

# ***ACCIDENT & ILLNESS***

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## Notes to Instructor in Charge

Details to be developed according to your centre, and should include:

Emergency Checklist

Site of Telephone: e.g. pool managers office.

Emergency Phone Numbers to be readily available next to  
Police  
Ambulance  
Fire

To be available in information folder (not for public use.)

School Numbers

Instructors' Emergency contact No.

Instructors' Emergency Medical Information

Site of Student consent forms: e.g. filing cabinet in staff room

Site of Telephone: e.g. pool managers office.

Site of First Aid Kit

Site of Asthma Bum Bag -list of qualified users.

Site of Asthma Action Plan (refer P 53 of S&A Handbook)

Emergency Entrance Gate Key

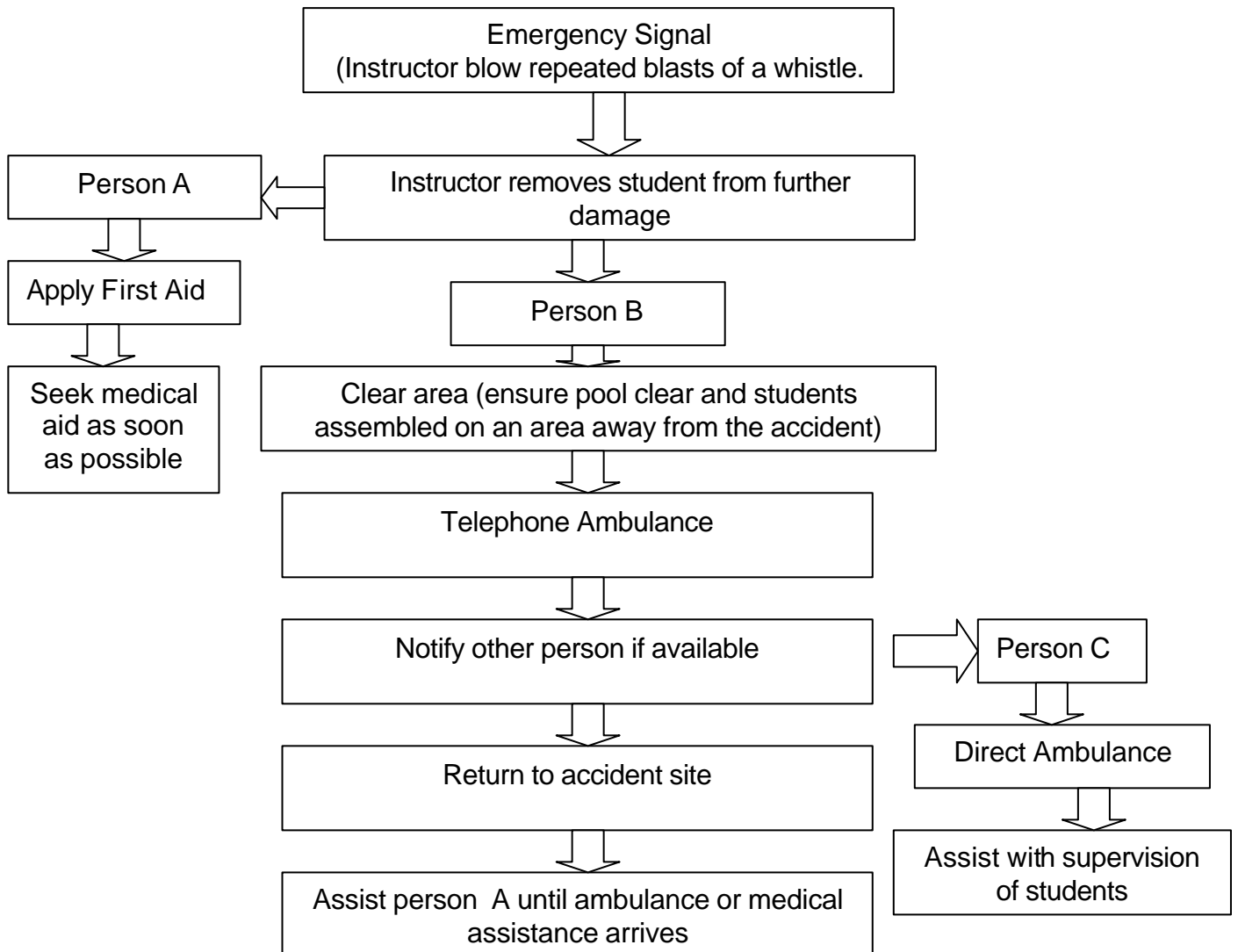
Site of Basic Life Support Flow Chart

Standard Epilepsy Action Plan (refer P 53 of S&A Handbook)

Standard Anaphylaxis Action Plan (refer P53 of S&A Handbook)

