road transport
	4. Chemicals	10. Machinery and fixed plant	16. Other materials, substances or objects	22. Victimisation
	5. Human agency or factors	11. Non-physical agencies	17. Outdoor environment	23. Unspecified agency of injury
	6. Inappropriate equipment	12. Non-powered equipment or hand tools	18. Poor Maintenance	
Nature of Injury: (only complete if an injury occurred)	1. Amputation (part or full)	6. Deafness (incl. hearing impairment)	11. Internal injury (body organs)	16. Poisoning (and toxic effects of substances)
	2. Bruising (contusion with skin in tact)	7. Dislocation	12. Mental/psychological effects	17. Sprains and Strains (of joints and/or adjacent muscles)
	3. Burns	8. Eye disorders (incl. vision impairment)	13. Non-Notifiable infectious disease	18. Superficial injury (minor scratches and scrapes)
	4. Cancers, disease and other infections	9. Foreign body in eye, nose, respiratory system, choking	14. Notifiable infectious disease or cancer	19. Weather, exposure, external effects, smoke, dehydration
	5. Concussion (incl. cranial damage)	10. Fracture (incl. broken bones)	15. Open wound	20. Unspecified nature of injury
Bodily Location: (only complete if an injury occurred)	1. Back	5. Feet and toes	9. Hips and legs	13. Shoulders and arms
	2. Ear	6. General and unspecified locations	10. Internal organs (located in the trunk)	14. Systemic affliction
	3. Eye	7. Hands and fingers	11. Neck	15. Trunk (other than back and excluding internal organs)
	4. Face	8. Head (other than eye, ear and face)	12. Psychological	16. Unspecified bodily location of injury

WHO WAS NOTIFIED OF THE INCIDENT/INJURY? (leave blank if no-one)

FIRST PERSON:	Date notified:	Time notified:
Address:	First Name:	Type: 1. School Employee
	Last Name:	2. Other Employee
		3. Family
		4. Contractor
		5. Visitor
		6. Other
		TO number (If applicable):
		Phone Number:
SECOND PERSON:	Date notified:	Time notified:
Address:	First Name:	Type: 1. School Employee
	Last Name:	2. Other Employee
		3. Family
		4. Contractor
		5. Visitor
		6. Other
		TO number (If applicable):
		Phone Number:
THIRD PERSON:	Date notified:	Time notified:
	First Name:	Type: 1. School Employee
		4. Contractor

Address:	Last Name:	2. Other Employee	5. Visitor
		3. Family	6. Other
		TO number (If applicable):	
		Phone Number:	

TREATMENT FOR INJURY (if applicable)		
Was medical treatment given?	1. Yes	2. No
Type of treatment (if applicable)	1. Local First Aid	2. Hospital and/or GP/Dentist
Details:		

CONSEQUENCE OF INJURY		
Injury resulted in:	1. No lost time from work	2. Lost time from work
		3. Fatality

FORM COMPLETED BY:	
Name:	Date:

PRINCIPAL	
Name:	
Signature:	Date:

Appendix – C



Education and Training



eduSafe Hazard Notification Proforma

SCHOOL/WORKPLACE DETAILS	
School/Workplace Name:	School Number:
Campus/Location:	

WHO NOTICED THE HAZARD?	
First Name:	Gender: 1. Male 2. Female
Last Name:	DOB:
Address (if applicable):	PIN/ID No (if applicable):
Primary place of work:	Phone Number:
	Type: 1. Employee 2. Contractor 3. Member of the public 4. Parent

WHEN WAS THE HAZARD NOTICED?	
Date:	Time:

WHERE IS THE HAZARD LOCATED?	
Location Name:	1. On Site 2. Off Site
Address:	
Location Category:	1. Camp - Off premises 2. Camp - Premises 3. Camp - Recreation Facility 4. Camp - Transport 5. Non School - Classroom General 6. Non School - Classroom Technology 7. Non School - Corridor or internal walkway 8. Non School - Employer office 9. Non School - Not Department premises 10. Non School - Other Indoor 11. School - Classroom General 12. School - Classroom Technology 13. School - Classroom Workshops 14. School - Corridor 15. School - Other indoor location 16. School - Other outdoor location 17. School - Outdoor recreation space 18. School - Paths, walkways and ramps

