**Tool 12: Injury and incident record**

Use this form to record any injuries or incidents at your service. Fill out one form for each person involved in an incident.

Note: If you are filling this form out for a child: the ECE licensing criteria require that all injuries to children are recorded, parents are notified and parents are required to sign the form as proof of notification.

# Name of service…………………………………………………………………. Injury or incident details:

|  |  |  |  |
| --- | --- | --- | --- |
| Date of injury or incident: | Time: | Location: | Date reported: |

**Personal details of person involved:**

|  |  |
| --- | --- |
| Name:Address:Phone number: | If you are filling this form out for an enrolled child, youdon’t need to include their address and phone number |

|  |  |  |  |
| --- | --- | --- | --- |
| **Injury type:** |  |  |  |
| * Strain/sprain
 | * Bruising
 | * Dislocation
 | * Other (specify):
 |
| * Fracture
 | * Scratch/abrasion
 | * Internal
 |  |
| * Laceration/cut
 | * Amputation
 | * Foreign body
 |  |
| * Burn/scald
 | * Chemical reaction
 | * Stress/fatigue
 |  |
| **The injury:** |  |  |  |

|  |
| --- |
| Describe what happened (space overleaf for diagram – essential for vehicle injuries) and briefly describe injuries. |
| What were the causes of the injury or incident? |

**How serious was the injury or incident?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very serious
 | * Serious
 | * Moderate
 | * Minor
 | * Negligible
 |

**What is the risk of it happening again?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Very likely
 | * Likely
 | * Moderate
 | * Unlikely
 | * Rare
 |

**What action will be taken to prevent a recurrence?**

|  |  |  |  |
| --- | --- | --- | --- |
| Action: | Actioned: | By whom: | When: |
|  |  |  |  |

**Injury treatment:**

|  |  |  |
| --- | --- | --- |
| Treatment type: ie, medical, first aid | Name of person giving first aid | Doctor or hospital (if required) |
|  |  |  |

|  |  |
| --- | --- |
| Investigator: | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | * Yes
 | * No
 | Date advised: |
| WorkSafe advised: |  |

|  |  |
| --- | --- |
| Name:  | Signature:  |
| * Staff
 | * Staff Representative
 | Dated:  |
| Parent name:  |  |
| Signature:  |  |
| Dated:  |  |

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