



INJURY REPORT FORM

Enter all information onto IRMS within 12 hours – refer notes page 4

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS.

Worksite

1	Worksite:	Location No:
	Name of Site Manager:	Telephone:
	Date of Injury : : Hours	24 hour clock

Affected Person

2.	Surname	First Name
	Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Is the affected person a DECD worker? <input type="checkbox"/> Yes <i>Go to Section 2A</i> <input type="checkbox"/> No <i>Go to Section 2B</i>	

2A DECD Worker

ID NO:	Employment: <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/> Contract		
	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Work Role:	<input type="checkbox"/> Teacher <input type="checkbox"/> SSO <input type="checkbox"/> Site Manager <input type="checkbox"/> Line Manager <i>supervisory role other than site manager</i>		
	<input type="checkbox"/> ECW <input type="checkbox"/> AEW <input type="checkbox"/> GSE <input type="checkbox"/> PS Act Worker <input type="checkbox"/> Director <i>District/Corporate</i>		
Was time lost from work?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>More than half day</i>	Date ceased work: / /	Time: : Hours <i>24 hour clock</i>
Will a workers compensation claim be lodged?	<input type="checkbox"/> No <input type="checkbox"/> Unsure	If Yes, forward WorkCover SA claim form and Prescribed Medical Certificate as soon as possible to: Health & Safety Services, Courier R11/7 Injury Management Helpline Tel: 8226 7555 available for advice.	

Name of Person completing form:

2B Non-DECD person

Status:	<input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Voluntary Worker <input type="checkbox"/> Other <i>e.g. Paid by Site, Govt</i>
Home Address:	Telephone:
	Post code:
Name of person in charge: <i>i.e. DECD person on duty at time</i>	Work Role:

3. Details and Initial Assessment of Injury *If insufficient space is provided on this form, please attach additional sheet*

What was the affected person doing at the time?
What happened?

4. Description of prior events and contributing factors

Describe any prior act or event that may have led up to the injury.

5. Witnesses If applicable

Name	Address:
Name:	Address:

6. Place of Injury

<input type="checkbox"/> Classroom	<input type="checkbox"/> Path / walkway	<input type="checkbox"/> Camp	<input type="checkbox"/> Art / craft room
<input type="checkbox"/> Staffroom	<input type="checkbox"/> Steps / stairways	<input type="checkbox"/> Excursion	<input type="checkbox"/> Toilet
<input type="checkbox"/> Office	<input type="checkbox"/> Canteen	<input type="checkbox"/> Swimming venue	<input type="checkbox"/> Structured Workplace Learning Site
<input type="checkbox"/> Hallway / corridor	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Travelling	(e.g. Work experience placement)
<input type="checkbox"/> Play area / yard	<input type="checkbox"/> Workshop	<input type="checkbox"/> Agricultural area	<input type="checkbox"/> Drama / music room
<input type="checkbox"/> Sports field	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Home Economics room	
<input type="checkbox"/> Worksite car park	<input type="checkbox"/> Library	<input type="checkbox"/> Other (Specify):	

7. Part of Body / Person Injured *In the case of multiple injuries please tick the **most serious***

<input type="checkbox"/> Head (<i>forehead/skull</i>)	<input type="checkbox"/> Vocal chords	<input type="checkbox"/> Elbow	<input type="checkbox"/> Ankle
<input type="checkbox"/> Teeth	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Feet / toes
<input type="checkbox"/> Ears	<input type="checkbox"/> Shoulder (<i>including collarbone</i>)	<input type="checkbox"/> Hand / fingers	<input type="checkbox"/> Groin
<input type="checkbox"/> Nose	<input type="checkbox"/> Trunk (<i>chest / ribs / abdomen</i>)	<input type="checkbox"/> Hip / buttocks	<input type="checkbox"/> Nervous system
<input type="checkbox"/> Eyes	<input type="checkbox"/> Internal organs	<input type="checkbox"/> Thigh	<input type="checkbox"/> Multiple locations
<input type="checkbox"/> Face	<input type="checkbox"/> Upper arm	<input type="checkbox"/> Knee	<input type="checkbox"/> General and/or unspecified locations
<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Lower leg	

8. Nature of Injury *In the case of multiple injuries please tick the **most serious***

NOTE: If this is a notifiable incident refer page 4

<input type="checkbox"/> Sprain / strain	<input type="checkbox"/> Concussion / intracranial injury	<input type="checkbox"/> Disorders of the conjunctiva and cornea (eyes)
<input type="checkbox"/> Open wound	<input type="checkbox"/> Insect bite / sting	<input type="checkbox"/> Respiratory condition due to substances
<input type="checkbox"/> Bruising	<input type="checkbox"/> Bite (<i>human – skin broken</i>)	<input type="checkbox"/> Chemical exposure
<input type="checkbox"/> Superficial injury	<input type="checkbox"/> Bite (<i>human – skin intact</i>)	<input type="checkbox"/> Dermatitis or eczema
<input type="checkbox"/> Fracture	<input type="checkbox"/> Deafness (<i>tinnitus / hearing loss</i>)	<input type="checkbox"/> Mental distress
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Foreign body – no wound (<i>e.g. in eye/s</i>)	<input type="checkbox"/> *Amputation See page 4
<input type="checkbox"/> Burn / scald		
<input type="checkbox"/> Other (Specify):		* Immediately Notifiable

