# EDUSAFE PLUS incident notification form

**How to use this form?**

This form is to be used for v**isitors, volunteers** and **contractors** to report incidents, injuries and hazards for themselves, or on behalf of other employees. Not all questions are required, simply complete the information to be best of your knowledge.

**Who can use this form?**

Visitors, volunteers and contractors

**How to lodge an incident report?**

This form can be completed online or printed. The visitor, volunteer or contractor should complete the form and forward it to the Principal/Manager or Business Manager who will enter details of the incident into eduSafe Plus.

**Attach any relevant photos or documents with the incident form**

For further information see, **Incident, Near Miss and Injury Classifications Index** below.

# EDUSAFE PLUS incident notification proforma form

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| Your Details   |
| **Name** |  | **Organisation/ Company** |   |

## Initial incident Reporting Details

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| School/Workplace Details   |
| **School Name:** |  | **Campus/Location:** |   |
| **School Principal/ Workplace Manager:** |  |

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| What happened?   |
| **What type of incident are you reporting?** | * Injury
 | * Near Miss
 |
| **Description of the incident or event that was narrowly avoided:** |  |
| **If near miss, what was the source of potential harm** |  |
| **Who was notified of the incident?**  |  |

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| Where did the incident or near miss occur?   |
| * Department location (e.g. school, office)
 | * Offsite (e.g. school camp, excursion)
 | * In transit
 |
| **Enter incident location:**  |  |
| **Select location category:** | * School – General classroom
* School – Technology workshop
* School – Science laboratory
* School – Gymnasium/Stadium
* School – Offices or administration areas
* School – Other indoor locations
* School – Other outdoor location
 | * School – Paths, walkways, ramps or stairs
* Corporate – Office or administration area
* Corporate – Other indoor location
* Corporate – Paths, walkways, ramps, or stairs
* Outdoor Location
 |
| **Any additional location information:**  |  |
| **What was the date and time the incident occurred?** |
| **Enter date:**  |  | **Enter time:** |  |
| * **Date and time is approximate**
 |
| **If multiple occurrences over what period did this occur, please enter date range:** |  | to |  |
| **What was time period for when the incident occurred** | * During school or normal working hours (Monday – Friday
* During school or normal working hours (weekend)
* Historical
* Outside school or normal working hours
* Unknown
 |
| **Enter any additional information** |  |

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| Who was involved?   |
| **Enter the details of the person affected or injured by the incident**  |
| **Name of affected person:** |  |
| **Address:** |  |
| **Contact number:** |  |
| **Email address:** |  |
| **Date of Birth:** |  |
| **Organisation/Company (if relevant):** |  |

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| Was this person injured |
| * **Yes**
 | * **No**
 |
| If yes, please complete the following section.  |
| **How did the injury happen?**Please use the classification index below |  |
| **What was the source of harm associated with the injury?**Please use the classification index below |  |
| **What best describes the nature of the injury:**Please use the classification index below |  |
| **Which part of the body does the injury effect?**Please use the classification index below |  |
| **Was first aid administered?** | * Yes
 | * No
 |
| If first aid was administered, please enter details: |  |
| **Was medical treatment provided?** | * Yes
 | * No
 |
| Please select the medical treatment provided: | * Nurse
* Ambulance
 | * Doctor
* Hospital admission
 |
| Enter any additional medical treatment information: |  |
| **Do you suspect this person is affected by family violence?** | * Yes
 | * No
 | * Not sure
 |

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| Enter any person who are an alleged causal party to the incident |
| **Select the person type** | * Staff
* Student
* Parent/Guardian
* Contractor
* Visitor
* Other/Unknow
 |
| **Name of the person involved:** |  |
| **Address** |  |
| **Contact number** |  |
| **Email address** |  |
| **Organisation/Company** |  |

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| Was this person injured |
| * **Yes**
 | * **No**
 |
| If yes, please complete the following section.If a staff member has been injured, please inform the injured staff member that they will need to report an incident in eduSafe Plus to record their injury. |
| **How did the injury happen?**Please use the classification index below |  |
| **What was the source of harm associated with the injury?**Please use the classification index below |  |
| **What best describes the nature of the injury:**Please use the classification index below |  |
| **Which part of the body does the injury effect?**Please use the classification index below |  |
| **Was first aid administered?** | * Yes
 | * No
 |
| If first aid was administered, please enter details: |  |
| **Was medical treatment provided?** | * Yes
 | * No
 |
| Please select the medical treatment provided: | * Nurse
* Ambulance
 | * Doctor
* Hospital admission
 |
| Enter any additional medical treatment information: |  |
| **Do you suspect this person is affected by family violence?** | * Yes
 | * No
 | * Not sure
 |

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| Enter any person/s who are witness to the incident |
|  | **Witness 1** | **Witness 2** |
| **Select the person type:** | * Staff
* Student
* Parent/Guardian
* Contractor
* Visitor
* Other
 | * Staff
* Student
* Parent/Guardian
* Contractor
* Visitor
* Other/Unknow
 |
| **Name of the witness:** |  |  |
| **Address:** |  |  |
| **Contact number:** |  |  |
| **Email address:** |  |  |
| **Organisation/Company:** |  |  |

# INCIDENT, NEAR MISS AND INJURY CLASSIFICATIONS Index

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| Mechanism of Injury   |
| Being hit by moving object, other than by a person (e.g. ball, flying object, animal) | Repetitive movement with low muscle loading (e.g. Repetitive Stress Injury, occupational overuse) | Contact with or exposure to biological material of human origin | Exposure to psychological stress factors (e.g. exposure to a traumatic event, work pressure or other mental stress factors) |
| Being hit by a person accidentally | Voice strain (i.e. from overuse or other causes) | Being bitten by an animal, spider or insect (including stings) | Self-harm (including suicidal ideation, suicide or attempted suicide) |
| Colliding with a stationary object | Mishap from use of hand tool | Contact with or exposure to hot and cold objects (including fire and flames) | Exposure to a sharp, sudden sound |
| Falls from a height (including stairs) | Struck, crushed, cut or caught in machinery or equipment | Exposure to environmental heat or cold |  Long term exposure to sound |
| Falls on same level (including trips & slips) | Single contact with a chemical or substance | Coming in contact with electricity (including static shocks) | Exposure to mechanical vibration (e.g. from jackhammers, machinery, vehicles) |
| Muscular stress from pushing or pulling objects | Long term or repeated contact with a chemical or substance | Being threatened or abused in the course of work (i.e. occupational non-physical violence) |  Exposure to non-ionising radiation (e.g. sunburn, flashes from welding) |
| Muscular stress with no objects being handled (e.g. sport, or from awkward or prolonged postures) | Other contact with chemicals or substance |  Being assaulted or physically attacked in the course of work (including kicks, bites, scratches and pushes) | Exposure to ionising radiation (e.g. radioactive material) |
| Muscular stress, from lifting, carrying or putting down objects or students | Contact with or exposure to biological material (of non-human origin) | Being subject to bullying or harassment | Drowning or immersion |

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| Nature of Injury   |
| Amputation (incl. loss of eyeball) | Disease of the circulatory system (incl. heart, hypertension, hypotension, varicose veins) | Hernia | Psychological Disorders |
| Bruising | Disease of the respiratory system (incl. asthma, legionnaires, asbestosis or pneumonia) | Internal injury (body organs) | Soft tissue injuries (incl. muscle, tendons and other soft tissues)   |
| Burns | Dislocations | Multiple Injuries (only to be used where no principal injury can be identified) | Sprains and Strains (of joints and/or adjacent muscles) |
| Cancers | Effects of weather (incl. hypothermia, frostbite, heat stress or dehydration) | Open wound not involving traumatic amputation | Superficial injury (minor scratches and scrapes) |
| Choking or foreign body in eye, nose, respiratory system | Eye disorders (incl. loss of vision) | Other & Unspecified injuries |  |
| Deafness | Fractures or broken bones | Other diseases of the skin |  |
| Dermatitis and eczema | Head injury (incl. concussion) | Poisoning (and toxic effects of substances) |  |

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| Agency of Injury   |
| Biological Agencies | Machinery and fixed plant | Non-physical agencies | Powered equipment, tools and appliances |
| Chemicals | Mobile Plant | Other agencies | Road transport |
| Human Agencies | Non-living animals | Other materials, substances or objects  |  |
| Indoor environment (incl. office) | Non powered equipment  | Other transport |  |
| Live Animals | Non powered hand tools | Outdoor environment  |  |

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| Bodily location   |
| Back | Feet and toes | Hips and legs | Trunk (other than back and excluding internal organs) |
| Ear | General and unspecified locations | Internal organs (located in the trunk) |  |
| Eye | Hands and fingers | Neck |  |
| Face | Head (other than eye, ear and face) | Shoulders and arms |  |

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