

|                                                                                   |                                                                            |                   |                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <h1 style="text-align: center;">ACCIDENT INCIDENT NOTIFICATION POLICY</h1> |                   | <p>File Location: U:\Policies &amp; Procedures\Approved Policies\Accident Incident Notification Policy.doc</p> <p>Authorised by:<br/><b>Principal</b></p> <p>Consultation: <b>School Community</b></p> <p>Approved by School Council:<br/><b>26.08.26</b></p> |
| Date Created: 12/05/15                                                            | Last Updated: 10/08/26                                                     | Review Date: 2028 | Page Number: 1 of 4                                                                                                                                                                                                                                           |



### Help for non-English speakers

If you need help to understand the information in this policy, please contact Horsham College on 5381 7100, or email [horsham.co@education.vic.gov.au](mailto:horsham.co@education.vic.gov.au).

At all times the College will adhere to the DET guidelines. Refer to: DET Managing and Reporting School Incidents (Including Emergencies)

[Managing and Reporting School Incidents \(Including Emergencies\) : Policy | education.vic.gov.au](https://www.education.vic.gov.au/Managing-and-Reporting-School-Incidents-(Including-Emergencies)-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 Administration 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. **Contact a member of the Principal class team if you have contacted emergency services on 000.**
5. Contact nominated family or carers.
6. All accidents and Incidents are to be reported as soon as possible to the College office and the administration office records the accident / incident on eduSafe Plus.

## REPORTING AN INCIDENT (report for support)

- All incidents involving staff must be reported to the Principal.
- Following the immediate response, the principal (or delegate) is responsible for assessing the severity of the incident, using the [Severity rating decision-making matrix \(PDF\)](#) – refer to Guidance tab for detailed advice.
- Incidents are rated as either:
  - Low
  - Medium
  - High
  - Extreme.

Incidents assessed as Low or Medium can be reported directly into [eduSafe Plus](#) (staff login required) by the principal (or delegate).

The principal (or delegate) is to contact the Incident Support and Operations Centre (ISOC) on [1800 126 126](tel:1800126126) to report 'High' or 'Extreme' severity incidents for support (report for support).

## ONGOING SUPPORT AND RECOVERY

The school principal (or delegate) is responsible for providing immediate relief support to impacted students, staff and the education community. Where necessary and appropriate, additional support will be provided by school support staff and corporate office staff based in regional and central offices.

When an incident is reported to ISOC, ISOC staff will ask the principal (or delegate) whether they require additional support (including recovery support) during the call.

Support available to schools includes resources such as the [Managing Trauma Guide \(PDF\)](#) and [Managing Trauma online modules \(LearnED\)](#).

## Appendix 1

eduSafe Plus Sick Bay and First Aid report form.

<https://content.sdp.education.vic.gov.au/media/edusafe-plus-sick-bay-and-first-aid-report-form-2402>

## COMMUNICATION

This policy will be communicated to our school community in the following ways:

- available publicly on school website
- included in staff induction processes
- hard copy available from school administration upon request

## REVIEW CYCLE

This policy will be reviewed in accordance with the Policy Review Schedule.



## eduSafe Plus Sick Bay and First Aid report form

### What is the purpose of this document?

Sick Bay and First Aid incidents can be reported electronically through eduSafe Plus. In the event that you are unable to access a computer for reporting, you have the option to print and complete this form.

### Who has the authorisation to fill out this form, and what information does it document?

This form is available to school staff members for recording instances when they administer first aid treatment to a student following an incident, injury, or illness.

