

Concussion Management Guideline

**for all Queensland students participating in school activities
and the representative school sport program.**

Version 1.0 – NOT DEPARTMENT POLICY. FOR CONSULTATION PURPOSES ONLY.



Queensland Representative School Sport

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Definitions

Convenor	For the purposes of this Guideline, the convenor is a person hosting the event, managing and running the organisation and logistics of the event. This could be a designated convenor, registered teacher or team official.
Doctor	A doctor is a qualified medical practitioner registered with the Australian Health Practitioner Regulation Agency with the relevant licencing, skills and knowledge to assess, plan and evaluate care.
First aid officer	For the purposes of this Guideline, a first aid officer includes a person with current first aid certification or medical qualifications who provides first aid, e.g. a appointed first aid officer appointed by the host, sports medic, trainer, coach, manager, designated school first aid officer.
Principal	For the purposes of this Guideline, the principal is the principal of the student's school.
Representative school sport responsible officer	The Representative School Sport responsible officer may include the QRSS Sport officer, Regional School Sport Officer or district or regional committee secretary of that district or region. This person oversees the organisation of the trial/event.
QRSS sport officer (QRSS-SO)	The QRSS Sport Officer is involved with the State and National Championships. They consult with RSSOs for State Championship events. The QRSS-SO leads the organisation of National Championships with state team officials and sport executive members.
QRSS district/regional committee secretary	The QRSS district/regional committee secretary leads the organisation and implementation of district and regional trials ensuring paperwork is updated and completed accurately. These officers are involved in making district and regional event decisions and work with team officials and their respective members.
QRSS regional school sports officer (RSSO)	The RSSO is involved in conducting the district and regional trials. These officers work with team officials and the event convenor to host state championships. RSSO's will keep a concussion register for district and regional levels of competition.
Sports coach	The sports coach is an individual who coaches a team the student is involved in either at school or within the community sport structure.
Team official	The team official is someone who is either a teacher, coach, manager or trainer of the team the student is participating in.



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Introduction

The Department of Education is committed to the ongoing education of the implication of concussion injuries and associated management and treatment, with a focus on both the immediate and long-term safety and welfare of all students participating in school activities including sport and the representative school sport program.

Queensland Representative School Sport (QRSS), in collaboration with the [Child Health Research Centre](#), have developed this guideline and related materials to treat and manage a suspected concussion injury during school activities and in representative school sport environments.

What is concussion?

Concussion is a traumatic brain injury which can affect athletes at all levels of sport. It is classed as a disturbance in brain function, resulting from an impact anywhere on the body that transmits force to the brain.

It is important to note that an athlete does not need to have lost consciousness to sustain a concussion.

If managed appropriately, most symptoms and signs of concussion resolve spontaneously. However, even when managed appropriately, complications may still occur, including prolonged symptoms and increased susceptibility to further injury.

What is sport related concussion?

Sport related concussion can affect athletes participating in many sports and at all levels, from grassroots to elite. In recent years, there has been increasing concern about the long-term health impacts of concussion and the potential under-reporting of incidents, which may lead to athletes being undiagnosed, untreated, and potentially suffering greater long-term impacts on their health and wellbeing. Concussion affects everyone differently. In some cases, concussion is hard to identify due to the variation of the signs and symptoms displayed by individuals.



Key points on concussion

Concussion symptoms can occur immediately, or hours and even days later.

Concussion can result from a knock or blow to the head or any part of the body.

Concussion can occur in traditional contact sports and other non-traditional sports.

Concussion may go unnoticed.

Most concussions are not reported.

90% of concussion occurs in competitive matches.

Not all athletes develop the same symptoms or signs of concussion.

Not all concussion occurs from contact sports.

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Concussion management awareness-raising

Queensland school principals

The principal should:

- raise awareness with school first aid officers and school staff of the [Process for managing a suspected concussion](#) and refer to Queensland Health's Concussion - [Head injury – return to school and sport fact sheet](#).

Concussion management training requirements

All representative school sport officials

The representative school sport officials should:

- raise awareness with representative school sport officials and first aid officers of the [Process for managing a suspected concussion](#) and refer to Queensland Health's Concussion - [Head injury – return to school and sport fact sheet](#).
- as a part of the Induction process, ALL Queensland representative school sport officials are required to complete either:
 - [Sport Australia's Concussion Management Online Training](#); or
 - [Connectivity Traumatic Brain Injury Australia's Concussion Short Course](#).

