

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

SECTION A : 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:	
<i>Please report all Student injuries to Year Level academic coordinator:</i> <input type="checkbox"/> confirmed	
INCIDENT DETAILS:	
LOCATION DETAILS: <i>(EXACTLY WHERE DID THE INCIDENT OCCUR EG: BAY, CHAIR, CARPARK,)</i>	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:	

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.

DID AN INJURY/ ILLNESS OCCUR: Yes <input type="checkbox"/> No <input type="checkbox"/>				
PLEASE TICK 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 object or stung <input type="checkbox"/> Contact with electricity <input type="checkbox"/> Contact with hot or cold objects <input type="checkbox"/> Exposure to hazardous chemical/ 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 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 patient <input type="checkbox"/> Manual handling 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"/> Electrocutation <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 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: <ul style="list-style-type: none"> <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 	<ul style="list-style-type: none"> <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