

Academy

Student Placement Accident, Incident and Injury Form



STUDENT:

Please complete the form and email return to your Placement/Academic Coordinator ASAP

Use this form to report any placement/workplace or journey accident, incident, near miss, injury or illness. Immediately notify your Supervisor, Academic or Placement Coordinator in the event of an injury. The information on this form will be used for the purposes of managing the incident, and mandatory reporting requirements.

SECTION A

DETAILS OF PERSON INJURED/PERSON INVOLVED

Full Name				Title	
Student Number		Date Of Birth		Gender	
Address			State		Postcode
Home Ph			Mobile		
Email					

WHEN DID THE INCIDENT OCCUR

PLEASE REPORT ALL STUDENT INJURIES TO YEAR LEVEL ACADEMIC COORDINATOR: **Confirmed**

Date		Time		Date & Time Reported	
Reported To Name				Reported To Position	
Reported To Email				Reported To Contact	

INCIDENT DETAILS

Location Details <i>(Exactly where did the incident occur e.g. Bay, Chair, Carpark)</i>	On Campus	Off Campus
Describe The Incident <i>(with as many details as possible)</i>		
Witness	Name <i>(if present)</i>	Contact
Was There Any Asset/Property Damage?	YES	NO
Description of Damage		

DID AN INJURY / ILLNESS OCCUR		YES		NO					
PLEASE TICK RELEVANT CATEGORY									
Task/Work Activity		What Happened (mechanism)		Prime Cause (agency)		Injury/Illness (classification)		Body Part Affected (location)	
	Clinical activities direct patient care		Assaulted by a person/s (including patients)		Electricity		Bruising/contusions/abrasions		Ankle
	Laboratory work		Being hit by object or stung		Hazardous chemicals		Burns		Back
	Travelling to placement		Contact with electricity		Fire		Electrocution		Ear
	Travelling from placement		Contact with hot or cold objects		Indoor/outdoor environment		Exposure to substances without current injury		Eye
	Lunch/break		Exposure to hazardous chemical/poisons		Machinery/equipment		Fainting		Face
	Drug administration		Exposure to mechanical factors		Noise		Fractures/dislocation		Feet and toes
	Walking/running		Exposure to mental stress factors		Psychosocial		Heart/circulatory		General and unspecified locations
	Patient handling		Exposure to Noise		Radiation		Infectious or parasitic disease		Hands and fingers
	Manual handling		Exposure to radiation		Workstations		Internal injury of chest, abdomen and pelvis		Head (other than eye, ear and face)
			Exposure to workplace harassment/bullying		Road/other transport		Intercranial injuries including concussion		Hips and legs
			Fall from height/same level		Furniture and fixtures		Laceration or open wound not amputation		Internal organs (trunk)
			Injury from sharp object		Blood/body fluid exposure		Musculoskeletal Injury		Knee
			Laceration		Needle stick		Nervous system and sense organ disease		Multiple locations
			Muscular/tendon stress		Other clinical sharp		Nil injury		Neck
			Repetitive movement		Non-clinical sharp		Not known		Psychological
			Security incident		Manual handling patient		Other		Shoulders and arms
			Slips and trips		Manual handling other		Psychological disorders (stress, anxiety)		Trunk
			Vehicle/machinery accident		Physical violence		Respiratory system disorders	Please Tick Left Right Both	
					Student inexperience		Skin and subcutaneous tissue disease		
					Verbal violence		Toxic effect of substance		
							Trauma to joints and ligaments		
							Trauma to muscles and tendons		
							Traumatic amputation		

TREATMENT FOR INJURY / ILLNESS				
Nil	First Aid	Referred To GP	Transported To Hospital	Other (Specify)
First Aid Provided By				
Provide Details				
INJURY / ILLNESS RESULTED IN				
Sent Home		Admission To Hospital		Returned to Work / Placement

SECTION B			
CORRECTIVE ACTION			
Change Process/Equipment/Substance			
	Change to work area layout/design		Provide/maintain personal protective equipment
	Change to work practices		Provide/Review training
	Debriefing or counselling		Repair/modify equipment
	Eliminate (remove)		Substitute – less hazardous
	Isolate (limit access/exposure)		Nil action required
	Install safety signage		
Specify Details Of Corrective Action Recommended			
Action Taken To Correct Procedure/Process to Prevent Incident/Accident Or To Minimise Reoccurrence			
<p>The details of this workplace incident report will be entered into the University Risk Management System, RISKWARE, within 72 hours of incident by your Placement/Academic Coordinator</p>			