

The person reporting the incident, or the injured person, or a witness, should complete this form in consultation with a manager, supervisor, team leader or principal.

Complete sections 1 to 9 then email to the Diocese Safety and Wellness team
CDMN-Services-HR-Safety@mn.catholic.edu.au

Incidents relating to children or groups of children attending St Nicholas Early Education services, or Diocese of Maitland-Newcastle primary and secondary schools, may need to be reported to the Office of Safeguarding (OoSG). For advice, contact an OoSG investigator on (02) 4979 1390 during normal office hours Monday to Friday. You can also email a copy of the form to **child.protection@mn.catholic.org.au**

This form is **not** for participant or client-related reporting. Incidents involving agency participants, for example at CatholicCare, must refer to the agency's own policies.

Part 1 – Type of incident

Report only ☐ Near miss ☐ Incident ☐ Incident with Injury ☐ **Notifiable to SafeWork NSW** ☐

If unsure, review the criteria set out in the Incident Injury Reporting Procedure, contact the Safety and Wellness team leader
Mob 0477 016 701 or Review SafeWork NSW Notifiable Incident Criteria Link attached:

<https://www.safeworkaustralia.gov.au/system/files/documents/1702/incident-notification-fact-sheet-2015.pdf>

Part 2 – Details of person(s) involved

Surname:		Given names:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> D.O.B		Phone number:	
Home address:		Postcode:	
Position			
Employee <input type="checkbox"/>	Student <input type="checkbox"/>	Visitor <input type="checkbox"/>	Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Parishioner <input type="checkbox"/> Religious Order <input type="checkbox"/>
Agency			
Diocese <input type="checkbox"/>	CSO <input type="checkbox"/>	CatholicCare <input type="checkbox"/>	Participant if there is a WHS related issue <input type="checkbox"/> St Nicholas Early Education <input type="checkbox"/>
Child, St Nicholas Early Education <input type="checkbox"/>	St Nicholas OOSH <input type="checkbox"/>	DARA <input type="checkbox"/>	Parish <input type="checkbox"/> Other <input type="checkbox"/>
Worksite address:			
Worksite name:			
Direct manager/principal/head of service:			

Part 3 – Details of incident

Where did the incident occur?

When did the incident occur (or approximate date of first exposure or onset of illness)?

Date:

Time:

To whom was the injury reported?

Were there any witnesses? Yes ☐ No ☐ Witness(s):

Part 4 – Detailed description of the incident/injury/illness event (attach report if required)

Treatment provided

None ☐

First Aid ☐

Doctor ☐

Ambulance ☐

Hospital ☐

Other ☐

Part 5 – Initial corrective actions/controls (if required)

What actions were taken at the time of the event to make the area safe until further investigation could be completed?

Part 6 – What is the nature of the injury/illness

Nature of injury:

- ☐ Fracture/dislocations
- ☐ Sprains of joints/muscles
- ☐ Head concussion/blackout
- ☐ Internal injury of chest, abdomen or pelvis
- ☐ Amputation of body part
- ☐ Superficial injury (Minor cut/abrasion)
- ☐ Open wound, laceration or needle stick
- ☐ Contusion (crush injury – intact skin) no fractures
- ☐ Foreign body in ear, nose, mouth (including choking)
- ☐ Infectious disease
- ☐ Burns
- ☐ Injuries to nerves
- ☐ Poisoning/toxic effects of chemicals
- ☐ Psychological impact/stress resulting from incident
- ☐ Other (describe below)

Body location of injury/illness:

- ☐ Eye ☐ Left ☐ Right
- ☐ Ear ☐ Left ☐ Right
- ☐ Face
- ☐ Head (other than eye, ear and face)
- ☐ Neck
- ☐ Back ☐ Lower ☐ Upper
- ☐ Trunk (other than back and excluding internal organs)
- ☐ Shoulders and arms ☐ Left ☐ Right
- ☐ Hands and fingers ☐ Left ☐ Right
- ☐ Hips and legs ☐ Left ☐ Right
- ☐ Feet and toes ☐ Left ☐ Right
- ☐ Internal organs (located in trunk)
- ☐ Other (describe below)

Part 7 – Details of the person completing this form

Self ☐

Other ☐

Full name:

Position:

Date injury notified to manager/principal/head of service:

Part 8 – Incident investigation (To be completed by the injured person's direct manager/supervisor/team leader or the Safety and Wellness business partner to identify all the causal factors involved in the incident)

Actions to be taken	Due date <small>Actions must be no longer than 30 days for First Aid injuries</small>	Person responsible	Completion date
---------------------	--	--------------------	-----------------

Do you agree that the above actions (as indicated in parts 5 and 8) will prevent further injuries/illnesses?

☐ Yes ☐ No

(If no, contact the Safety and Wellness business partner)

Part 9 – Review by: direct manager/supervisor/principal/Safety and Wellness team

By signing below, you agree to ensure that the above actions will be completed within the detailed timeframes, and reviews will be undertaken to ensure that no further actions are required to prevent further injuries/illnesses.

Full name:

Date:

Position:

Notes/comments: