

At all times the school will adhere to the DET guidelines. Refer to: [DET Accident Recording and Reporting](http://www.education.vic.gov.au/school/principals/spag/governance/pages/recordin_g.aspx)
http://www.education.vic.gov.au/school/principals/spag/governance/pages/recordin_g.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. Call 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 office and required documentation completed as set out in appendix 1.
All incidents involving staff must be reported to administration.
5. Incidents to staff may also be notifiable under WorkSafe.

EVALUATION:

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

Ratified By Hume Valley School Council	December 2019
Review Date:	December 2022

APPENDIX 1:

To report an injury to self or on the behalf of others please follow the Department's guidelines set out below

EduSafe Incident Reporting

EduSafe is the Department's Incident Reporting & Hazard Management System that covers all **non-student incidents** across the department's operations. It allows all Departmental employees to report incidents, injuries and hazards themselves or on the behalf of others if they are not able to. When lodged, the reports go to the employee's line manager for appropriate action.

Visitors and **contractors** who are unable to access eduSafe should fill out the [Incident and Hazard Report Proforma \(Excel - 321Kb\)](#) and give it to the Assistant Principal to enter in eduSafe on their behalf.

All workplaces should ensure the [eduSafe Poster \(PDF - 188Kb\)](#) is placed on notice boards throughout the workplace.

EduSafe will help the Department maintain a safe and healthy environment for all our employees and visitors. To report an incident, injury or hazard access EduSafe via the link below. For more information on using eduSafe see [eduSafe Quick Reference Guide \(PDF - 1.6Mb\)](#).

To report an injury of a student (not minor)

To report an injury of a student fill out the CASES21 INCIDENT NOTIFICATION FORM Appendix 2. This form is for incidents other than MINOR and is available at the office. If a student requires first aid fill out this form.

To report an incident (e.g. behaviour episode)

To report an incident log onto Compass ... <https://humevalley-vic.compass.education>
Log in using your Compass user name and password. Type in student's name (Student's Dashboard) and 'ADD CHRONICLE ENTRY'. These records are printed and discussed at Sub School/Leadership meetings.

APPENDIX 1



CASES21 INCIDENT NOTIFICATION FORM

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

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	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 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 _____