AFL, Rugby league and Rugby union sports officials

- As a part of the Induction process, Australian football league (AFL), Rugby league and Rugby union sports officials are required to complete:
 - one of the above online concussion courses; AND
 the relevant sport specific concussion management courses/videos.

AFL sports officials

- As a part of the Induction process, AFL sports officials are required to complete:
 - one of the above online concussion courses; AND
 - the [Coach AFL Concussion Management videos](#).

Rugby league officials

- As a part of the Induction process, rugby league sports officials are required to complete:
 - one of the above online concussion courses; AND
 - the [Rugby league's Concussion Management – Community and Participants course](#).



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Rugby union officials

- As a part of the Induction process, rugby union sports officials are required to complete:
 - one of the above online concussion courses; AND
 - the [Rugby union's Concussion & Serious Management – course](#).

Representative school sport officials are required to provide evidence of training which will be recorded in the risk assessment form as a part of the induction process.

Process for managing a suspected concussion

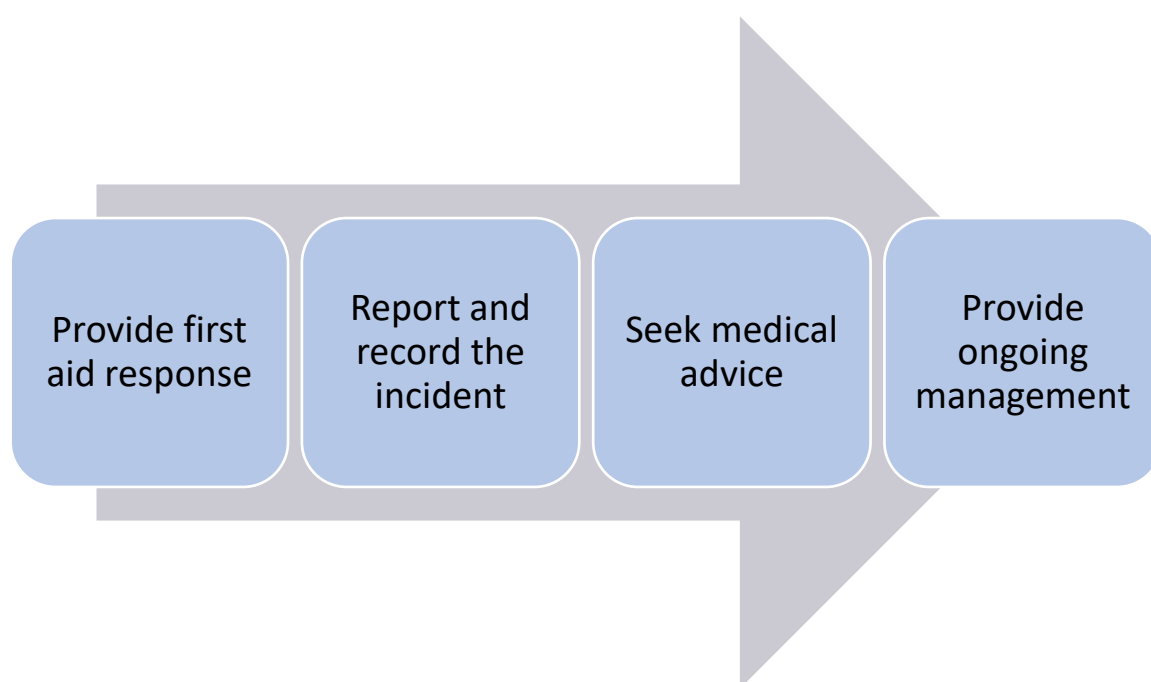


Image 1: Process for managing a suspected concussion

Provide first aid response

1. Respond to the suspected concussion

When emergency first aid is required

The first aid officer will:

- follow [Concussion first aid management](#) process
- observe [Standard precautions for providing first aid safely](#)
- ensure appropriate supervision by an adult until the ambulance arrives or until the casualty is collected by a parent/carers where appropriate, if injury sustained by a student.

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The team official attending the incident will:

- complete Section 1 of the Appendix 3: [Concussion Referral and Return Form](#) on behalf of the first aid officer administering emergency first aid if the first aid officer is unable to do so.
- provide this form to the paramedics treating the student to provide to the hospital's treating health practitioner.
- provide a hard copy of a [MyHR](#) incident report ([Appendix 4](#)) for completion if the first aid officer is not a state school employee.
- contact the student's parent/carer/emergency contact to provide details of the incident and request that parent/carer obtains the completed [Concussion Referral and Return Form from hospital staff](#).

