Health and Safety Incident – SMS Data Entry Form

(Effective version 2010.1 SMS release)

PRIVACY: The Department is collecting personal information on this form in accordance with the *Workplace Health and Safety Act 1995 (Qld)*, *Workplace Health and Safety Regulation 1997, Electrical Safety Act 2002 (Qld)* and/or *Electricity Safety Regulation*. The form will be securely stored within the relevant Workplace, Central Office, Regional Office or District Office. The information may be disclosed to third parties, including Government Superannuation Office, Australian Taxation Office, Workplace Health and Safety Queensland, Electrical Safety Office Queensland, Workcover Queensland, Industrial organisations or other entities in accordance with or where requested by law or industrial instrument.

Injury/Illness Details Summary

Date: Time: am ☐ pm ☐

Was any person injured or ill as a result of this incident? Yes ☐ No ☐ *(if "no" – only complete form if incident was a dangerous event)*

1. Injured Person's Details

(√ please tick) ❑ Staff Member ❑ School Student ❑ Other Person e.g. volunteer

Given Name:	Surname:	EQ ID (if known):

Further information if the person was an "other person"- leave blank if staff or student

Address:		Association with school: ❑ Parent ❑ Public ❑ Visitor ❑ Volunteer ❑ Other: ___________
Suburb: Post Code:		
Phone:	Why on school property:	

If more than one person was injure/ill complete the details on another form

2. First Person Informed of the Incident – Details *(who was the first person informed of the incident?)*

(√ please tick) ❑ Staff Member ❑ School Student ❑ Other Person *(e.g. volunteer)*

Given Name:	Surname:	EQ ID (if known):

Further information if the person was an "other person"- leave blank if staff or student

Address:		Association with school: ❑ Parent ❑ Public ❑ Visitor ❑ Volunteer ❑ Other: ___________
Suburb: Post Code:		
Phone:	Why on school property:	

3. Location – Where the Incident Occurred

Location:	Name of the facility (if known):

4. What Happened?

Detailed description of incident (consider the activity, what happened and why).	

5. Recommended Control Strategies to Prevent Recurrence – MANDATORY

To be completed in consultation with the school Workplace Health and Safety Officer (WHSO) and/or Principal/Officer-in-Charge.

6. Incident Information

Activity (√ please tick) – what was the activity at the time of the incident?

❑ Admin General	❑ Playground Duty	❑ Lifting/Manual Handling	❑ Play – supervised	❑ Excursion/Trip
❑ Camp	❑ Equipment Usage	❑ Meeting	❑ Play – unsupervised	❑ Tuckshop
❑ Chemicals/Poisons	❑ Maintenance	❑ Movement Around School	❑ Lesson Prep/Cleanup	❑ Unauthorised Activity
❑ Computer Work	❑ First Aid	❑ Grounds Care	❑ Restraining Student	❑ Work General
❑ Curriculum Prac	❑ School Activity	❑ Non-School Activity	❑ Sport	❑ Other:
❑ Curriculum Theory	❑ Assisting Student		❑ Travel to/from School	________________

Cause (√ please tick) – what caused the injury?

❑ Caught In / Between	❑ Exposure to …	❑ Lifting/Handling	❑ Stepping On / In	❑ Other:
❑ Contact with …	❑ Object Falling/Flying	❑ Repetitive Movement	❑ Walking	
	❑ Person Falling	❑ Running/Jumping	❑ Struck by / or against	

Severity (√ please tick)	❑ Minor (first aid / no time lost)	❑ Moderate (needs medical care)	❑ Serious (> 4 days away /permanent injury/damage)	❑ Fatal
Treatment Required (√ please tick)	❑ Nil (none / not applicable)	❑ First Aid (on site by staff/ambulance officer)	❑ Doctor / Out Patients (medical treatment)	❑ Hospitalisation (overnight stay or longer)

If Hospitalised – what is hospital name?			
Who provided first aid? (name)			
If first aid – what first aid was provided?			
Possible number of days absent (estimate)		Actual number of days absent	

Possible WorkCover Claim? – *Is a claim for compensation likely? (staff only)*	Yes ☐ No ☐	Possible Legal Action – *Is legal action against the department likely /pending*	Yes ☐ No ☐