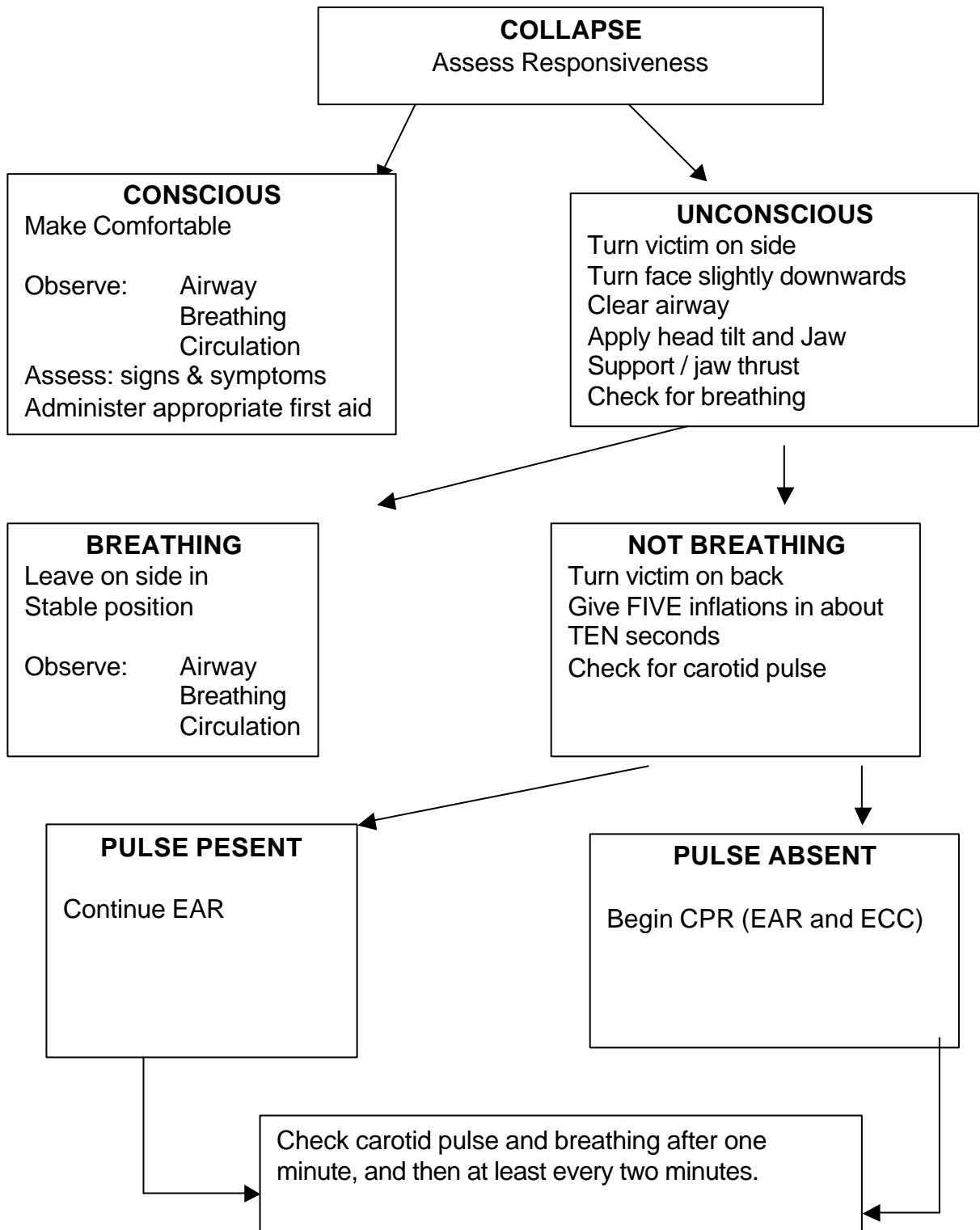
Standard Diabetes Action Plan (refer P54 of S&A Handbook)

# Accident and Illness Emergency Procedures



Examples as provided in Handbook p 77

# Basic Life Support Flow Chart



EAR = Expired Air Resuscitation  
ECC = External Cardiac Compression  
CPR = Cardiopulmonary Resuscitation

# Reporting Accidents and Injuries

## Reporting accidents and injuries

### Student injury

If a student is injured the instructor responsible for the student must seek assistance from the Instructor in Charge or Teaching staff to administer first aid as appropriate. If the injury is severe it may be necessary to commence Emergency Procedures. The instructor must ensure the safety of all the students in his/her care.

The instructor must complete a Student Accident Report Form in accordance with the procedures developed at the centre. It is the responsibility of the school to complete the ED 155 report form

### Teacher/ Parent/ Carer Injury

If sighted by Instructor, alert other staff for assistance. First aid to be administered as appropriate.

Centre reporting system is to be used and the school is responsible for completing an ED155.

### Instructor injury

.If an Instructor is injured while working in a department program it should be reported using the accident report form (ED 155M)

### Instructions for the Lodgement of a Workers Compensation claim

When an employee sustains an injury during the course of their employment that results in loss of time and/or an expense, they are entitled to claim for workers compensation.

## Forms required to make a claim.

### Accident Injury Report Form ED155

This form is to be completed to report all accidents, regardless of whether the injury results in a claim for workers compensation. It should be completed within 24 hours of the accident.

### Accident investigation report form, ED165

This form must be completed for all accidents which result in a claim.

### Worker Report Form

This form must be completed and signed by the Instructor in Charge and the Manager, Sport Swimming and Aquatics. (the signature of the Instructor in Charge validates the lodgement of the claim not the determination)

The Instructor in Charge is responsible for ensuring that all of the above forms are forwarded to :

The Manager, Sport, Swimming and Aquatics Unit.

Workers compensation forms can be obtained from most News agencies.

## First Aid Kit Officer

The person delegated the responsibility of maintaining the first aid kit (normally the Instructor in Charge).

Responsibilities:

- Ensure that first aid kit is readily available
- Ensure that the first kit meets OHS&W standards
- Ensure weekly maintenance of contents arrange adequate safe disposal of waste.

## **First Aid provided by Instructors.**

Responsibilities:

- Provision of basic first aid as required maintain records of first aid provided using Accident Report Form
- To maintain current qualifications. (refer qualification section)

## **Swimming/Aquatic Consent Forms**

Each student participating in a DECS swimming or aquatics program must produce a completed and signed Swimming/Aquatic consent form (ED006) before entering the water. It is the responsibility of the Instructor to sight this form and note any medical considerations in the appropriate place on the class attendance form.

The information provided on this form is confidential and they must be kept at the Centre at all times during the program. The Instructor in Charge will store the forms in a readily accessible position at the centre.

**These forms are legal documents and must be kept at the Centre at all times during the program.**

## **Medical Conditions**

### Epilepsy

Although it is considered that every student should have the opportunity to participate in lessons, the safety of the student must be the first consideration. All students who have any condition causing a loss of consciousness must be observed at all times by a responsible adult. The Instructor in Charge will negotiate with the school to provide an appropriate safety watch.

If an instructor has a student in their care that has epilepsy, they should read the information on emergency management. If their medical consent form provides information about a management plan then this should be followed in an emergency. If there is no management plan provided then the standard DECS plan must be followed. (refer to details on following pages)

**Do not allow the student into the water until a Safety Watch has been appointed and is observing the student.**

### Asthma

Students with asthma may participate in swimming and aquatics programs provided they have access to required medication.

Under recent legislation, schools and sporting centres are able to purchase puffers for use with students with asthma. However, the administering of puffers purchased by schools and sporting centres may be carried out only by a person who has attended a training program and been issued with the appropriate certificate. Instructors are encouraged to obtain this qualification.

Students who exhibit breathing difficulties should cease participation in the activity and follow asthma management plan provided with Medical Consent Form. In the absence of a management plan Standard DECS policy should be followed. (refer to details on following pages)

## Diabetes

Students with diabetes should be reminded to tell the instructor if they feel unwell. Any student reporting in this way should be referred to a teacher from the school to take charge. Instructors need also be aware that students with diabetes can also suffer from altered conscious state if the symptoms are severe enough.

Students who exhibit symptoms of a low or high blood glucose imbalance should cease participation in the activity and follow Diabetes management plan provided with Medical Consent Form. In the absence of a management plan Standard DECS policy should be followed. (refer to details on following pages)

## Open wounds, bleeding

Students should be excluded from the pool if they have open and/or bleeding wounds. If the wounds are covered with waterproof dressing then they can be included.

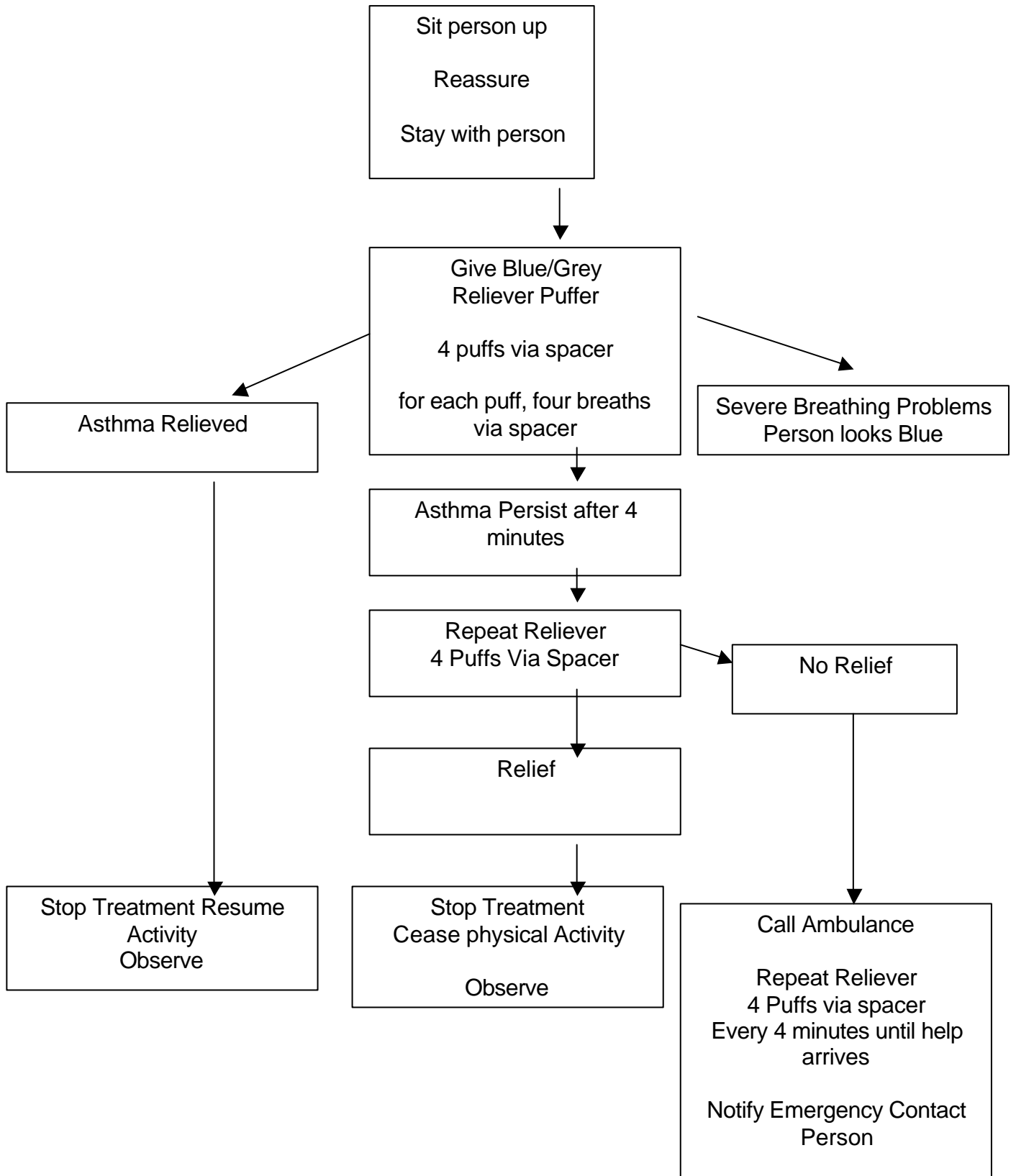
## Anaphylaxis (severe allergy)