When emergency first aid is not required

The team official at the venue/first aid officer will:

- follow Appendix 1: [Concussion first aid management](#) process
- observe [Standard precautions for providing first aid safely](#)
- complete Section 1 of the [Concussion Referral and Return Form](#)
- ensure appropriate supervision by an adult until the ambulance arrives or until the casualty is collected by a parent/carer where appropriate, if injury sustained by a student.
- provide the [Concussion Referral and Return Form](#) to either:
 - the paramedics treating the student to provide to the hospital's treating health practitioner; or
 - the parent/carer to provide to the student's treating health practitioner.
- contact the student's parent/carer/emergency contact to provide details of the incident.

2. Report and record the incident

After the incident

The Team official will:

- report the incident to the student's principal
- log the incident into MyHR (for state school staff) or complete a hard copy of the [MyHR](#) incident report (for non state school staff):
 - immediately following an emergency first aid response; or
 - as soon as possible after the incident (but no later than the end of the following business day)
- forward the [MyHR](#) incident report to the student's principal



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- contact the Representative School Sport responsible officer to provide details of the incident

The Team official/convenor of the event will:

- complete the Concussion Register (Appendix 5) and forward it to the Representative School Sport responsible officer at either a district, regional or Queensland level.

Representative school sport responsible officer will:

- review, investigate, and implement corrective and preventative actions according to the [Health, safety and wellbeing incident management](#) procedure
- store the students' documents in accordance with Representative School Sport guidelines.

The principal (or delegated officer) will:

- review the [MyHR](#) incident report within 48 hours of the incident as per the [Health, safety and wellbeing incident management](#) procedure (for state school staff) or the school process for non-state schools
- store student's documentation relevant to the incident in My HR (for state schools) or in accordance with school requirements (for non-state schools).

3. Seek medical advice

The parent/carer/independent student will:

- Request the treating doctor to complete Section 2 of the Concussion Referral and return form
- Provide a copy of the completed [Concussion Referral and Return Form](#) to:
 - the student's principal; and
 - any external sporting organisations the student is involved in (if known).

The student's treating doctor will:

- complete the [Concussion Referral and Return Form](#), Section 2 and 3 – Return to Learn care plan to support the student's return to school
- complete the [Concussion Referral and Return Form](#), Section 2 - Return to event clearance when the student's concussion has resolved
- provide the completed [Concussion Referral and Return Form](#) to the parent/care/independent student.

4. Provide ongoing management

- *On receipt of the completed* [Concussion Referral and Return Form](#)



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The principal/delegate will:

- make contact with the parent/carer, the student, their sports teacher and/or sports coach to discuss the advice provided by the student's treating health practitioner
- request from the parent/carer/independent student consent to share the student's Concussion referral and return form with staff who supervise the student during class and sporting activities, including lunch breaks
- store the Concussion referral and return form, if parental approval has been received, in the student's OneSchool record (for state schools) or in accordance with non-state school requirements
- advise the student of the importance of following the Return to Learn Care Plan.

The sports teacher/ sports coach will:

- Not allow the student to return to sporting events until they have received Section 2 – Return to Event Clearance, signed by the treating health practitioner.

QRSS Officer will:

- review the concussion register following every event to determine if additional staff or student training is required to reduce the incidence of concussion (e.g. for students with repeated concussions, for sports teams with more than one concussion).








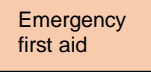
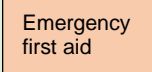
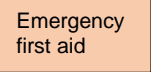
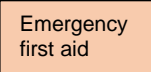
Appendix 1: Concussion first aid management

The following table offers prompts for first aid officer to provide an immediate first aid response to an athlete is suspected of having a concussion.



For RED FLAG SIGNS, call 000 and request ambulance.

- Advise Queensland Ambulance Service Emergency Medical Dispatcher of signs and symptoms and follow their instructions.
- Follow Danger, Response, Airway, Breathing, Circulation first aid principles.
- DO NOT MOVE an athlete showing RED FLAG signs unless they require CPR or seizure management – and follow 000 instructions regarding safe positioning to limit possible spinal cord injuries.
- DO NOT remove a helmet or any other equipment.

