

INCIDENT & NEAR MISS – RECORDING AND REPORTING

INCIDENT FORM:

BEECHWORTH MEN'S SHED	Report No.01/22
Date of Incident: Wednesday 9th November 2022	Time of Incident: 11.00am

PART A – WHAT HAPPENED?

Type of Incident: Fall from wheelchair			
<input type="checkbox"/> Injury Fractured patella <input type="checkbox"/> No-injury			
If Injury: <input type="checkbox"/> First Aid Relaxed patient whilst awaiting ambulance			
<input type="checkbox"/> Medical Treatment On site treatment by paramedics prior to further treatment at Wangaratta Hospital			
<input type="checkbox"/> LTI None If No-Injury was the Incident due to:			
<input type="checkbox"/> Fire		<input type="checkbox"/> Explosion	
<input type="checkbox"/> Plant Damage		<input type="checkbox"/> Plant Failure	
<input type="checkbox"/> Other (specify)			
Persons Involved:			
	Member / Name	Address	Phone Number
a) Person(s) directly involved.	Callum Clegg	11A John Street Beechworth Vic 3747	0412 710 616
Note: Callum has limited verbal communication. Please call Callum's mother, Jenny on the above number if further information re this incident is required			
	Non-Member / Name		
Damage to plant or property that occurred/may have occurred: Nil			

PART B – HOW DID IT HAPPEN?

Description of Incident: (explain clearly how the incident occurred. This should be brief, in dot point form, providing the facts only and should not contain supposition or hearsay).

<ul style="list-style-type: none"> • Member uses wheelchair, but is partially ambulant • Callum spilt drink and attempted to stand to clean up his chair • Overbalanced and fell onto concrete floor
Location (attach sketch/map): Beechworth Men’s Shed, recreational area
Weather Conditions: NA – Incident occurred indoors

PART C – INJURY REPORT

Injury Details: Fractured L patella		
Was FIRST AID treatment administered?	YES <input type="checkbox"/> NO <input type="checkbox"/> Yes	
If YES, Treatment details: Patient relaxed awaiting ambulance		
If YES, By whom:	Paramedic	
Was injured person sent to Doctor/Hospital?	YES <input type="checkbox"/> Yes NO <input type="checkbox"/> (Attach Medical Certificate/Certificate of Capacity) None	
If YES, name of Doctor/Hospital: Wangaratta Hospital		
If YES, name of person taking injured person to Doctor/ Hospital: Ambulance Victoria		
Did the Injured person return to shed to participate?		

PART D – AUTHORITY NOTIFICATION*

Name of Relevant Authority (Police / Fire / Ambulance): Ambulance Victoria			
Is this a major / serious incident:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	No
If so, has the Authority been notified:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA

PART E – AUTHORISATION AND DISTRIBUTION

Report Prepared by:		
Name: Chris Brett Secretary, BMS	Signature:	Date: 14 November 2022