

**Raywood Primary School**

18-22 Sandhurst St, Raywood

Phone: 54 36 1392

Mobile: 0419 997 455

E: raywood.ps@education.vic.gov.auWebsite: <http://www.raywoodps.vic.edu.au>

ACCIDENTS AND INCIDENTS POLICY

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 Raywood Primary office and required documentation completed.
5. **Accident occurred to: School must:**

Staff

Record all incidents, hazards & near misses on eduSafe Plus

<https://www.education.vic.gov.au/hrweb/safetyhw/Pages/reportinjuryhazard.aspx>

Report all notifiable incidents to Worksafe

[Corporateincidentnotificationflowchart.pdf \(education.vic.gov.au\)](#)**Student**

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

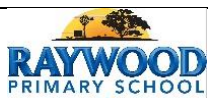
Visitor

Record all incidents, hazards & near misses on eduSafe Plus

<https://www.education.vic.gov.au/hrweb/safetyhw/Pages/reportinjuryhazard.aspx>

Report all notifiable incidents to Worksafe

[Corporateincidentnotificationflowchart.pdf \(education.vic.gov.au\)](#)

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

Details of Incident: <hr/>	
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	Name:	
ID (If Applicable):		
Date of Birth:	Age:	Gender:
Address:		Telephone:

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WorkCover Claim Lodged:

INITIAL ASSISTANCE BY PERSONType: Student Staff Family Others
ID (If Applicable):

Name:

SEVERITY OF INJURY

INJURY:	1. First Aid (Returned to Class)	4. Hospital (Outpatient) Treatment
	2. First Aid (Sent Home)	5. Hospital (Inpatient) Treatment
	3. Doctor or Dental Treatment	6. Fatal

DOCTOR TREATED PATIENT FOR (If Applicable)

TREATMENT:	1. Amputation of any part of the body	7. The Loss of a bodily function
	2. Serious Head Injury	8. Serious lacerations (serious means "of Grave Aspect" or "Critical")
	3. Serious Eye Injury	9. Injury due to exposure to a substance (eg Gas Inhalation, Acid Exposure)
	4. Separation of skin from underlying tissue (eg Degloving/Scalping)	10. Other (Specify) _____
	5. Electric Shock	_____
	6. Spinal Injury	

NATURE OF INJURY

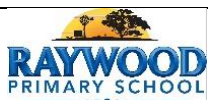
NATURE:	1. Fracture	6. Crushing/Amputations
	2. Dislocation	7. Bruises/Knocks
	3. Strains/Sprains	8. Dental Injuries
	4. Lacerations/Cuts	9. Other (Specify) _____
	5. Burns/Scalds	_____

LOCATION OF INJURY

LOCATION	1. Head (<i>Skull, Face, Jaws, Ears</i>)	5. Arm (<i>Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb</i>)
	2. Eyes	6. Leg (<i>Hip, Thigh, Knee, Ankle, Foot, Toes</i>)
	3. Neck	7. Internal
	4. Trunk (<i>Chest, Abdomen, Buttock, pelvis, Spine</i>)	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: _____ _____	

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- | | |
|---|---|
| 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 | _____ |

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Policy last reviewed	March 2023
Approved by	School Level Policy
Next scheduled review date	March 2025