7. Injury / Illness Details

Injury/Illness			Location on Body		
❑ *Ache/Pain*	❑ *Cut/Laceration*	❑ *Poisoning*	❑ *Head*	❑ *Chest*	❑ *Leg(s)*
❑ *Amputation*	❑ *Dislocation*	❑ *Respiratory*	❑ *Face*	❑ *Shoulder(s)*	❑ *Knee(s)*
❑ *Bite/Sting*	❑ *Fracture*	❑ *Sprain/Strain*	❑ *Eye(s)*	❑ *Arm(s)*	❑ *Ankle(s)*
❑ *Bruise/Crush*	❑ *Headache*	❑ *Stress Reaction*	❑ *Nose*	❑ *Elbow(s)*	❑ *Foot/Feet*
❑ *Bump/Knock*	❑ *Hearing Loss*	❑ *Unconscious*	❑ *Mouth*	❑ *Wrist(s)*	❑ *Toe(s)*
❑ *Burn/Scald*	❑ *Infection/Disease*	❑ *Unspecified*	❑ *Tooth/Teeth*	❑ *Hand(s)*	❑ *Skin*
❑ *Concussion*	❑ *Irritation/Allergy*	☐ *Other:______*	❑ *Ear(s)*	❑ *Finger(s)*	❑ *Respiratory System*
❑ *Cumulative*	❑ *Nausea*		❑ *Neck*	❑ *Stomach*	❑ *Internal*
			❑ *Back Upper*	❑ *Hip(s)*	❑ *Stress Related*
			❑ *Back Lower*	❑ *Groin*	❑ *Other: _________*

8. Emergency Contact Details

Has the injured person's emergency contact been notified?	❑ Yes (please complete contact details)	❑ No (please complete – "reason not contacted" below)
Emergency Contact:	First Name:	Surname:
Phone No:		Date: Time: ☐ am ☐ pm
If "no" - reason not notified:		

Was the injury/illness caused by a confrontation or aggressive act? Yes ☐ No ☐

Aggressor?	❑ Parent ❑ Member of Public ❑ Staff	❑ Visitor ❑ Volunteer ❑ Other	❑ Student	☐Primary ☐Secondary ☐SEU/SEDU/Special
Type of Confrontation	❑ Physical	❑ Verbal	❑ Both Physical and Verbal	

10. Hazard Information – MANDATORY (if necessary seek assistance from school WHSO to determine the hazard)

What was the primary hazard that caused the incident?			
Contributing Hazard Category (√ please tick)			
☐ *Animal/Insect*	☐ *Equipment (eg. playground)*	☐ *Non Powered Tool*	☐ *Radiation / Arc Flash*
☐ *Blood / Body Substance*	☐ *Fire / Explosion*	☐ *Person/People*	☐ *Virus / Disease*
☐ *Building Fixtures*	☐ *Floor / Ground*	☐ *Stairs/Steps*	☐ *Water / Pool*
☐ *Built Environment*	☐ *Foreign Object (eg. splinter)*	☐ *Stress / Trauma*	☐ *Working / Learning Environment*
☐ *Electricity / Gas*	☐ *Furniture*	☐ *Sunburn / UV Radiation*	☐ *Other ____________*
☐ *Electrical Appliance*	☐ *Machinery (Fixed)*	☐ *Temperature*	
☐ *Environmental Factors*	☐ *Machinery (Mobile)*	☐ *Travel*	
Associated Equipment?		When was the hazard identified?	Date: Time: ☐am ☐pm
Who identified the Hazard?			

11. Details of Witnesses (if any)

(√ please tick) ❑ Staff Member ❑ School Student ❑ Other Person e.g. volunteer

Details if "Staff" or "Student"

Given Name:	Surname:	EQ ID (if known):

Further information if the person was an "other person"- leave blank if staff or student

Address:		Association with school: ❑ Parent ❑ Public ❑ Visitor ❑ Volunteer ❑ Other: ___________
Suburb:	Post Code:	
Phone:	Why on school property:	

If there are other significant witnesses please complete their details on another form and attach to this one.

Signature of person completing form:____ Date: ________________

*Name:*____ *Job title:*__________________________________

Further Actions:

- *Consult the school Workplace Health and Safety Officer (WHSO) on hazard details and the recommended control strategies.*
- *Provide to data entry form to school administration for data entry into SMS – Workplace Health and Safety Module.*
- *Enter the details from this form into SMS to produce a Health and Safety Incident Report for recording and notification purposes.*
- *Ensure that the Principal/Officer-in-Charge signs the second page.*
- *Notify via fax as instructed in the fax header of the SMS generated Health and Safety Incident Report*
- *Place the original SMS Health and Safety Incident Report on file at school and provide a copy to the school WHSO for their information.*
- *Provide a copy of the SMS Health and Safety Incident Report to the injured person for their records.*
- *Note: a copy of a student incident report may be provided to the parent/caregiver on request through the Principal. Details of other parties (e.g. other student's names should be obscured)*