9. Mechanism *How the injury was sustained*

NOTE: If this is a notifiable incident refer to page 4

<input type="checkbox"/> Stress / strain while lifting, moving / lowering objects	<input type="checkbox"/> Hit by falling objects (<i>from a height</i>)	<input type="checkbox"/> Injured by a person (<i>accidental</i>)
<input type="checkbox"/> Stress / strain while lifting, moving / assisting person	<input type="checkbox"/> Collapse of furniture (eg chair / shelving)	<input type="checkbox"/> Injured by a person (<i>deliberate - assault</i>)
<input type="checkbox"/> Stress / strain through bending, twisting or reaching	<input type="checkbox"/> *Contact with electricity	<input type="checkbox"/> Physical harassment
<input type="checkbox"/> Stress / strain through repetitive movement	<input type="checkbox"/> Exposure to single sudden sound	<input type="checkbox"/> Verbal harassment
<input type="checkbox"/> Slips, trips and falls	<input type="checkbox"/> Long term exposure to sound	<input type="checkbox"/> Work pressure:
<input type="checkbox"/> Hit object with part of body	<input type="checkbox"/> Single contact with chemical / substance	Circle as appropriate:
<input type="checkbox"/> Hit by moving objects	<input type="checkbox"/> Long term contact with chemical / substance	1. Workload
	<input type="checkbox"/> Contact with hot objects	2. Role ambiguity
	<input type="checkbox"/> Exposure to environmental heat	3. Site management processes
	<input type="checkbox"/> Insect/spider bites and stings	4. Student behaviour
	<input type="checkbox"/> Animal bite	5. Interpersonal conflict
		6. Performance issues
		7. Other (<i>eg personal issue, illness, event</i>)
<input type="checkbox"/> Other (Specify):		<input type="checkbox"/> Traumatic experience
		<input type="checkbox"/> Other mental stress factors
		* Immediately Notifiable

10. Agency Causation factor — person, place or object

NOTE: If this is a notifiable incident refer page 4

<input type="checkbox"/> Student	<input type="checkbox"/> Live animals	<input type="checkbox"/> Trolleys, handcarts and wheelie bins	<input type="checkbox"/> Mechanical shears, slicers, guillotines
<input type="checkbox"/> Staff member	<input type="checkbox"/> Insects	<input type="checkbox"/> Tractors	<input type="checkbox"/> Pressing, rolling machinery
<input type="checkbox"/> Line manager	<input type="checkbox"/> Spiders	<input type="checkbox"/> Other powered garden and outdoor equipment	<input type="checkbox"/> Oxy-acetylene equipment
<input type="checkbox"/> Visitor	<input type="checkbox"/> Snakes and other reptiles	<input type="checkbox"/> Non – powered hand tools	<input type="checkbox"/> Arc welding equipment
<input type="checkbox"/> Parent	<input type="checkbox"/> Laboratory equipment	<input type="checkbox"/> Portable powered tools, appliances & equipment	<input type="checkbox"/> TIG / MIG / MMA
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Chemicals / chemical products	<input type="checkbox"/> Fixed machinery	<input type="checkbox"/> Blood or body fluids
<input type="checkbox"/> Contractor	<input type="checkbox"/> Fire / flame / smoke	<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Non physical agencies
<input type="checkbox"/> Intruder	<input type="checkbox"/> Kitchen & domestic equipment & appliances		<input type="checkbox"/> Agency not apparent
<input type="checkbox"/> Holes or uneven ground	<input type="checkbox"/> Office electric equipment		<input type="checkbox"/> Furniture
<input type="checkbox"/> Steps and stairways	<input type="checkbox"/> Mechanical lifting equipment (for lifting / moving students)		
<input type="checkbox"/> Playground & sports equipment			
<input type="checkbox"/> Sun			

11. Treatment of Injury

NOTE: If this is a notifiable incident refer to page 4

<input type="checkbox"/> None required	<input type="checkbox"/> First aid (returned to class/work)	<input type="checkbox"/> First aid (sent home)
<input type="checkbox"/> Debriefing	<input type="checkbox"/> Professional Counselling	<input type="checkbox"/> Other personal support
<input type="checkbox"/> Medical/dental (Including hospital outpatient treatment)	<input type="checkbox"/> *Hospitalised (Admitted as inpatient)	<input type="checkbox"/> *Fatal