Students who have severe allergies will have it noted on their Medical Consent Form. In the case of a bee allergy, the instructor should take note to encourage the student to keep their feet covered until in the pool.

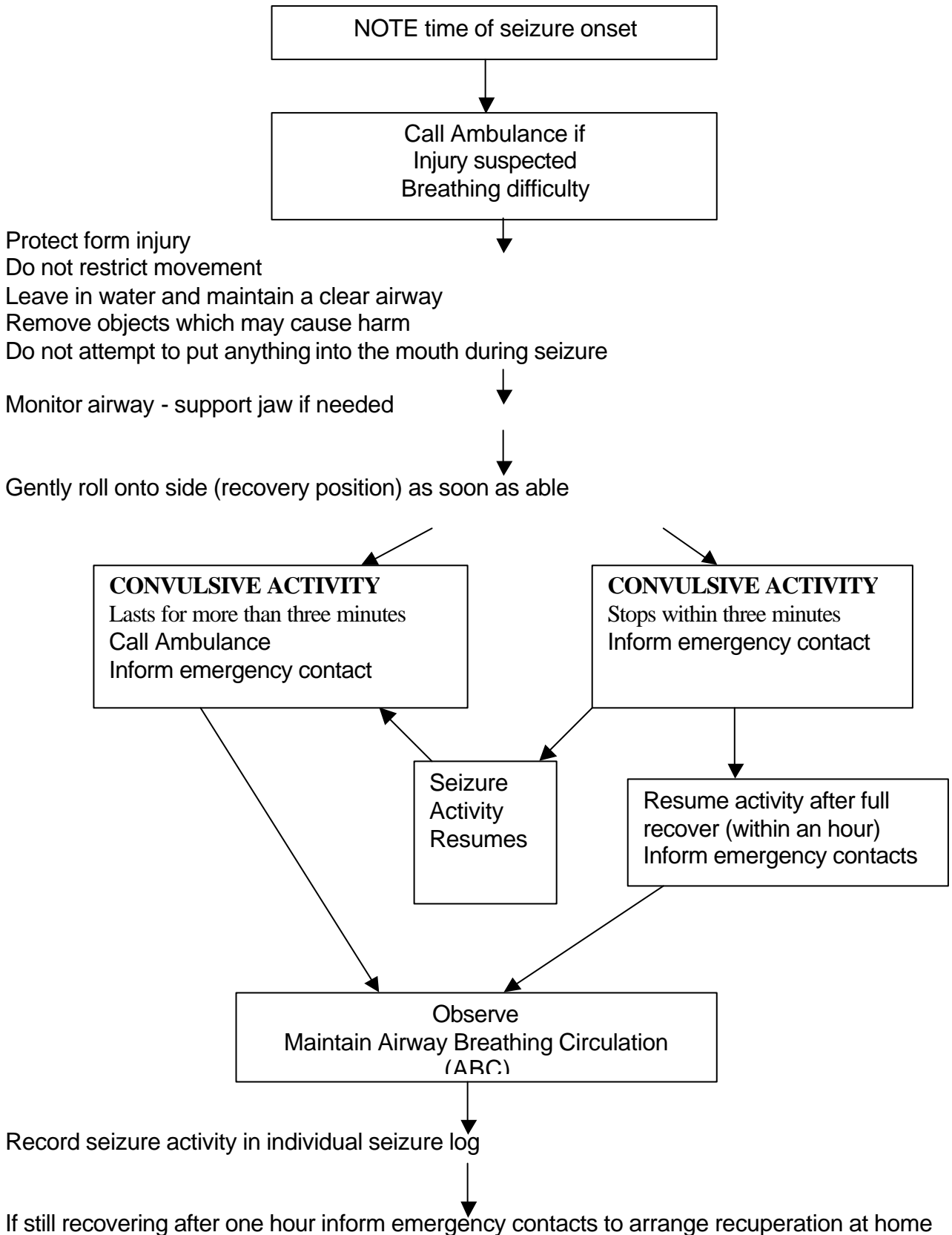
In the case of an allergic reaction the student should cease participation in the activity and the follow management plan as provided with the Medical Consent Form. In the absence of a management plan Standard DECS policy should be followed.