Issue	Athlete is concussed, or has a head injury, whip-lash or fall which may have transmitted a force to the brain.					
Initial assessment - check signs and symptoms	Unconscious and not breathing 	Unconscious but breathing normally Vomiting 	Seizure 	Blood/clear fluid from ear/nose Blackening of eyes Bruising behind ears Unequally dilated pupils Deformity of skull 	Severe or increasing headache Neck pain/tenderness Blurred/double vision Hearing disturbance Weakness/tingling/burning/loss of sensation in arms/legs Behaviour change, e.g. combative, restless, irritable Drowsy Memory loss 	Bruises, cuts, abrasions to the head
First aid treatment	Call 000. Commence CPR 	Call 000. Roll into recovery position and monitor vital signs until ambulance arrives 	Call 000. Roll into recovery position and commence seizure management 	Call 000. Position to encourage drainage 	Call 000. Monitor student's condition.	Call 13Health and request advice. Treat for bleeding, wounds and soft tissue injuries. Monitor student's condition. Encourage parent to seek medical advice.
Document observable signs	While first aid officer provides emergency first aid response, the Manager/delegate completes Concussion Referral form.				First aid officer uses the Concussion Referral to document signs observed.	



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Appendix 2: Concussion management resources for individual sports

AFL	<ul style="list-style-type: none"> • Mangement Concussion - https://www.aflq.com.au/wp-content/uploads/2021/05/Management-of-Sport-Related-Concussion-in-Australian-Football-25-April-2021-FINAL.pdf • Return to play concussion checklist - https://www.aflq.com.au/wp-content/uploads/2021/05/Return-to-Play-Following-Concussion-Checklist-Form.pdf • Return to play – medical clearance form - https://www.aflq.com.au/wp-content/uploads/2021/05/Return-to-Play-Following-Concussion-Medical-Clearance-Form.pdf • AFL Concussion management in junior players - https://s.afl.com.au/staticfile/AFL%20Tenant/AFL/Files/Respect%20and%20Responsibility/2017_Community_Concussion_Guidelines.pdf
Basketball	<ul style="list-style-type: none"> • Concussion Management Guidelines - https://australia.basketball/wp-content/uploads/2018/09/BA-Concussion-Guidelines-Harcourt-FINAL.pdf
Cricket	<ul style="list-style-type: none"> • Concussion and Head Trauma Guidelines - https://www.community.cricket.com.au/clubs/protecting-your-club/policies-and-guidelines • Helmet recommendations - https://www.community.cricket.com.au/clubs/protecting-your-club/policies-and-guidelines/helmet-recommendations
Football	<ul style="list-style-type: none"> • Concussion Management Guidelines - https://www.footballaustralia.com.au/sites/ffa/files/2018-01/18-0102%20FFA%20Concussion%20Guidelines%20(final).pdf
Hockey	<ul style="list-style-type: none"> • Concussion Management Guidelines - https://cdn.revolutionise.com.au/cups/hockeyaus/files/mijtis3co9pxxhpi.pdf
Netball	<ul style="list-style-type: none"> • Concussion Management Guidelines - https://netball.com.au/sites/default/files/2021-09/HP005Concussion%20PolicyPositionStatementandGuidelinesSept2021.pdf
Rugby league	<ul style="list-style-type: none"> • Concussion management guidelines – https://www.qrl.com.au/clubhouse/resources/operations/sports-trainer-resources/concussion-management-guidelines/ • Concussion Flowchart - https://www.qrl.com.au/contentassets/909a5718d86f449d99248d7e73ad9949/concussion-flowchart-v6-1.pdf • Concussion Explained video - https://www.qrl.com.au/news/2021/07/15/qrl-concussion-management-guidelines-explainer/
Rugby union	<ul style="list-style-type: none"> • Concussion Management/Resources - https://australia.rugby/about/codes-and-policies/safety-and-welfare/concussion-management • Recognising Concussion Table - https://d26phqdbpt0w91.cloudfront.net/NonVideo/20c2d5a7-91ad-40c5-f1c8-08d94d8a2c86.pdf • Concussion Flowchart - https://d26phqdbpt0w91.cloudfront.net/NonVideo/0f28275d-cc81-4dfe-f1ca-08d94d8a2c86.pdf
Softball	<ul style="list-style-type: none"> • Concussion Policy - https://cdn.revolutionise.com.au/cups/softballaust/files/apmstw3frssypll8.pdf
Touch Football	<ul style="list-style-type: none"> • Concussion Management Guidelines - https://touchfootball.com.au/media/11311/tfa_concussion-policy-july-2021_2.pdf
Water Polo	<ul style="list-style-type: none"> • Concussion Management Guidelines - https://waterpolowa.asn.au/wp-content/uploads/2017/10/Concussion-Guidance-Policy.pdf



