



INCIDENT & INJURY REGISTER

ROOM: _____

DATE BOOK STARTED: _____

DATE BOOK FINISHED: _____

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RISK MATRIX TOOL FOR ASSESSING THE RISK

A risk assessment helps determine:

- How severe a risk is
- Whether existing control methods are effective
- What action you should take to control the risk and
- How urgently the action needs to be taken.

Risk Assessment Matrix

		Consequence / Impact			
		Minor	Moderate	Major	Severe
		No injury or minor injury requiring basic first aid and/or minor effect on environment that can be cleaned up.	Minor injury, is not serious, medical treatment required and/or effect on the environment that will require external expertise to restore.	Serious injury requiring hospitalisation and/or significant effect on environment that will take time to restore.	Fatality, major injury (death, permanent disablement, or significant long-term illness). Long term or permanent damage (many weeks) and long-term impact.
Likelihood Level	Very Likely Is expected to occur and is almost inevitable.	Moderate	High	Extreme	Extreme
	Likely Is expected to occur in most circumstances. Not surprised if it happens.	Moderate	High	High	Extreme
	Possible Might occur in some circumstances	Low	Moderate	High	High
	Unlikely Could occur in some circumstances	Low	Low	Moderate	Moderate

Control Measures

Once the risk has been assessed, identify and put in place appropriate control measures, concentrating first on extreme and high risk.

Assessed Risk Level	Risk Level	Actions
Low	If incident occurs, little likelihood of injury	Requires no further action above routine practices and procedures, apart from monitoring.
Moderate	If incident occurs, some chance of injury requiring first aid	Management to monitor risks in case changing circumstances increase the level of risk. Some actions may be required e.g. additional rules or improving controls.
High	If incident occurs likely that the injury would require medical treatment	Should not be tolerated. Urgent action is to be taken by the immediate manager and controls must be put into place to reduce the risk to as low as reasonably practicable before proceeding. The Manager and Service Provider must be advised of the risk for their review.
Extreme	If incident were to occur, it would be likely that death or permanent injury would result	Intolerable risk. Immediate action(s) is to be taken by Centre Manager and Service Provider to identify alternatives to the activity or significant safety measures required. Work should not be continued until the risk has been reduced to as low as reasonably practicable. The Manager and Service Provider must be advised of the risk for their review.

Escalation Guide: In the event you assess an extreme risk, report this to the service provider / centre manager immediately.

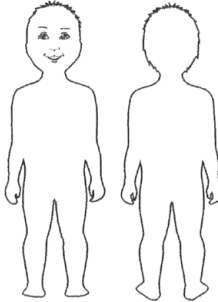
INCIDENT OR INJURY NOTIFICATION

FULL NAME: _____

Child / Worker / Visitor / Parent / Other: _____ (please circle)

Date: _____ Time: _____ AM / PM

Type of incident: Injury / Environmental / Notifiable Event / Other: _____



FRONT

BACK

NATURE OF INJURY:

- Bite Bruise Bump/Red Mark Burn
 Choking Cut/Open Wound Dental Discomfort
 Fracture Graze Sting Scratch
 Allergic Reaction Other _____

DETAILS OF WHAT HAPPENED AND LOCATION OF EVENT:

Witnessed by: _____

WHAT DO YOU THINK CAUSED OR CONTRIBUTED TO THE INCIDENT?

- Behaviour Environment conditions Equipment / Resources / Furniture
 Improper technique Unnecessary Haste Allergy Other _____

IMMEDIATE ACTION TAKEN

- Ambulance Doctor First Aid Corrective Action

If First Aid Provided Ice Pack Plaster Cleaned Monitored Other _____

First Aider administering / supervising first aid provided: _____

PARENT / LEGAL GUARDIAN NOTIFICATION

Notification made: Face to face / Phone / Text (please circle)

Time of Notification: _____ AM / PM

Name of parent/legal guardian notified: _____

PARENT / LEGAL GUARDIAN ACKNOWLEDGEMENT

Name: _____ Date: _____

Signature: _____

RISK ASSESSMENT

- Risk Analysis completed on inside cover.

Risk Rating:

Consequence				Likelihood				Risk Rating			
Mi	Mo	Ma	S	U	P	L	VL	L	M	H	E

ACTION REQUIRED

- No further action required
 Minimise Eliminate Monitor

NOTIFIABLE EVENT

- Yes No

If Yes: Worksafe Notifiable Event Y / N

MOE Reportable Event Y / N

If Yes: Date of notification: _____

Notification made by: _____

If Yes: Investigation Started

Incident Investigation to be conducted by: _____
 opened date: _____

Reviewed by person responsible Yes Person responsible name: _____

Signature: _____ Date: _____