<b>Call</b>	an ambulance
<b>Remove Allergen</b>	if bee venom, brush or scrape away barb, being careful not to break sac. If food, empty and rinse mouth DO NOT INDUCE VOMITING
<b>Maintain</b>	Airway Breathing Circulation

# ASTHMA EMERGENCY FIRST AID



# MAJOR GENERALISED SEIZURE FIRST AID PLAN



## Exclusion of students with infectious diseases

(P 50 S&A Handbook)

The spread of certain infectious disease can be reduced by excluding a person, known to be infectious, from contact with others who are at risk of catching the infection.

The need for exclusion depends on:

- The ease with which the infection can be spread
- The ability of the infected person to follow hygiene precautions
- And to a lesser extent, the severity of the disease.

**Recommended exclusion periods** are based on the time that a person with a specific disease or condition might be infectious to others.

**Recommended non-exclusion** means there is not a significant risk of infection to others. A person who is not excluded may still need to remain at home because they do not feel well.

The following are recommended minimum periods of exclusion from school for cases of and contact with infectious diseases issued by the National Health and Medical Research Council in January 1997. In addition, suggested exclusion periods for cryptosporidiosis, giardiasis, hydatid disease, Ross River virus infection, rotavirus infection, thrush (candidiasis), toxoplasmosis and warts are given.

### Recommended Exclusion Periods (P50-52 S&A Handbook)

Disease or condition	Exclusion of case* from school	Exclusion of contacts** from school
Amoebiasis (Entamoeba histolytica)	Exclude until diarrhoea ceases	Not excluded
Campylobacter infection	Exclude until diarrhoea ceases	No excluded
Chickenpox	Exclude until fully recovered or for at least 5 days after eruption first appears. Note that some remaining scabs are not a reason for continued exclusion.	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
CMV(cytomegalovirus infection)	Exclusion is NOT necessary	Not excluded
Conjunctivitis	Exclude until discharge from eyes ceases	Not excluded
Cryptosporidiosis	Exclude until diarrhoea ceases	Not excluded
Diarrhoea	Exclude until diarrhoea ceases	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by an appropriate authority
Fifth disease (erythema infectiosum, parvovirus infection)	Exclusion NOT necessary	Not excluded

Giardiasis	Exclude until diarrhoea ceases	Not excluded
Glandular fever(mononucleosis)	Exclusion is NOT necessary	Not excluded
Hand foot and mouth disease	Exclude until all blisters are dry	Not excluded
Haemophilus type b (Hib)	Excluded until medical certificate of recovery is received	Not excluded
Head lice(pediculosis)	Exclude until the day after appropriate treatment has commenced	Not excluded
Hepatitis A (infectious hepatitis)	Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is NOT necessary	Not excluded
Hepatitis C	Exclusion is NOT necessary	Not excluded
Herpes simplex (cold sores or fever blisters)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions should be covered by dressing where possible	Not excluded
Human immunodeficiency virus (HIV/AIDS)	Exclusion is NOT necessary, however, if the person is severely immuno-compromised they will be vulnerable to other people's illnesses	Not excluded
Hydatid disease	Exclusion is NOT necessary	Not excluded
Legionnaire's disease	Exclusion is NOT necessary	Not excluded
Leprosy	Exclude until approval to return has been given by an appropriate health authority	Not excluded
measles	Exclude for at least four days after the onset of the rash	Immunised contacts not excluded. Non-immunised contacts should be for 14 days after the first day of appearance of rash in the last case. If non-immunised contacts are vaccinated within 72 hours of their first contact with the first case they may return to school
Meningitis (bacterial)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded of receiving rifampicin
molluscum contagiosum	Exclusion is not necessary	Not excluded
Mumps	Exclude for nine days or until swelling goes down (whichever is sooner)	Not excluded
Poliomyelitis	Exclude for at least 14 days from onset. Allow entry after receiving medical certificate or recovery	Not excluded
Ringworm/tinea	Exclude until the day after appropriate treatment has commenced	Not excluded

