

STUDENT PLACEMENT ACCIDENT, INCIDENT, AND INJURY REPORT FORM

Complete this form in the event of an accident, incident, and/or injury whilst on placement. Please return the form to your Placement/Academic Coordinator as soon as possible.

SECTION: DETAILS OF PERSON INJURED/PERSON INVOLVED:	
STUDENT NUMBER:	
NAME:	TITLE:
DATE OF BIRTH:	GENDER:
ADDRESS:	HOME PHONE:
STATE: POSTCODE:	MOBILE:
COUNTRY:	EMAIL:
WHEN DID THE INCIDENT OCCUR:	
DATE:	TIME:
DATE AND TIME INCIDENT REPORTED:	
REPORTED TO:	
NAME:	
POSITION:	
CONTACT DETAILS:	
Please report all Student injuries to Year Level academic coordinator: <input type="checkbox"/> confirmed	
INCIDENT DETAILS:	
LOCATION DETAILS: (EXACTLY WHERE DID THE INCIDENT OCCUR EG: BAY, CHAIR, CARPARK,)	ON CAMPUS <input type="checkbox"/> OFF CAMPUS <input type="checkbox"/>
DESCRIBE THE INCIDENT WITH AS MUCH DETAILS AS POSSIBLE:	
IF A WITNESS WAS PRESENT, PROVIDE NAME AND PHONE NUMBER:	
WAS THERE ANY ASSEST/PROPERTY DAMAGED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Description of the Damage:	

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

TREATMENT FOR INJURY/ILLNESS	
<input type="checkbox"/> NIL <input type="checkbox"/> FIRST AID <input type="checkbox"/> REFERRED TO GP <input type="checkbox"/> TRANSPORTED TO HOSPITAL <input type="checkbox"/> OTHER (SPECIFY)	
FIRST AID PROVIDED BY:	
PROVIDE DETAILS: 	
INJURY /ILLNESS RESULTED IN:	
<input type="checkbox"/> SENT HOME <input type="checkbox"/> ADMISSION TO HOSPITAL <input type="checkbox"/> RETURNED TO WORK/PLACEMENT	
SECTION B: CORRECTIVE ACTION	
CHANGE PROCESS/EQUIPMENT/SUBSTANCE: <input type="checkbox"/> Change to work area layout/design <input type="checkbox"/> Change to work practices <input type="checkbox"/> Debriefing or counselling <input type="checkbox"/> Eliminate (remove) <input type="checkbox"/> Isolate (limit access/exposure) <input type="checkbox"/> Install safety signage	<input type="checkbox"/> Provide/maintain personal protective equipment <input type="checkbox"/> Provide/Review training <input type="checkbox"/> Repair/modify equipment <input type="checkbox"/> Substitute – less hazardous <input type="checkbox"/> Nil Action required
Specify details of corrective action recommended: 	
Action taken to correct procedure/process to prevent incident/accident or to minimise reoccurrence: 	

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