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Appendix 3: Concussion Referral and Return Form

SECTION 1 – STUDENT & INCIDENT DETAILS (please print clearly)		
<p>Section 1 (2 pages) to be completed by designated first aid officer / team official at the representative school sport event at the time / on the day of the injury (if none present, a team official) to provide to the doctor who is treating the student.</p> <p>NOTE: If the initial assessment has not been fully completed prior to transferring care of student to paramedic/parent/carer, place a line through any incomplete assessment tables, complete the Signature block, and pass the form to the paramedic/parent/carer to provide to the treating medical practitioner.</p>		
Name of student:		Date of birth:
Region/District/School:		Competition:
Venue of incident:		Date & time of incident:
The injury involved: (select one option)	Direct blow or knock to the head	<input type="checkbox"/>
	Indirect injury to the head e.g.: whiplash/ translational force	<input type="checkbox"/>
	No specific injury observed	<input type="checkbox"/>
Specific details of incident:		

INITIAL ASSESSMENT: Remember DR ABC

Provide EMERGENCY FIRST AID as dictated by the situation. Please note if you observe any of the following signs:	
unconscious and not breathing	<input type="checkbox"/>
unconscious but breathing normally (e.g. Lying motionless on the field)	<input type="checkbox"/>
vomiting	<input type="checkbox"/>
having a seizure	<input type="checkbox"/>
expelling blood/clear fluid from ear/nose	<input type="checkbox"/>
unequally dilated pupils	<input type="checkbox"/>
deformity of skull	<input type="checkbox"/>



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Complete Observation tables A and B.

Observation table A			
If emergency first aid is not required, immediately after the incident, observe and/or question the student and record if they have any of the following immediate signs/symptoms (answer YES or NO to all):			
Blank or vacant look:	YES/NO	Disorientation or confusion, or an inability to respond appropriately to questions	YES/NO
Severe or increasing headache:	YES/NO	Increasingly restless, agitated or combative:	YES/NO
Slow to get up after a direct/indirect knock to the head:	YES/NO	Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements:	YES/NO

Observation table B			
While monitoring the student, observe and/or question the student and record if they report any of the following symptoms (please answer YES or NO to all):			
Headache:	YES/NO	Blurred vision:	YES/NO
Dizzy:	YES/NO	Sensitivity to light:	YES/NO
Drowsy:	YES/NO	Sensitivity to noise:	YES/NO
Nausea:	YES/NO	Difficulty concentrating:	YES/NO
Balance problems:	YES/NO	Difficulty remembering:	YES/NO
Neck pain:	YES/NO	Fatigue/ low energy/feeling slowed down:	YES/NO
Feeling like 'in a fog':	YES/NO	More emotional/ 'Don't feel right':	YES/NO
Nervous/anxious:	YES/NO	More irritable:	YES/NO
Neck pain or tenderness:	YES/NO	Sadness:	YES/NO
Weakness or tingling/burning in arms/legs:	YES/NO		

Other relevant information: e.g. History of previous concussion	
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Signature block	
Name:	Role (Please circle): Official / Coach / Teacher / First Aid Officer / Sport Medical Personnel / Doctor on Duty / Other:
Signature:	Date:

Form provided to:	Paramedic <input type="checkbox"/> Parent/carer <input type="checkbox"/> Other <input type="checkbox"/>
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SECTION 2 – RETURN TO EVENT CLEARANCE

The treating doctor is to complete the following medical assessment of the student who has been suspected of sustaining a concussion, and either the 48 hour clearance approval or return to learn and sport care plans.

SECTION 2 (A) – MEDICAL ASSESSMENT

(Student name) _____ has presented to me for medical assessment/treatment as a result of the incident/injuries detailed in Section 1 of this form.

Based on my assessment of the player and the information provided to me it is my medical opinion that the player named above:

☐ **has probably NOT** had a concussion.

Complete
SECTION 2(B) and SECTION 2(C)

☐ **has** had a concussion; OR

☐ **has probably** had a concussion.

Complete
SECTION 2(C) and SECTION 3

SECTION 2 (B) – 48 HOUR CLEARANCE APPROVAL

I am a doctor (qualified medical practitioner).

☐ I **directly witnessed** the incident or viewed video footage of the incident; OR

☐ I did **not witness** the incident directly or view video footage.

I have examined and assessed the player in conjunction with the information provided in **SECTION 1** of this Appendix 3: Concussion Referral and Return Form and/or advice from paramedics who treated the student within a **minimum of 48 hours** after the reported incident, and determine that the signs /symptoms documented on this form were exhibited as a result of:

In my medical opinion the player has **NOT** suffered a concussion in this instance and the player is **cleared to return to full participation** in _____ (insert sport) from _____ (insert date and time).