- | | | | |
|----------------------------|--|---|-------------------------------|
| 5. Excursion - Destination | 11. Non School - Outdoor within precinct | 18. School - Gymnasium/Stadium | 24. School - Stairs and steps |
| 6. Excursion - Transport | 12. Non School - Room other than office | 19. School - Offices or administration area | |
| | 13. Non School - Transport | | |

Particular location/room:

DESCRIBE THE HAZARD

Hazard description:

HAZARD SEVERITY

I believe this Hazard has the potential to cause death or serious injury

1. YES

2. NO

HAZARD CLASSIFICATION

What could occur?

- | | | | |
|---|--|---|--|
| 1. Being hit by moving objects-ball, flying object, hit accidentally by person, assault | 7. Exposure to mental stress (e.g. Traumatic event, conflict, bullying, work pressure) | 13. Long term exposure to sound | 19. Other muscular stress (e.g. voice strain) |
| 2. Contact or Exposure to heat and cold | 8. Exposure to sharp, sudden sound | 14. Muscular stress handling object/student excl. lifting, carrying or putting down | 20. Repetitive movement with low muscle loading (e.g. Occupational Overuse Syndrome) |
| 3. Contact with Chemical or Substance | 9. Falls from a height | 15. Muscular stress with no objects being handled (e.g. sport) | 21. Student Challenging Behaviour (e.g. Striking, kicking, spitting, threats) |
| 4. Contact with Electricity | 10. Falls on same level (including trips & slips) | 16. Muscular stress, lifting, carrying or putting down objects/students | 22. Unspecified mechanism of injury |
| 5. Contact with, or exposure to, biological factors | 11. Hitting objects with part of the body (e.g. struck leg on table while passing) | 17. Other and multiple mechanisms of injury | 23. Vehicle Accident |
| 6. Exposure to mechanical vibration | 12. Long term contact with chemical or substance | 18. Other contact with chemicals or substance-incl. insect and spider bites, stings | |

Likely cause?

- | | | | |
|--------------------------------------|------------------------------|--|---|
| 1. Biological Agencies | 6. Machinery and fixed plant | 11. Non-physical agencies | 16. Powered equipment, tools and appliances |
| 2. Chemicals | 7. Mobile Plant | 12. Other agencies | 17. Road transport |
| 3. Human Agencies | 8. Non living animals | 13. Other materials, substances or objects | |
| 4. Indoor environment (incl. office) | 9. Non powered equipment | 14. Other transport | |
| 5. Live Animals | 10. Non powered hand tools | 15. Outdoor environment | |

ASSIGN TO (usually your Principal/Manager):

Name:

Position:

WHO WAS NOTIFIED OF THE INCIDENT/INJURY? (leave blank if no-one)			
FIRST PERSON:	Date notified:	Time notified:	
Address: (If applicable)	First Name: Last Name:	Type: 1. Principal/Manager 2. Other Employee	3. External Person
		Person ID (If applicable):	Phone Number:
SECOND PERSON:	Date notified:	Time notified:	
Address: (If applicable)	First Name: Last Name:	Type: 1. Principal/Manager 2. Other Employee	3. External Person
		Person ID (If applicable):	Phone Number:

WHAT HAVE YOU OR ANOTHER PERSON DONE TO REMOVE THE HAZARD?
Details:

WHAT ADDITIONAL ACTIONS DO YOU THINK ARE REQUIRED TO REMOVE THE HAZARD?
Details:

ATTACHMENTS?	
Are there attachments that accompany this notification? If yes, describe what is attached:	1. YES 2. NO

FORM COMPLETION? (who filled in this form)					
First Name:					
Last Name:					
Date:	Signed:				