Excelsia College
Sydney - Australia

Incident Report WHS-F01

INSTRUCTIONS: Complete and send to the Excelsia College Director of People and Culture within <u>24 hours of the incident occurring</u>

Email Beatrice.Lorquet@excelsia.edu.au to notify of forms being dropped off or emailed.

If an incident occurs on a weekend, fax or email by 9am on the Monday following the weekend.

Private Note: The information collected on this form is used for the reporting of incidents to Excelsia College, its insurers and government agencies as required by law

Section 1: To be completed for all incidents including near misses

Reported By:____ _________________ Position:_______ ______________ Signature:______________________ Telephone:______________________ Date Incident Occurred:_____/_____/_________ Time (in 24 hour format, e.g. 1530 instead of 3:30pm):_________ Date Incident Reported:_____/_____/_______ Reported To:__________________ __ Location of Incident:_______________
Brief Description of Incident:
Initial Action Taken: (Include names of parents/guardians contacted etc.)
If there were witnesses, please provide their details here: The partnered student would be a witness but at this stage we would prefer not to get her involved if possible. Surname:______________________ Given name:____________________ Home Phone:___________________ Work Phone:___________________ Email:__________________ Address:_______________________________
Surname:______________________ Given name:____________________ Home Phone:___________________ Work Phone:___________________ Email:__________________ Address:_______________________________

Emergency Services: ☐ Police ☐ Fire Brigade ☐ Ambulance
Station:_____________ Contact Officer:______________ Event No.____________

Outcome:
☐ Near Miss
☐ Theft or Financial Loss
☐ Physical Injury (complete section 3)
☐ Psychological Injury (complete section 3)
☐ Challenging behavior (complete section 4)
☐ Service Disruption
☐ Other Property Damage or Loss
☐ Illness or Disease (Section 3)
☐ Medication Related
☐ Motor Vehicle Damage Rego No:______________ (complete motor vehicle accident claim form)

Signature:

I approve the release of the information in this form to approved authorities, which may include medical practitioners, legal representatives, employee associations, insurance companies and WorkCover NSW

Your Signature:____________________ Date:____/____/_______

Department Head:________________ Signature:__________________ Date:____/____/________

Section 2: Complete for incidents involving physical or psychological injury, illness or disease

Name of injured person:________________________________ ☐Male ☐Female

Residential Address:____________________________________ Email:____________________________________

Home Phone:___________________________ Work Phone:__________________ Date of Birth:____/____/_______

Interpreter Required: ☐Yes ☐No Language:__________________ Occupation of injured person:_________________

Employee Status: ☐Full Time Employee ☐Part Time Employee ☐Casual Employee Employee ID:___________
☐Volunteer ☐Student ☐Visitor ☐Contractor ☐Client/Resident/Patient/Service User

Where did the injury/illness occur? ☐At work ☐On the way to or from work ☐During a break at work (lunch)
☐Other:_______________________________