| Student Details                                                                                                |                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Student's Full Name:                                                                                           | School Campus:                                                                                                                                                                                 |
| Student's year level and homegroup:                                                                            |                                                                                                                                                                                                |
| <b><u>Only complete the below if the sick bay/first aid event occurred outside of the student's campus</u></b> |                                                                                                                                                                                                |
| <input type="checkbox"/> Department location (e.g. school, campus)                                             | <input type="checkbox"/> Offsite:                                                                                                                                                              |
| Location information:                                                                                          | <input type="radio"/> School Camp<br><input type="radio"/> School Excursion<br><input type="radio"/> School Sporting Event<br><input type="radio"/> In Transit<br><input type="radio"/> Other: |
| Additional location information:                                                                               |                                                                                                                                                                                                |
| Sick Bay and First Aid Details                                                                                 |                                                                                                                                                                                                |
| When did the student report to sick bay, or when was first aid administered?                                   | DD/MM/YYYY HH:MM                                                                                                                                                                               |
| When did the student leave sick bay, or when was first aid completed?                                          | DD/MM/YYYY HH:MM                                                                                                                                                                               |
| What signs and symptoms did the student present with? - Tick all that apply                                    |                                                                                                                                                                                                |
| <input type="checkbox"/> Abrasion/cut                                                                          | <input type="checkbox"/> Administration of medication required                                                                                                                                 |
| <input type="checkbox"/> Burns                                                                                 | <input type="checkbox"/> Cold like symptoms (cold throat etc)                                                                                                                                  |
| <input type="checkbox"/> Epilepsy/seizure                                                                      | <input type="checkbox"/> General malaise (general non-specific feeling of being unwell)                                                                                                        |
| <input type="checkbox"/> Allergy/anaphylaxis                                                                   | <input type="checkbox"/> Dental issues                                                                                                                                                         |
| <input type="checkbox"/> Hay fever                                                                             | <input type="checkbox"/> Headache/migraine                                                                                                                                                     |
| <input type="checkbox"/> Asthma                                                                                | <input type="checkbox"/> Diabetes/blood sugar check                                                                                                                                            |
| <input type="checkbox"/> Blood nose                                                                            | <input type="checkbox"/> Dizziness/light-headedness                                                                                                                                            |
| <input type="checkbox"/> Incontinence (urinary/faecal)                                                         |                                                                                                                                                                                                |

|                                                     |                                                               |                                              |                                             |                                 |
|-----------------------------------------------------|---------------------------------------------------------------|----------------------------------------------|---------------------------------------------|---------------------------------|
| <input type="checkbox"/> Injuries sustained to head | <input type="checkbox"/> Menstrual health issue               | <input type="checkbox"/> Mental health       | <input type="checkbox"/> Nausea/vomiting    | <input type="checkbox"/> Pain   |
| <input type="checkbox"/> Rash                       | <input type="checkbox"/> Shortness of breath/breathing issues | <input type="checkbox"/> Sprains and strains | <input type="checkbox"/> Suspected fracture | <input type="checkbox"/> Other: |

**Please share a detailed description (if required):**

**What actions were undertaken? – Tick all that apply**

|                                                |                                                       |                                                                                  |                                                                                                           |
|------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 000 called            | <input type="checkbox"/> Allowed to rest              | <input type="checkbox"/> Applied pressure to bleeding area                       | <input type="checkbox"/> Emergency medication administered (e.g. adrenaline autoinjector, asthma inhaler) |
| <input type="checkbox"/> Heat pack             | <input type="checkbox"/> Ice pack                     | <input type="checkbox"/> Medication administered under Medication Authority Form | <input type="checkbox"/> Wound management                                                                 |
| <input type="checkbox"/> Parent/carer notified | <input type="checkbox"/> Reviewed medical information | <input type="checkbox"/> RICER (Rest, Ice, Compression, Elevation, Referral)     | <input type="checkbox"/> Other:                                                                           |

**What was the outcome? – Tick all that apply**

|                                                          |                                                              |                                                             |
|----------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Ambulance/paramedic attendance  | <input type="checkbox"/> Parent/Carer collected              | <input type="checkbox"/> Principal/leadership team informed |
| <input type="checkbox"/> Referral (internal or external) | <input type="checkbox"/> Returned to class/school activities | <input type="checkbox"/> Other:                             |

**Please enter details of any parties notified (if required)**

**Please select the person type**

|                                                    |                                             |                                 |
|----------------------------------------------------|---------------------------------------------|---------------------------------|
| <input type="checkbox"/> Child Protection services | <input type="checkbox"/> Emergency contacts | <input type="checkbox"/> Staff  |
| <input type="checkbox"/> Parent/Carer              | <input type="checkbox"/> Police             | <input type="checkbox"/> Other: |

**Person/s notified:**

**Time of notification:** DD/MM/YYYY HH:MM

**Additional details relating to notifying the parties (if required):**

After completion, please keep this form secure until the information is transferred to eduSafe Plus as soon as practicable following the incident. Once recorded in eduSafe Plus, you may securely dispose of this form.