

9.17 Accident and Injury form

This form must be completed by the worker on duty for all accidents and/or injuries that occur on the refuge premises or while on refuge business.

It should be completed as soon as possible and inserted in the Accident and Injury Book

For serious accidents, notify the broader collective/chairperson of the management committee. If the chairperson is not available, inform another committee member.

Name of person completing the form

Date:

About the accident or injury

Name of person/s involved in the accident or injured

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Date of birth:

If a child/ren, carer's name

Is the person involved in the accident a staff member or a client?

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Where did the accident occur?

.....

.....

Date and time of the accident/injury

If a staff member was involved, did the accident/injury occur while carrying out refuge duties?

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What is the nature of the accident/injury?

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What type of injury was sustained?

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Record the names and contact details of anyone who witnessed the accident/injury.

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What action has been taken? (Include immediate action such as first aid or ambulance as well as any longer term action such as assessing risk of further accident etc.)

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What is the outcome of this action?.....

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Is there any immediate follow up required at this time?

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.....
Any further information?.....

Notification

Management committee/broader collective member that the accident was reported to:.....

Position:

Has WorkCover been notified? (If no, why not?)

Signed:

Position:

Date:

This form has been adapted from one used by Kulkuna Cottage Women's Refuge Ltd