Ross River virus (epidemic polyarthritis)	Exclusion is NOT necessary	Not excluded
Rotavirus infection	Exclude until diarrhoea and vomiting ceases	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of the rash	Not excluded
Salmonella infection	Exclude until diarrhoea ceases	Not excluded
Scabies	Exclude until the day after appropriate treatment has commenced	Not excluded
Scarlett fever	(see Streptococcal Sore Throat)	
School sores (impetigo)	Exclude until appropriate treatment has commenced. Any sores on exposed surfaces should be covered with a watertight dressing)	Not excluded
Shigella infection	Exclude until diarrhoea ceases	Not excluded
Streptococcal sore throat (including Scarlet fever)	Exclude the person has received antibiotic treatment for at least 24 hours and the person feels well	Not excluded
Thrush (candidiasis)	Exclusion is NOT necessary	Not excluded
Toxoplasmosis	Exclusion is NOT necessary	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from appropriate health authority	Not excluded
Viral gastroenteritis(viral diarrhoea)	Exclude until diarrhoea ceases	Not excluded
Warts (common, flat and plantar)	Exclusion is NOT necessary <i>Plantar warts must be securely and completely covered by a dressing before the student will be permitted to enter the water. Some pools have their own guidelines and these must be taken into consideration when making a decision.</i>	Not excluded
Whooping cough (pertussis)	Exclude for five days after starting antibiotic treatment	Exclude unimmunised contacts aged less than 7 years from school for 14 days after the last exposure to infection or until they have been on antibiotic treatment for at least 5 days of a minimum 14 day course of antibiotics
Worms	Exclude if diarrhoea present	Not excluded

\* Case: an ill person

\*\* Contact: persons who come into contact with the ill person

## **Infection Control**

Procedures to minimise the transmission of infectious diseases.

Instructors have an opportunity to see their students with minimum clothing on. This often means that we can identify signs of infection at the onset. Instructors need to be observant and call the Instructor in Charge to clarify any sign or symptom that could indicate an infectious disease.

### Personal Hygiene and Standard Precautions.

The most important and effective infection control strategy is to keep your hands germ free. (ie, you must wash your hands)

Work practices that will help reduce the spread of infection include:

- washing and drying hands
- using towelettes containing detergent if hand washing is not possible.
- using disposable gloves (powder free)
- protecting broken skin (covering all cuts and scratches)

### Cleaning and Disinfecting

- Environmental cleaning, immediately clean up any spills or soiling of bodily substances
- Cleaning: remove organic material or dirt from surfaces.
- Cleaning agents: neutral detergents should be used
- Use of disinfectants: containers should be dated when opened  
used and discarded according to manufacturer's recommendations  
stored and used from their original containers  
used in recommended concentrations  
do not mix different disinfectants  
wear gloves.

### Waste Disposal

- Sharps must be placed in the approved puncture-resistant containers
- Contaminated waste should be collected and transported in sealed, leak proof, puncture resistant containers.

### Vaccination:

it is not departmental policy to vaccinate instructors against Hepatitis. There is no empirical data to suggest that swimming instructors are at greater risk of contracting hepatitis than that of the general population. (However, if the risk is deemed significant, policies are in place to cover the cost of vaccination.)



# Swimming/aquatic consent form

## CONFIDENTIAL

To be completed by the PARENT/GUARDIAN for students participating in swimming and aquatics activities. This information will be shown to SCHOOL STAFF and SWIMMING INSTRUCTORS and EMERGENCY SERVICES PERSONNEL responsible for this student's safety at swimming and aquatics activities.

Student name ..... Date of birth .....  
First name (please print) Family name (please print)

Name of school ..... MedicAlert Number (if relevant) .....

Emergency contact phone number: .....

**1. Health support information for swimming and aquatic activities**  
Please complete the following information so the instructors and school staff can plan for your child's safety in the water. No student will be excluded from swimming except on medical advice.

### Does your child have a health care need that could affect their safety in the water?

- NO**      If **NO**, please go to section 2 - CONSENT TO TAKE PART IN SWIMMING AND AQUATIC ACTIVITIES.
- YES**      If **YES**, please tick the boxes below that to show your child's health care needs:

Asthma	
Is your child under a health care plan for asthma?	
Severe allergy (eg bee sting)	
Joint Disorder (eg arthritis)	
Vision Impairment	
Ear Disorder (eg drainage tubes)	
Incontinence	
Medication usually taken at school	

Seizures	
Diabetes	
Heart Disorder	
Hearing Impairment	
Skin condition (eg dermatitis)	
Swallowing / choking difficulties	
Communication difficulties	
Other (please give details)	

**Swimming and aquatics instructors need a written health care plan from your child's doctor/treating health professional to plan for any special health needs. Have you attached health care information from your child's doctor/treating health professional? ( this may be a copy of the information you have provided already to the school).**

- NO**      If **NO**, staff and instructors will provide standard supervision for safety and first aid (see over).
- YES**      If **YES**, write down what you have attached (eg asthma care plan; details about ear care)

## 2. Consent to take part in swimming or aquatic activities

I give my consent for my child named above to take part in swimming and /or aquatic activities.  
I understand that school staff will be present and provide supervision for safety.  
I understand that the swimming or aquatics instructors will be in charge of the water activities.

Parent/guardian or adult student ..... Signature ..... Date .....

