

# 15.2 Incident, Accident, Near Miss Form (print version)

Only use this print version when on-line reporting via the Scouts web site is not feasible eg school groups, guests, remote events. Forms that are completed on paper must then be re-submitted on-line ASAP by Scouts personnel. This FORM is CONFIDENTIAL when COMPLETED.

### Instructions

Forms that are completed on paper must then be re-submitted on-line ASAP by Scouts personnel.

### **Notifiable Incidents**

Notifiable Incidents and Preservation of the Incident Site:

A "notifiable incident" is outlined in the WHS Act (2011) as being:

- the death of a person
- · a 'serious injury or illness'
- a 'dangerous incident'
- arising out of work carried out by a business or undertaking or a workplace.

'Notifiable incidents' may relate to any person — whether an employee, contractor or member of the public. Only the most serious safety incidents are intended to be notifiable, and they trigger requirements to preserve the incident site pending further direction from the regulator. Only work-related incidents are notifiable.

Most Volunteer Scouting Activities are classified as Recreational Activity and are not Work. Scouting Activities that may be considered as work are Working Bees, Adult Leader Training Courses or SIS-10 Training, Performing Arts and Activities undertaken at Activities Centres with employed staff leading the activity.

Sometimes incidents occur at a workplace (or in the vicinity of a workplace) that do not arise out of work, or the way work is carried out or the workplace itself. These kinds of incidents that are unrelated to work or a workplace are not notifiable.

#### For example:

- a worker or another person suffers a heart attack while at work which is unrelated to work or the workplace
- a Youth Member or Leader is injured while on a Scouting activity and requires immediate medical treatment (this is not work)
- a person driving to work is injured in a car accident (where driving is not part of their work)
- a person with a known history of epilepsy has a seizure at work.

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Injured Person's Details
Injured Person's Full Name
Injured Person's Date Of Birth (if known)
Injured Person's Membership No. (NA if not a member)
Injured Person's Appointment
Injured Person's Group
Injured Person's Region
Injured Person's School or Group
Injured Person's Contact Details
Injured Person's Address:
City: Postcode:
Injured Person's Phone (if known)
Injured Person's Email Address (if known)
Your Details (Person Making this Report)  Your Full Name
Your Phone Number
Your Email Address
Your Appointment

About the Incident
Incident type (circle) INJURY / ILLNESS / NEAR MISS
INJURY / ILLNESS / NEAR MISS  Was this a potentially notifiable incident,
involving death, serious injury or illness, or
danger?
Yes / NO
Was the site of the incident preserved for
investigation?
Yes / NO
Was the incident reported by phone to your
management?
Yes / NO
Location of incident:
Street Address:
City: Postcode:
Date of incident
Time of incident:
AM / PM
Nature of incident – Clearly describe what the
person was doing at the time, including the
lead up to the incident
Was an ambulance Was the realise
Was an ambulance Were the police called? YES / NO called? YES / NO
Was the person taken to hospital? (circle one)
YES was released from casualty
YES was admitted as inpatient
If yes - Name of Hospital
If already discharged, date of discharge
· · · · · ·
Was the person's medication used?

YES / NO

## About the Injury

## Part of Body Injured (circle):

Head and Neck: Ear / Eye / Face / Head / Lip(s) /
Mouth / Neck / Nose / Teeth / Throat
Body: Abdomen / Back / Buttock or genitals /
Chest / Hip / Lower back / Middle back / Upper
Back / Pelvis or genitalia / Rib
Arms: Upper arm / Lower arm / Shoulder / Elbow /
Wrist / Hand / Finger / Thumb
Legs: Upper leg / Lower leg / Knee / Ankle / Foot /
Toe

Type of Injury (circle); / Sprain / Strain / Cut / Bruise / Fracture / Graze / Death / Personal illness / Allergic reaction / Amputation / Spinal injury / Loss of Vision / Loss of consciousness / Penetrating injury / Burn / Serious burn (eg requiring skin graft) / Degloving or scalping / Psychological / Serious laceration requiring many stitches / Major tear to tissue, requiring many stiches / Medical treatment for exposure to a chemical or substance / Animal bite or sting / Other

Cause of Injury (circle): Equipment / Hitting object with part of body / Heat / Manual handling / Motor vehicle accident / Sharp object / Slip, trip or fall / Exposure to a chemical or biological substance / Exposure to body fluid or infectious disease / Contact with animals

### **Additional comments**

Regarding the incident and possible contributing factors

### **About The Event**

Was the person participating in a major event? YES / NO

If YES: Name of Event:

The injured person's E1 for this activity available? YES / NO

### E1 From Type (circle):

Paper Form / CareMonkey (Upload E1 Form when on-line) Name of Activity listed on CareMonkey:

This completed form must be logged ASAP using the online incident report form.