SECTION 2 (C) MEDICAL PRACTITIONER DETAILS

Name:

Medical Practice (stamp or details):

Signature:



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SECTION 3 – RETURN TO LEARN AND SPORT CARE PLANS

Treating doctor to complete Sections 3 (A) -(C) to help the student's school to support the student's learning needs and return to sport.

Note: Specific concussion management advice for sports offered by Queensland representative school sports are available in the Concussion Management Guideline, Appendix 2: Concussion management resource for individual sports.

Dear school staff,

(Name)_____ (DOB)_____ has sustained a concussion/mild head injury on (date)_____. They can return to school on (date)_____.

Concussion affects the way the brain functions. Different people can be affected in different ways. It is common for concussed children or adolescents to have difficulty concentrating in class and they will not perform as well as usual in exams and assessments. They may require more time to complete work. When a concussed child or adolescent starts to concentrate for long periods, it is not unusual for symptoms to increase. These can usually be managed by frequent breaks and short rests in quiet areas.

Advise the parent and family to seek medical attention if the student displays concerning symptoms such as severe headache, seizure, weakness or increasing drowsiness.

SECTION 3 (A): RETURN TO LEARN CARE PLAN

I recommend the following:

Graduated return to school	Suggested return to learn timeframe	Doctor's recommendation
1. Daily activities at home Typical daily activities, such as reading or gentle walking. Begin with 5 to 15 minutes at a time and gradually build up.	Usually 1 -2 days off school	
2. School activities at home Introduce homework, school reading etc at home.	Usually in first week	
3. Return to school part time May need to start with a shorter school day or have increased breaks during the day. Note: School tests may need to be delayed.	Usually after 1-2 days	
4. Return to school full time Gradually increase school activities until student can tolerate a full day.	Usually by 1-2 weeks	



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SECTION 3 (B): RETURN TO SPORT CARE PLAN

Graduated return to sport	Doctor's recommendation
1. Symptom-limited activity Simple daily activities that do not provoke symptoms by more than 30%.	
2. Light aerobic exercise Gradually increase walking, swimming or stationary cycling at a slow to medium pace. Do not allow resistance training.	
3. Sport-specific exercise Begin activities such as running, warm-up drills and practicing ball skills (with a soft ball). Do not allow any activities that involve head contact.	
4. Non-contact training drills Introduce harder training drills, such as passing drills. Your child may start progressive training. (This usually takes 1-2 weeks).	
5. Full contact practice Following medical clearance, participate in normal training activities. (Follow up GP appointment is required).	
6. Return to sport Progress to normal game play.	

SECTION 3 (C) MEDICAL PRACTITIONER DETAILS

Name:	Medical Practice (stamp or details):
Signature:	



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Appendix 4: MY-HR FORM

Department of Education



MyHR WHS: Health and Safety Incident Data Collection Form

Privacy statement: The Department of Education (DoE) is collecting personal health and safety incident information on this form in accordance with the Work Health and Safety Act 2011 (Qld), the Work Health and Safety Regulation 2011 (Qld), and/or the Electrical Safety Regulation 2002 (Qld). The information collected may be disclosed to third parties, including the Government Superannuation Office, Australian Tax Office, Workplace Health and Safety Queensland, Electrical Safety Office (Qld), WorkCover Queensland, industrial organisations, or other entities in accordance with, or where requested by law or industrial instrument. The information collected on this form will be manually entered into the MyHR Workplace Health and Safety Solution for review by a supervisor.

When to use this form

- This form is for data collection purposes only and is **not** a required form to complete. It is to be used to gather information for later entry into the MyHR WHS – Incident module. It is mandatory to use MyHR WHS for recording health, safety and wellbeing incidents.
- It can be used:
 - when an incident occurs away from the workplace e.g. camps, fetes, sports
 - for staff working out of hours or with limited access computers e.g. cleaners, grounds maintenance staff
 - for visitors or contractors
 - to implement a local protocol where data entered into MyHR WHS by a limited number of staff
 - during system outage.
- Every effort is to be made to verbally report an incident to the school/workplace on the day of the incident to enable a record to be made in MyHR WHS no later than the next business day
- The [Health, Safety and Wellbeing Incident Management procedure](#) is to be followed.