Nature of Injury:	**Mechanism:**	**Agency:**	**Location:**
☐ Head Injury ☐ Fractures ☐ Amputation ☐ Laceration ☐ Sharp, needle stick ☐ Superficial Injury ☐ Bruising or Crushing ☐ Burns ☐ Sprains and Strains ☐ Foreign body ☐ Electric shock/electrocution ☐ Heat Stress, heat stroke ☐ Occupational Overuse x Anxiety, Stress ☐ Short term shock/distress ☐ Hernia ☐ Dermatitis, other skin diseases ☐ Infectious Diseases ☐ Cancer ☐ Multiple Injuries ☐ Other:______________ _____________________ _____________________ _____________________	☐ Falls from a height ☐ Trips and slips ☐ Stepping, sitting on objects ☐ Hitting objects with body ☐ Being hit by objects ☐ Sound or pressure ☐ Lifting or carrying ☐ Repetitive movement with low muscle loading ☐ Other muscular stress ☐ Contact with heat, cold, electricity, radiation ☐ Contact with substance ☐ Insect bites, stings ☐ Exposure to biological agents (non-human) ☐ Exposure to blood or bodily fluids ☐ Exposure to traumatic event ☐ Vehicle Accident ☐ Other:___Exposure to panic attack trigger_ __________ _____________________ _____________________ _____________________	☐ Machinery, fixed plant ☐ Mobile Plant ☐ Motor Vehicles ☐ Workshop, worksite tools ☐ Kitchen Equipment ☐ Office Equipment ☐ Outdoor Powered Equipment ☐ Other Powered Equipment ☐ Knives, hand operated cutters ☐ Other tools ☐ Furniture and fittings ☐ Cutlery and utensils ☐ Ladders, scaffolding ☐ Other non-powered equipment ☐ Chemicals, substances ☐ Outdoor environment ☐ Indoor office environment ☐Live animals ☐Dead animals, carcasses ☐ Human agencies ☐ Biological agencies x Other:___ In class repetition excersice for acting ___________ _____________________ _____________________ _____________________	☐ Eye ☐ Ear ☐ Mouth ☐ Nose ☐ Face ☐ Head ☐ Neck ☐ Back ☐ Trunk ☐ Shoulders, arms ☐ Hands. fingers ☐ Hips, legs ☐ Feet, toes ☐ Circulatory System x Respiratory System ☐ Digestive System ☐ Genitals, urinary system ☐ Nervous System ☐ Multiple Locations Other:______________ _____________________ _____________________ _____________________

Treatment Administered: x None ☐ First Aid ☐ Off-Site Medical Treatment (give details below)

Name of Doctor/Hospital:___________________________ Telephone:__________________________

Address:____

Is there likely to be time lost? ☐ Yes ☐ No If yes, estimate of days to be lost:___________

(If an employee has off-site medical treatment or time off work, a workers compensation claim form must be completed)

Risk Corrective Action Plan

Assess the Risk:

What is the Identified Hazard?

What is the risk being controlled?

The risk rating of hazard is based on a combination of Consequence and Likelihood. Please complete the following table by referring to **Risk Assessment Chart**. Record the Level of Risk Here (e.g. A1-Critical):________________

Corrective Action Plan:

The Supervisor is responsible for ensuring corrective actions are entered on the Corrective Actions Register, completed and of notifying the person completing section 1. The Head of School is responsible for supervisors completing corrective actions in a timely manner.

Corrective Actions to be taken (must be used in this order when possible)	By Whom	By When
1.		
A combination of the above measures may be required to be taken to minimize the risk to the lowest level reasonably practicable if no single measure is sufficient for that purpose.		
Please explain why you have not used controls higher up the hierarchy of risk controls if applicable:		

Section 3: Head Office Use

Date Received by HR:___/___/_____

Internal Notifications: ☐ Legal ☐ Property and Development ☐ Clinical Support ☐ Other:___________________

Manager Human Resources:_______ __________ Signature:_________ ______ Date:___/___/_____

Chief Executive:________________________ Signature:_________________________ Date:___/___/_____

Risk Rating		**Consequence Rating**			
		Catastrophic Fatality, permanent disability or life-long illness	**Major** Time off work or class	**Minor** First Aid Treatment	**Negligible** No injury
Likelihood Rating	**Almost Certain** (10+ Times per Year)	**A1** **CRITICAL**	**A2** **CRITICAL**	**A3** **HIGH**	**A4** **MODERATE**
	Likely (At least 1 Time per Year)	**B1** **CRITICAL**	**B2** **CRITICAL**	**B3** **MODERATE**	**B4** **MODERATE**
	Unlikely (Once every 100 Years)	**C1** **HIGH**	**C2** **MODERATE**	**C3** **LOW**	**C4** **LOW**
	Rare Only in extreme circumstances	**D1** **HIGH**	**D2** **MODERATE**	**D3** **LOW**	**D4** **LOW**