# INJURY REPORT FORM

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

**PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS.**

### Worksite

<table>
<thead>
<tr>
<th>1 Worksite:</th>
<th>Location No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Worksite Manager:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Date of Injury: / /</td>
<td>Time of Injury: : Hours</td>
</tr>
</tbody>
</table>

### Affected Person

<table>
<thead>
<tr>
<th>2</th>
<th>Surname:</th>
<th>Given Name/s:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth: / /</td>
<td>Sex: [ ] Male [ ] Female</td>
<td></td>
</tr>
<tr>
<td>Is the affected person a DECS employee? [ ] Yes  [ ] No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2A DECS Employee

<table>
<thead>
<tr>
<th>ID No:</th>
<th>Employment: Permanent [ ] Casual [ ] Contract [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Status: Full-time [ ] Part-time [ ]</td>
</tr>
<tr>
<td>Work Role:</td>
<td>Teacher [ ] SSO [ ] Site Manager [ ]</td>
</tr>
<tr>
<td></td>
<td>ECW [ ] AEW [ ] GSE [ ] Line Manager [ ]</td>
</tr>
<tr>
<td></td>
<td>PSM Act Employee [ ] Director [ ]</td>
</tr>
<tr>
<td>Was time lost from work?</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>More than half day:</td>
<td>Date ceased work: / /</td>
</tr>
<tr>
<td>Time: : Hours</td>
<td>24 hour clock</td>
</tr>
</tbody>
</table>

Will a workers compensation claim be lodged? [ ] Yes [ ] No [ ] Unsure |

Name of Person completing form:

#### 2B Non-DECS person

<table>
<thead>
<tr>
<th>Status:</th>
<th>Student [ ] Visitor [ ] Contractor [ ] Voluntary Worker [ ] Other [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
<td>Post code:</td>
</tr>
<tr>
<td>Name of person in charge:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>i.e. DECS person on duty at time.</td>
<td>Work Role:</td>
</tr>
</tbody>
</table>

### 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.

What factors and/or hazards contributed at the time of the injury?
5. Witnesses If applicable

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Place of Injury

- Classroom
- Staffroom
- Office
- Hallway / corridor
- Play area / yard
- Sports field
- Worksite car park
- Path / walkway
- Steps / stairways
- Canteen
- Gymnasium
- Workshop
- Laboratory
- Library
- Camp
- Excursion
- Swimming venue
- Tram - Travelling
- Learning Site
- Art / craft room
- Toilet
- Structured Workplace
- Agricultural area
- Home Economics room
- Drama / music room
- Other (Specify): .................................................................

7. Part of Body / Person Injured

In the case of multiple injuries please tick the most serious

- Head (forehead/skull)
- Vocal chords
- Elbow
- Ankle
- Teeth
- Back
- Wrist
- Feet / toes
- Ears
- Shoulder (including collarbone)
- Hand / fingers
- Groin
- Nose
- Trunk (chest / ribs / abdomen)
- Hip / buttocks
- Nervous system
- Face
- Upper arm
- Knee
- General and/or unspecified locations
- Neck
- Forearm
- Lower leg
- Multiple locations
- Other (Specify): .................................................................

8. Nature of Injury

In the case of multiple injuries please tick the most serious

- Sprain / strain
- Concussion / intracranial injury
- Dislocation
- Burn / scald
- Other (Specify): .................................................................

- Open wound
- Insect bite / sting
- Dental injury
- Foreign body – no wound
- Ears
- Shoulder (including collarbone)
- Hand / fingers
- Nervous system
- Other (Specify): .................................................................

- Bruising
- Bite (human – skin broken)
- Dislocation
- Burn / scald (e.g. in eye/s)
- Burns
- Wound
- Wound caused by a tool
- Other (Specify): .................................................................

- Superficial injury
- Bite (human – skin intact)
- Dislocation
- Burn / scald (e.g. in eye/s)
- Burns
- Wound
- Wound caused by a tool
- Other (Specify): .................................................................

- Fracture
- Deafness (tinnitus / hearing loss)
- Foreign body – no wound
- Ears
- Shoulder (including collarbone)
- Hand / fingers
- Nervous system
- Other (Specify): .................................................................

- Dislocation
- Deafness (tinnitus / hearing loss)
- Foreign body – no wound
- Ears
- Shoulder (including collarbone)
- Hand / fingers
- Nervous system
- Other (Specify): .................................................................

9. Mechanism

How the injury was sustained

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

* Immediately Notifiable
### 10. Agency Causation factor – person, place or object

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Live animals, Trolleys, handcarts, Mechanical shears, slicers, guillotines</td>
</tr>
<tr>
<td>Staff member</td>
<td>Insects, Spiders, Snakes and other reptiles, Tractors</td>
</tr>
<tr>
<td>Line manager</td>
<td>Laboratory equipment, Trolleys, handcarts</td>
</tr>
<tr>
<td>Visitor</td>
<td>Insects, Spiders, Tractors, Pressing, rolling machinery</td>
</tr>
<tr>
<td>Parent</td>
<td>Laboratory equipment, Trolleys, handcarts</td>
</tr>
<tr>
<td>Volunteer</td>
<td>Chemicals / chemical products, Non-powered hand tools</td>
</tr>
<tr>
<td>Contractor</td>
<td>Fire / flame / smoke, Kitchen &amp; domestic equipment, Portable powered tools,</td>
</tr>
<tr>
<td>Intruder</td>
<td>Kitchen &amp; domestic equipment, Office electric equipment</td>
</tr>
<tr>
<td>Holes or uneven ground</td>
<td>Office electric equipment, Fixed machinery</td>
</tr>
<tr>
<td>Steps and stairways</td>
<td>Mechanical lifting equipment, Other / (Specify):</td>
</tr>
<tr>
<td>Playground &amp; sports equipment</td>
<td>(for lifting / moving students)</td>
</tr>
</tbody>
</table>

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

### 11. Treatment of Injury

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>None required</td>
<td>First aid (returned to class/work), Professional Counselling, Hospitalised</td>
</tr>
<tr>
<td>Debriefing</td>
<td>First aid (sent home), Other personal support, *Fatal</td>
</tr>
<tr>
<td>Medical/dental (including hospital outpatient treatment)</td>
<td>*Hospitalised (Admitted as inpatient)</td>
</tr>
</tbody>
</table>

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

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:

- Supervision
- Written instructions
- Verbal instructions
- Local policy / procedure
- Protective clothing
- Safety guards
- Contact numbers displayed
- Professional development plan
- Not applicable to this issue

SafeWork SA Inspectorate Notification

Is this an immediately notifiable work-related injury?

- Yes
- No

Is this an immediately notifiable dangerous occurrence?

- Yes
- No

If yes to either of the above, has SafeWork SA been notified?

- Yes
- No
- Not applicable

What immediate action was taken to address the cause?

Actions being taken to minimise the likelihood of similar injury happening again:

For example: risk assessment process, controls identified / implemented, documentation filed

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.

Initial rehabilitation assessment by Site Manager:

- Date: / / 
- (Should be the same as date injury is reported)

Rehabilitation is required:

- No
- 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

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/ambbserv.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