Notifiable incidents must be reported to WHSQ. Notifiable incidents include:

- death
- serious injury or illness e.g. amputation, head injury, spinal injury, hospital admission
- dangerous incidents e.g. electric shock, explosion, fire, release of hazardous substance.

How to report:

1. Immediately contact WHSQ by phone: 1300 362 128 to notify them of the incident.
2. WHSQ should provide a reference number for your call. Note that you contacted WHSQ and record the reference number in the 'immediate actions taken' section of this form.
3. Complete all relevant information within this form and ensure the data is entered into MyHR WHS as soon as possible.

Not sure? Check the full definitions within the procedure, contact your Regional Health and Safety Consultant or phone WHSQ.

How to use this form

1. This cover page is for information and advice.
2. Pages 1-3 are to be completed as they record the details of the incident and the injured person.
3. If relevant, complete a sub form (page 4) for each 'incident type': electrical, security threat, motor vehicle, fire, environmental or near miss. Each incident type has its own 'sub form'.
 - e.g. for an injury sustained while driving a motor vehicle – complete pages 1-3 (which includes the 'injury/illness' details) **and** the 'motor vehicle' sub form
 - if more than one person sustained an 'injury/illness' as a result of the same incident, fill in a separate injury/illness form (pages 2-3) for each person. You do not need to complete separate forms for the incident (page 1)
4. Record all available information.
5. Check that all mandatory fields, e.g. those marked with *, are completed.
6. Give the completed form to your supervisor or administration to enable data entry into MyHR WHS OR enter into MyHR WHS yourself on return to the workplace.
7. This form can be scanned and attached to the MyHR WHS incident record within investigation screens.
8. This paper form is to be retained for 12 months at the workplace.

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INCIDENT DETAILS

*Incident date: ____/____/____ Incident time: (24 hour HH:MM) ____:____

If the incident occurred at your school or base location, you need ONLY complete the School/base location field. If the incident did not occur at your school/base location, then you need to complete the School/base location field and the Other incident location field.

*School/base location: _____

Other incident location (address details): _____

*Summary of incident (approx. 20 words): _____

Detailed description of incident: _____

*Immediate action taken (including any lockdown or evacuation, parents contacted, first aid administered, ambulance called, doctor/out patients or hospitalisation, WHSQ notified and reference number, what was done to prevent this or something similar from happening again, etc.): _____

INCIDENT TYPES

Instructions: select one or more incident types.

Incident types		
<input type="checkbox"/> injury/illness	<input type="checkbox"/> motor vehicle	<input type="checkbox"/> near miss (no injury or illness)
<input type="checkbox"/> electrical	<input type="checkbox"/> fire	
<input type="checkbox"/> security threat	<input type="checkbox"/> environmental	

If 'electrical' or 'environmental' or 'fire' or 'property/plant/equipment' is selected as incident type, the question 'Was this a dangerous incident as defined under legislation?' must be answered.

Was this a dangerous incident as defined under legislation? ☐ Yes ☐ No

If you are unsure, refer to the [Definitions of Dangerous Incidents and Electrical Incidents page on the WorkSafe website](#).

REPORTING DETAILS

*Reported date: ____/____/____

*Reported by: (at least one 'reported by' field must be populated)

☐ Staff member (name): _____ Base location: _____

☐ Student (name): _____ Base location: _____

☐ Other person (name): _____ Base location: _____

Other person's contact details if known: _____

Name of reviewer: _____

Name of person completing this form: _____



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INJURY/ILLNESS DETAILS

*Injured person's details:

☐ Staff member (name): _____ Base location: _____

☐ Student (name): _____ Base location: _____

☐ Other person (name): _____ Base location: _____

Type of other person:

☐ Client ☐ Contractor ☐ Parent ☐ Visitor ☐ Volunteer ☐ Other: _____

Other person's contact details if known: _____

Injury details

* Injury/illness classification – select one of the following

☐ Class 1 – Fatality or life threatening
☐ Class 2 – Hospital admission

☐ Class 3 – Medical treatment
☐ Class 4 – No more than first aid

Use the reference lists below to complete the body location details and the nature of injury/illness details

