



INJURY REPORT FORM

Forward pages 1-3 promptly to Health & Safety Services – refer Notes page 4

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS.

Worksite

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

Affected Person

2.	Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Is the affected person a DECS employee? <input type="checkbox"/> Yes Go to Section 2A. <input type="checkbox"/> No Go to Section 2B.	

2A DECS Employee

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"/> PSM Act Employee <input type="checkbox"/> Director <i>District/Corporate</i>
Was time lost from work?	<input type="checkbox"/> No <input type="checkbox"/> Yes More than half day Date ceased work: / / Time: : Hours 24 hour clock
Will a workers compensation claim be lodged?	<input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Yes <i>If Yes, forward ED155, WorkCover Worker Report 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.</i>

Name of Person completing form:

2B Non-DECS person

Status:	<input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Voluntary Worker <input type="checkbox"/> Other e.g. Paid by Site, Govt
Home Address:	Telephone:
	Post code:
Name of person in charge: i.e. DECS person on duty at time	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. <i>Work experience placement</i>)
<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 injury 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 injury 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
<input type="checkbox"/> Other (Specify): _____		7. Other (<i>eg personal issue, illness, event</i>)
		<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 injury 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 TIG / MIG / MMA
<input type="checkbox"/> Parent	<input type="checkbox"/> Laboratory equipment	<input type="checkbox"/> Portable powered tools, appliances & equipment	<input type="checkbox"/> Blood or body fluids
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Chemicals / chemical products	<input type="checkbox"/> Fixed machinery	<input type="checkbox"/> Non physical agencies
<input type="checkbox"/> Contractor	<input type="checkbox"/> Fire / flame / smoke	<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Agency not apparent
<input type="checkbox"/> Intruder	<input type="checkbox"/> Kitchen & domestic equipment & appliances		<input type="checkbox"/> Furniture
<input type="checkbox"/> Holes or uneven ground	<input type="checkbox"/> Office electric equipment & appliances		
<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 injury 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 **Forward form to Health & Safety Services** 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"/> Verbal instructions <input type="checkbox"/> Local policy / procedure <input type="checkbox"/> Protective clothing <input type="checkbox"/> Safety guards	<input type="checkbox"/> Contact numbers displayed <input type="checkbox"/> Professional development plan <input type="checkbox"/> Not applicable to this issue
SafeWork SA Inspectorate Notification	Is this an immediately notifiable work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this an immediately notifiable dangerous occurrence? <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 cause?		
Actions being taken to minimise the likelihood of similar injury happening again	<i>For example: risk assessment process, controls identified / implemented, documentation filed</i>	
If a workers compensation claim is likely briefly outline your views of the circumstances	<i>For example: was the person undertaking their normal duties at the time? Were normal administrative processes in place? Inform H&S Services within 2 days of being notified of injury.</i>	
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 <i>If Yes, Contact the Injury Management Helpline immediately Tel: 8226 7555.</i>	
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. DECS EMPLOYEES

Use the ED 155 to document and record all employee injuries and forward the completed form to HEALTH & SAFETY SERVICES, (H&SS) STATE OFFICE, (R 11/7) within 48 hours. Retain a copy at the worksite for legal and auditing purposes. Where possible ED155 should be printed double sided before recording details and photocopying. Managers may attach additional information in regard to an injury. Please complete all sections.

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

- a) Notify the Injury Management Helpline immediately Tel: 8226 7555. Fax the ED155 form within 24 hours to Fax: 8226 1177.
- b) Complete and forward, a WorkCover Worker Report Form, a Prescribed Medical Certificate and a copy of the ED155 form as soon as possible to Health & Safety Services (R 11/7).

2. NON DECS PERSONS

Use the ED 155 to document and record injuries to Non DECS Persons and forward the completed form to HEALTH & SAFETY SERVICES, (H&SS) STATE OFFICE, (R 11/7) within 48 hours. Retain a copy at the worksite for legal and auditing purposes.

FOR STUDENT INJURIES

Complete an ED 155 whenever there is a serious injury to a student and retain a copy at the worksite; 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

Only forward (to H&SS) ED155 forms where professional medical treatment was administered.

Where an Ambulance has been called for a student and the parent/care-giver has claimed payment via a Statutory Declaration Form; forward a copy of the ED155, Ambulance Account and Statutory Declaration to Legislation and Legal Services Unit (courier R11/13). The Statutory Declaration Form can be located on the Website – www.decs.sa.gov.au/docs/files/communities/docman/1/ambserv.dot

3. **ED155 forms must be signed by the worksite/workgroup manager** except in cases of psychological injury where the worksite/workgroup manager is directly involved and the affected *employee* believes such action may cause additional distress. In such cases the unsigned form may be forwarded to:

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

4. INJURIES REQUIRING FURTHER NOTIFICATION

Critical Incidents

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

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

Forward to the critical incident report to the District Director who will in turn forward it to the Manager of SchoolCare. Immediately Notifiable Work Related Injury where one or more of the following has occurred:

- The injury has resulted in death;
- The injury had acute symptoms associated with exposure to a substance at work;
- The injury required immediate medical treatment as an in-patient in a hospital.

The worksite manager must notify SafeWork SA as soon as possible. Tel: 1800 777 209, Fax: 8204 9200
E-mail: help@safework.sa.gov.au.

Notifiable Dangerous Occurrence

Where there is immediate & significant risk to any person that is attributable to one or more of the following:

- Electrical short circuit, malfunction or explosion;
- An uncontrolled explosion, fire or escape of gas, hazardous substance or steam;
- Collapse of building (eg wall) or structure (e.g. pergola/sports structure)

The worksite manager must notify SafeWork SA in writing within 24 hours of the occurrence via Fax: 8204 9200

Electrical or Gas incident

The site manager must immediately notify: The Office of the Technical Regulator Tel: 1800 558 811. If anyone experiences an electric shock, they must be advised to seek professional medical advice as soon as possible after the incident.

Where a dangerous occurrence or immediately notifiable work-related injury has occurred the worksite manager must get permission from a SafeWork SA inspector before they:

- Alter the site where the injury occurred.
- Re-use, repair or remove any plant or substance that caused or was connected to the death or injury.

FOR FURTHER INFORMATION, ADVICE OR CLARIFICATION CONTACT HEALTH & SAFETY SERVICES

Telephone: 8226 1440