*** Immediately Notifiable.**

For students only: Was the student treated by a qualified medical practitioner (within 48 hours of accident/incident)? Please indicate:

☐ Yes **Ensure incident is recorded on IRMS** ☐ No **Please retain on site - do not forward on** See Note 2, page 4

12. Site Manager Section

If insufficient space please attach additional page

Injury reported to me on Date: / / Time: : Hours 24 hour clock	
Safety measures in place at the time of injury	<input type="checkbox"/> Supervision <input type="checkbox"/> Written instructions <input type="checkbox"/> Contact numbers displayed <input type="checkbox"/> Verbal instructions <input type="checkbox"/> Local policy / procedure <input type="checkbox"/> Professional development plan <input type="checkbox"/> Protective clothing <input type="checkbox"/> Safety guards <input type="checkbox"/> Not applicable to this issue
SafeWork SA Inspectorate Notification	Is this an immediately notifiable serious injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this an immediately notifiable dangerous incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either of the above, has SafeWork SA been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable See Note page 4
What immediate action was taken to address the <u>cause</u> ?	
Actions being taken to minimise the likelihood of similar injury happening again	For example: risk assessment process, controls identified / implemented, documentation filed
If a workers compensation claim is likely briefly outline your views of the circumstances	For example: was the person undertaking their normal duties at the time? Were normal administrative processes in place? Inform Health & Safety Services within 24 hours of being notified of injury.
Initial rehabilitation assessment by Site Manager. Date: / / (Should be the same as date injury is reported)	
Rehabilitation is required: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Contact the Injury Management Helpline immediately Tel: 8226 7555.	
Site Manager Signature:	

13. Noted by relevant Line Manager / Supervisor (where applicable) and H&S Representative

13	Line Manager Name: Signature: Date: / /
	Health & Safety Rep: Signature: Date: / /

Please print clearly

NOTES TO ASSIST COMPLETION OF INJURY REPORT FORMS

1. DECD WORKERS

Use this ED 155 to document and record injuries. **All details to be entered into IRMS within 12 hours from time of incident.**

WHERE A DECD WORKER INDICATES THAT A WORKER'S COMPENSATION CLAIM WILL BE LODGED

- a) Notify the Injury Management Helpline immediately Tel: 8226 7555.
- b) Complete and forward a WorkCover Worker Report Form and a Prescribed Medical Certificate as soon as possible to Health & Safety Services (R 11/7).

2. NON DECD PERSONS

Use the ED 155 to document and record injuries to Non DECD Persons prior to entry onto IRMS.

FOR STUDENT INJURIES

Enter an incident onto IRMS whenever there is a serious injury to a student; i.e.

- The student receives professional medical treatment
- The student has to leave school as a consequence of an accident
- The principal or his/her delegate believes that there is the potential for legal proceedings to result

3. IRMS reports must be completed by the worksite/workgroup manager except in cases of psychological injury where the worksite/workgroup manager is directly involved and the affected **worker** believes such action may cause additional distress. In such cases the unsigned form may be forwarded to:

- The relevant Education Director (School and Preschool based personnel).
- The next level of line management (Directors, PS Act personnel and seconded staff).

4. INJURIES REQUIRING FURTHER NOTIFICATION

Notifiable Incidents

The worksite manager is required to complete a Notifiable Incident Report following:

- Any event or issue of a critical or highly contentious nature.
- Any event that may result in media attention.

Ensure notifiable report tab is filled in on IRMS.

Notifiable Incidents as outlined in Part 3 of the Work Health and Safety (WHS) Act 2012 include:

- The Death of a Person
- Serious Injury or Illness
- An injury or illness that requires immediate treatment as an in-patient in hospital
- Amputation
- Serious head, eye or burn injury
- Degloving or scalping
- Spinal injury
- Loss of bodily function
- Serious laceration
- Exposure to a substance, which requires medical treatment within 48 hours.

The worksite manager must notify SafeWork SA as soon as possible. Tel: 1800 777 209

Dangerous Incidents

Exposure of a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the falls from height of any plant, substance or the like
- the collapse, overturning, failure or malfunction of, or damage to, any plant (that requires authorisation in accordance with the WHS Regulations)
- the collapse or partial collapse of a structure

The worksite manager must notify SafeWork SA as soon as possible. Tel: 1800 777 209

Electrical or Gas incident

The Site Manager must also immediately notify the Office of the Technical Regulator

Tel: 1800 558 811. Any person who has received an electric shock must seek professional medical attention as soon as possible after the incident.

Where a dangerous incident or serious injury or illness has occurred the Site Manager must not disturb the site, including plant and substances, (other than to assist injured persons, make the site safe or minimise the risk of further notifiable incidents) until advised otherwise by a SafeWork SA Inspector.

FOR FURTHER INFORMATION CONTACT HEALTH & SAFETY SERVICES ON 8226 7555