**This section is for the instructor and/or class teacher about any special measures to be taken for this child's safety in the water**  
*(for example, safety watch because of a history of seizures; easy access to child's asthma medication; teacher to ensure two puffs of reliever ten minutes prior to lesson; teacher to ensure child eats two snack portions from diabetes school kit)*

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## Standard health care support for the most common health conditions

Asthma	Any child currently prescribed asthma medication must bring their medication. Asthma care plan should be attached to this consent form.
Standard first aid:	
	Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, four minutes. If still no relief, call an ambulance.
	No return to the water after two lots of reliever medication within any given session.
Seizures	No swimming without care plan from doctor/seizure specialist.
	Any student with a diagnosed history of seizures will have an adult acting as one to one safety watch. Seizures are generally managed in the pool. Once the seizure is over, the child will leave the pool for the rest of the session.
Diabetes	No swimming without care plan from doctor/diabetes specialist.
	First aid as per individual diabetes care plan.
Severe allergy	As per allergy specialist care plan
Drainage tubes	Appropriate protection using plugs, caps and ear wraps to be worn throughout water activities unless written medical advice is provided saying this is not necessary.
Incontinence	As per care plan
Choking	As per care plan

### Responsibilities

#### The teacher(s) from the school:

- provides overall supervision
- supervises lesson preparation, including sun protection for outdoor activities
- supervises packing up at the end of activities
- Is responsible for general behaviour management
- Ensures consent forms, including relevant health support information, are provided to the instructor in charge. This includes identification of staff appointed to individual student safety watch (for example if a student has epilepsy/seizures).

#### The instructor:

- Is responsible for the swimming and aquatics learning program
- Must negotiate with teachers any individual student health support (as indicated on consent forms) before students enter the water
- Supports school policies including behaviour management and safety including sun protection
- Ensures school staff and students are informed about emergency procedures.



**ACCIDENT/INCIDENT REPORT FORM**

For all psychological and physical injuries.

(If this is a notifiable work related injury or occurrence – see over)

**FORWARD TO THE MANAGER, OCCUPATIONAL HEALTH SERVICES UNIT, STATE OFFICE R11/7**

**ALL SECTIONS MUST BE COMPLETED**

District No:

1 Worksite:  Worksite No:

2 Family Name of Injured Person   
Given Name   
DECS Identification Number   
Home Address   
Postcode   
Telephone (Home)  (Business)   
Date of Birth:  Age at time of accident (use years)   
Date of Accident

01. Teacher 07. Voluntary Worker  
02. Student 08. Other (Cleaner, School Paid Staff)  
03. Public Servant  
04. School Services Officer  
05. Ancillary Staff  
06. Visitor

Sex 01. Male 02. Female

3 NATURE OF SEVEREST INJURY:

01. Fracture	06. Crushing	11. Bite/Sting	16. Head Injury
02. Dislocation	07. Amputation	12. Psychological injury	17. Other (specify)
03. Strain/Sprain	08. Bruising	13. Shock	
04. Laceration/Cut	09. Dental Injury	14. Concussion	
05. Burn/Scald	10. Overuse/RSI	15. Eye injury	

Time of Accident (use 24 hour clock)

4 PART OF BODY MOST SEVERELY INJURED:

01. Head	09. Collarbone (Shoulder)	17. Leg (Hip, Thigh, Knee, Ankle)
02. Throat	10. Trunk (Chest)	18. Foot (Toes)
03. Teeth	11. Abdomen	19. Psychological system
04. Ears	12. Arm (Wrist, Elbow, Forearm)	20. Voice
05. Nose	13. Hand (Fingers, Thumb)	21. Multiple locations
06. Eyes	14. Pelvis	22. Other (specify)
07. Neck	15. Genitals	
08. Back	16. Buttocks	

5 CAUSE OF ACCIDENT: **(FOR DELIBERATE ACTS OF ASSAULT USE NO.19, NOT NO. 1)**

01. Hit/Injured by another person	09. Power Tool	17. Thermal exposure
02. Hit/Injured by object	10. Insect/Animal	18. Overuse
03. Hit object	11. *Explosion exposure	19. Physical harassment or assault
04. Lifting/moving object	12. *Electric Shock	20. Verbal harassment or assault
05. Lifting/moving (person)	13. *Fire	21. Work pressures
06. Reaching/Stretching/Bending	14. *Collapse of structure	22. Psychological other, said to arise from work
07. Slip and fall	15. Exposure to noise	23. Other (specify)
08. Hand Tool	16. *Exposure to chemical/substance	

6 PLACE ACCIDENT/INJURY OCCURRED:

01. Classroom	08. Toilet	15. Excursion	21. Drama/Music room
02. Laboratory	09. Gymnasium	16. Camp	22. Photographic room
03. Workshop	10. Sports field	17. Travelling	23. Agricultural area
04. Home Ec. room	11. Play area	18. Swimming	24. Other (specify)
05. Art/Craft room	12. Playground equipment	19. Library	
06. Office	13. Path/Walkway	20. Hallway/Corridor	
07. Canteen	14. Step/Stair		

7 TREATMENT OF INJURY:

01. First Aid (returned to class)	03. Medical/Dental (treatment)	05. Fatal
02. First Aid (sent home)	04. Admitted to hospital (as a patient)	06. None required

8 Will this Accident/Injury result in a Worker's Compensation Claim?

01. Yes (Worker's Compensation forms require completion). 02. No 03. Unsure

9 PERSON ON DUTY:

Name:  Employee Status:

10 WITNESSES:

Name	Home Address

11 DETAILS OF ACCIDENT/INJURY *If insufficient space is provided on this form, please use additional sheet*

What was the activity at the time of the accident?

What Happened?

What factors, if any, contributed to the accident/injury?