Bodily location (reference list)			Nature of injury/illness (reference list)		
<ul style="list-style-type: none"> • Face • Head • Eyes • Ears • Nose • Tooth/teeth • Neck • Arms • Elbows • Shoulders 	<ul style="list-style-type: none"> • Hands • Wrists • Back • Mouth • Chest • Fingers • Abdomen/stomach • Hips • Legs • Groin area 	<ul style="list-style-type: none"> • Knees • Foot/feet • Toes • Ankles • Skin • Respiratory system • Internal organs • Spine • Psychological condition • Other e.g. fainting 	<ul style="list-style-type: none"> • Ache/pain • Cut/laceration • Amputation • Bite/sting • Bruising/crushing • Dislocation • Sprain/strain • Burn/scald • Fracture 	<ul style="list-style-type: none"> • Infection/disease • Hearing loss/deafness • Psychological stress • Allergy • Skin irritation/dermatitis • Heat/cold stress • Poisoning • Respiratory • Puncture/needle stick 	<ul style="list-style-type: none"> • Weld flash • Eye disorder • Foreign body • Head injury • Internal injury • Heart or circulatory condition • Other e.g. fainting

Injury 1

Body location: _____ Nature of injury/illness: _____

If more than one injury or body location, complete below.

Injury 2

Body location: _____ Nature of injury/illness: _____

Injury 3

Body location: _____ Nature of injury/illness: _____

* Cause of injury/illness – select one of the following

☐ Animal or insect
☐ Biological
☐ Chemical or substance
☐ Contact with, or striking against object
☐ Electricity
☐ Explosion or implosion (pressure variation)

☐ Muscular effort - single event
☐ Noise
☐ Occupational violence & aggression
☐ Psychological
☐ Radiation
☐ Repetitive movement
☐ Slip, trip or fall

☐ Struck by falling or moving object
☐ Thermal (heat/cold)
☐ Vehicle
☐ Vibration
☐ Other: _____

* Contributing factor/agency – select one of the following

☐ Animals
☐ Behaviour of parent or caregiver
☐ Behaviour of staff
☐ Behaviour of student
☐ Behaviour of other
☐ Biological agent
☐ Chemicals
☐ Electricity

☐ Fire/explosion
☐ Foreign objects (e.g. projectiles, splinters)
☐ Human agencies
☐ Indoor environment
☐ Machinery and fixed plant
☐ Mobile plant/machinery
☐ Needle stick
☐ Non-powered equipment (e.g. playground)

☐ Non-powered tools
☐ Outdoor environment
☐ Powered equipment, tools and appliances
☐ Radiation/arc flash
☐ Stress/trauma
☐ Temperature
☐ Vehicle (government)
☐ Vehicle (private)
☐ Other: _____



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* Activity – select <u>one</u> of the following		
<input type="checkbox"/> Abuse - physical <input type="checkbox"/> Abuse - verbal <input type="checkbox"/> Abuse – physical and verbal <input type="checkbox"/> Abuse – written (including online/ cyberbullying) <input type="checkbox"/> Admin general <input type="checkbox"/> Chemical use <input type="checkbox"/> Computer work <input type="checkbox"/> Curriculum prac <input type="checkbox"/> Curriculum theory	<input type="checkbox"/> Equipment usage <input type="checkbox"/> Excursions/field trip <input type="checkbox"/> First aid <input type="checkbox"/> Grounds care <input type="checkbox"/> Lifting/manual handling <input type="checkbox"/> Movement around the worksite <input type="checkbox"/> Play (supervised/unsupervised) <input type="checkbox"/> Playground duty	<input type="checkbox"/> Restraining a student <input type="checkbox"/> Sport <input type="checkbox"/> Travel to/from workplace <input type="checkbox"/> Work general <input type="checkbox"/> Other: _____

First Aid Details

Related student first aid

For students that have been injured, there may already be a first aid record for this incident in the MyHR Student First Aid Module. During data entry, this can be linked to this record.

Is there a student first aid record? ☐ Yes ☐ No Record number (if known): _____

First aid information

Name of person who administered first aid: _____

Short description of first aid types (e.g. rest, ice, immobilisation): _____

Detailed description of first aid or other medical response if necessary: _____

Request the additional report template pages relevant to the incident type from the Team Official if one of the following incident types was selected:

- electrical
- security threat
- motor vehicle
- environmental
- near miss.



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Appendix 5: Concussion Register

QRSS CHAMPIONSHIP EVENT - CONCUSSION REGISTER

Event Type:						Host Region:			
Event Dates:		Start Date:		End Date:		Concussion Referral & Return Form - Completed and given to student / parent or guardian	Concussion Referral & Return Form - Medical Clearance Received	Date returned	Time returned
Event Venue:									
Student Surname	Student Given Name	Region	School	Date of incident	Time of incident				
Convener's Name:				Signature:				Date:	
Host RSSO / ARSSO Name:				Signature:				Date:	

