

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 - 2022
References	DET

Appendix - A



CASES21 INCIDENT NOTIFICATION FORM

School Name/Location:	School Number:
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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) _____ _____ _____
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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:	
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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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Appendix - B



**eduSafe Incident/Hazard Notification
Proforma**

SCHOOL DETAILS			
School Name:	Kurnai College	School Number:	
Campus/Location:			
WHO EXPERIENCED THE INCIDENT/INJURY?			
First Name:	Phone Number:		
Last Name:	Gender:	1. Male	2. Female
Home Address:	DOB:		
	Type:	1. School Employee	4. Contractor
		2. Other Employee	5. Visitor
Primary place of work:		3. Family	6. Other
	TO number (if applicable)		
WHEN DID THE INCIDENT/INJURY OCCUR?			
Time Category:	1. Authorised breaks	4. Office Hours - Before or after	6. School Day - Students not present
	2. Evening	5. Office Hours - Usual span	8. School Hours - Non-Class time
	3. Night	7. School Hours - Class time	9. Weekend or Public Holiday
Date:	Time:		
WHAT HAPPENED?			
Details of Incident: 			
Did an Injury Occur?			
1. Yes 2. No			
WHERE DID THE INCIDENT/INJURY OCCUR?			
Location Category:			
1. Camp - Off premises 7. Non School - Corridor or internal walkway 14. School - Classroom General 20. School - Other indoor location			

- | | | | |
|-------------------------------|--|---|--|
| 2. Camp - Premises | 8. Non School - Employer office | 15. School - Classroom Technology | 21. School - Other outdoor location |
| 3. Camp - Recreation Facility | 9. Non School - Not Department premises | 16. School - Classroom Workshops | 22. School - Outdoor recreation space |
| 4. Camp - Transport | 10. Non School - Other Indoor | 17. School - Corridor | 23. 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 | | |

Details:

WHAT WORK/ACTIVITY WAS BEING PERFORMED?

Work Category:

- | | | | |
|---|---|--|------------------------------|
| 1. Administrative/managerial | 6. Classroom assistance other than teaching | 11. Parent/Teacher Interviews/meetings | 16. Teaching |
| 2. Camp/Excursion Participating in Activity | 7. Gardening/Maintenance/Cleaning | 12. Personal activity | 17. Training/PD off-site |
| 3. Camp/Excursion Personal | 8. Movement within workplace | 13. Personal care of students | 18. Training/PD on-site |
| 4. Camp/Excursion Supervision | 9. Off site duties | 14. Preparations | 19. Travel between locations |
| 5. Camp/Excursion Travel | 10. Other supervisory | 15. Sports or games | 20. Yard duty |

Details:

PROPORTION OF HOURS WORKED AT TIME OF INCIDENT/INJURY

- | | | | |
|----------------|-------------------------|------------|-------------|
| 1. 25% or less | 2. 26%-50% | 3. 51%-75% | 4. 76%-100% |
| 5. Overtime | 6. Outside normal hours | | |

TRAINING & CERTIFICATION

Did the activity require training/certification?

1. Yes 2. No

Were you sufficiently trained/qualified?

1. Yes 2. No 3. Not Applicable

WITNESSES (If any)

Is there a Witness?

1. Yes 2. No

Name:

Phone Number:

Address:

- Type:**
- | | |
|--------------------|---------------|
| 1. School Employee | 4. Contractor |
| 2. Other Employee | 5. Visitor |
| 3. Family | 6. Other |

INCIDENT/INJURY CLASSIFICATION

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

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

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

Last Name:	2. Other Employee	5. Visitor
Address:	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
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FORM COMPLETED BY:

Name:	Date:
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PRINCIPAL

Name:

Signature:	Date:
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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):
	Phone Number:
Primary place of work:	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 7. Non School - Corridor or internal walkway 8. Non School - Employer office 9. Non School - Not Department premises 10. Non School - Other Indoor 14. School - Classroom General 15. School - Classroom Technology 16. School - Classroom Workshops 17. School - Corridor 20. School - Other indoor location 21. School - Other outdoor location 22. School - Outdoor recreation space 23. 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, phys. 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:	
	First Name:	Type: 1. Principal/Manager 3. External Person	
	Last Name:	2. Other Employee	
Address: (If applicable)		Person ID (If applicable):	
		Phone Number:	
SECOND PERSON:	Date notified:	Time notified:	
	First Name:	Type: 1. Principal/Manager 3. External Person	
	Last Name:	2. Other Employee	
Address: (If applicable)		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?	1. YES 2. NO
If yes, describe what is attached:	

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