12 ACTION TAKEN FOR INJURED PERSON'S WELFARE: (including attention given and by whom)

13 ACTION TAKEN TO PREVENT RECURRENCE (*must be completed by the Worksite Manager/Line Manager*)

14 SAFETY MEASURES PROVIDED ("Y" – YES, "N" - NO)

Protective Clothing  Verbal Instructions  Written Instructions  Supervision  Safety Guards  N/A

15 \* WORKPLACE SERVICES INSPECTORATE NOTIFICATION

If this is an immediately notifiable accident or notifiable dangerous occurrence, was the Workplace Services Inspectorate notified? (See below.)  ("Y" – YES, "N" – NO)

16 NOTED BY H & S REPRESENTATIVE:

\_\_\_\_\_ H & S Representative

17 NOTED/ENDORSED

\_\_\_\_\_ / /  
Director/Principal/Manager Date

**NOTE 1: Completed ED155 forms must be forwarded to the OHS Unit as soon as possible after the incident –preferably within 48 hours.**

**NOTE2: ED155 forms must be noted and/or endorsed by the manager and forwarded to the OHS Unit irrespective of whether the manager agrees with the details on the form. The manager can, however, attach information as to why they disagree with the information. (Refer to No. 17.) Unsigned forms will be returned to the worksite.**

**NOTE 3: All student accidents must be recorded at the worksite. Only forward ED155 forms where professional medical treatment has been given. (Please provide brief details in No. 12.)**

**NOTE 4: Each worksite manager will regularly receive a summary of all staff incidents at their worksite from the OHS Unit to assist in improving site OHS&W systems and action planning.**

**\*Notification Requirements (for these and other notifiable incidents).**

- (a) If an employee suffers an immediately **notifiable work related injury**, the worksite manager **must** notify the Workplace Services Inspectorate by telephone or facsimile ASAP  
Tel: 8303 0272, Fax: 8303 0211.
- (b) In the event of a **notifiable dangerous occurrence** the worksite manager **must** notify **Workplace Services Inspectorate** ASAP and in writing within 24 hours of the occurrence.
- (c) In the event of an **Electrical or Gas incident**, the worksite manager must immediately notify the **Office of Energy Policy**  
Tel: **Electrical** 8226 5527 **Gas** 8226 5746



**D**EPARTMENT OF **E**DUKATION  
**T**RAINING AND **E**MPLOYMENT

DETE Occupational Health  
 and Safety Unit  
 100 Waymouth Street  
 Adelaide 5000  
 GPO Box 5001  
 Phone: 82261440  
 Fax: 82261177

**ACCIDENT INVESTIGATION REPORT FORM**

All accidents must be investigated within three days of the incident and details must be included on the ED155 Accident/Incident Report Form. This form, the ED165, must be completed by worksite managers for serious accidents which result in three or more days lost time and/or result in psychological, back, head or knee injuries. The ED165 form will provide additional information to that provided on the ED155 and may be of assistance in the claim determination process. It must be included with the ED155, the Worker Report Form, the Employer Report Form and prescribed medical certificates.

Injured Person: Family Name				Preferred Given Name	
Date of Injury:				DETE ID	
Worksite name:					Worksite No:
Cause of injury: <i>eg: tripped on step; harassed by parent.</i>					
See reverse for a more comprehensive list of the type of information that may be important. Include events leading up to the incident if applicable.					
Action taken for injured person's welfare:					
	Personnel Counsellor involved      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Action taken to prevent recurrence:					
Investigating Officer:				Position:	
Signature:	_____			Date:	/ /

*If there is insufficient space on the form to enter all information, attach a separate sheet.*

## A GUIDE TO COMPLETING THE ACCIDENT INVESTIGATION REPORT FORM

The accident report should be brief and to the point.  
This report can be used as a Legal Document.

**Cause of Injury could include the following type of information:**

**When:** When did the accident occur? When was it discovered? When was it brought to your attention?

*Make sure you cover time, date, month, etc.*

*Make sure that you describe times of each part of the event if there is a sequence of actions.*

**Where:** *This is the location of the occurrence. It may include the location of any object involved in the accident. It also covers the positions of other people involved at the time.*

*If dealing with evidence, where is it now?*

**Who:** *Means all persons concerned with the occurrence. Basically, anyone connected with the matter at hand. Include names, designation and all other identifying data that may become relevant. **Please take witness statements**, where relevant.*

**What:** What work was the person doing at the time of the accident? Include all relevant details of actions and objects.

**How:** *Describe sequence of events to show how the accident occurred.*

**Why:** *If there is a readily identifiable reason or motive, then describe it. However, do not speculate.*

For further information, contact your Health and Safety Adviser or the OHS Unit on **8226 1440**

Or refer to the DETE Policy

***Procedures for Accident Reporting and Investigation.***

This can be accessed by entering the LEARNSA web page (***http://www.learnsa.net***),  
(or YAHOO.... LearnSA Splash Screen)

- click on CORPORATE,
- click on OCCUPATIONAL HEALTH, SAFETY AND WELFARE,
- click on, RESOURCES
- click on POLICY LIST.

## Student Accident Report Form

Date:

Time:

Student:

School:

Teachers Name:

Description of Accident:

Action Taken:

**The teacher was informed and reminded to fill out an ED155    yes/no**

Instructor:  
(Sign and Print Name)

Instructor in Charge: