# 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 |

|  |  |  |
| --- | --- | --- |
| 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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