



Ardmona Primary School

Accidents & Injury Reporting Policy

Ardmona Primary School will at all times 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>

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: Page 2

Review Cycle

Policy last reviewed	October 2024
Approved by	Principal
Next scheduled review date	October 2027



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www.ardmonaps.vic.gov.au

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APPENDIX 1

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 Other (Specify) _____ _____ _____
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ACCIDENT DESCRIPTION

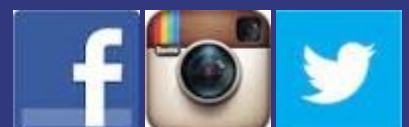
1. Slip 2. Trip 3. Fall 4. Overexertion	5. Mental Stress 6. Collision 7. Crushing 8. Hit by Moving Object	Other (Specify) _____ _____ _____
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ACCIDENT SITE (Indicate CAMPUS, if more than one CAMPUS)

Sports Ground/Venue	Doors/Windows	Camp/Excursions
Playground General	Stairs/Steps	Other (Specify)
Playground Equipment	Paths/Walkways	_____
Classroom General	Office Administration	_____

STAFF ON DUTY

Name:	Number of Staff on Duty:
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INJURED PERSON

Type: Student Staff Family Others ID (If Applicable):	Name:	
Date of Birth:	Age:	Gender:
Address:		Telephone:

If Applicable Date of Ceasing Work:	Work Cover Claim Lodged:
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INITIAL ASSISTANCE BY PERSON

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

INJURY:	<ol style="list-style-type: none"> 1. First Aid (Returned to Class) 2. First Aid (Sent Home) 3. Doctor or Dental Treatment 	<ol style="list-style-type: none"> 4. Hospital (Outpatient) Treatment 5. Hospital (Inpatient) Treatment 6. Fatal
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DOCTOR TREATED PATIENT FOR (If Applicable)

TREATMENT:	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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) Other (Specify) _____ _____
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NATURE OF INJURY

NATURE:	<ol style="list-style-type: none"> 1. Fracture 2. Dislocation 3. Strains/Sprains 4. Lacerations/Cuts 5. Burns/Scalds 	<ol style="list-style-type: none"> 6. Crushing/Amputations 7. Bruises/Knocks 8. Dental Injuries 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 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 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 _____



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