

Work health and safety induction for volunteers and therapists at Kalamunda Secondary ESC

This Work health and safety induction must be completed by volunteers or therapists working onsite.

An induction must be done at every site you attend and on an annual basis.

Section 1

Welcome to Kalamunda Secondary ESC

Question 1

Your first name

Question 2

Your last name

Question 3

Have you completed a health and safety induction at Kalamunda Secondary ESC in the last 12 months?

Yes

No

Question 4

Mobile phone contact number

Question 5

Emergency contact and phone number

Question 6

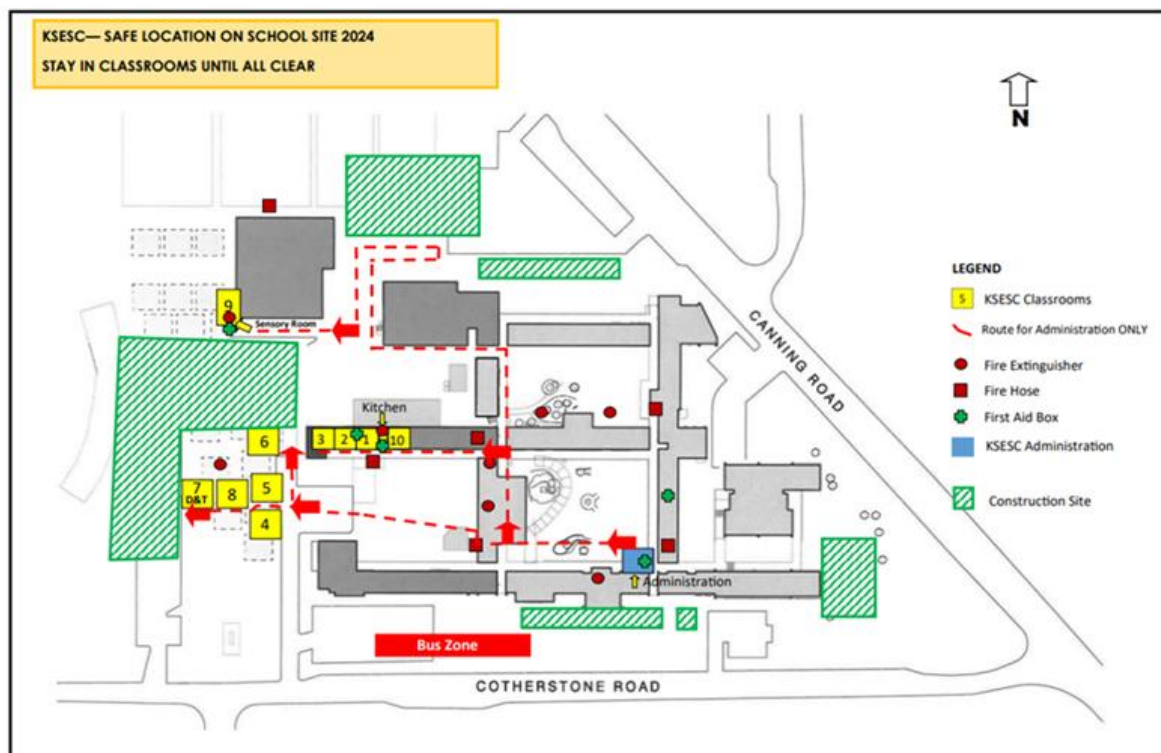
Area(s) of the school you will be doing voluntary work, for example therapy/sensory room, library, classrooms, canteen etc.

Section 4

Lockdown - Safe Location On Site 2025

Lockdown procedure:

- When the LOCKDOWN signal is sounding (an audible and continuous 'BEEP... BEEP... BEEP' or a PA message advising that the school will lockdown) you must immediately stop work.
- If you are inside a school building, move away from doors and windows.
- If you are not inside a school building, head to the nearest school building and seek advice from staff.
- Always follow the instructions of any area wardens.



Question 7

I confirm I have read and understand the emergency and evacuation procedures for this site.

Yes

No

Section 5

First aid procedures

First aid procedure:

- In the event of an injury, call for help or phone 9293 6490 during office hours and a staff member will come to your aid. If you can, walk to the administration building.
- First aid will be administered at the injury site or in the administration building. Do not self-administer any medication prior to seeing a staff member.
- After first aid is provided, you will need to ensure the following forms are completed before leaving the site:
 1. First Aid Report form.
 2. Accident/Incident Report (AIR) form for volunteers.

Question 8 – Forms

Department of Education Shaping the future

First aid report form

Date: _____

This form is to be returned by the workplace management team or school leaders

Workplace details

First aid provided for: Injury Stress Accident or illness

First aid provided to: Employee Student Visitor Other

Workplace or school name: _____ Workplace or school code: _____

Workplace address: _____ Workplace phone number: _____

Principal or line manager name: _____

Details of person receiving first aid

Name: _____

Address: _____

Phone number: Work: _____ Home: _____ Mobile: _____

State of birth: _____ Sex: _____

Student's parent or guardian address: _____

First aid incident details

Date of incident: _____ Time of incident: _____

Type of injury or health: The incident has already occurred or has just occurred

Spurred body part: _____

Explain what happened: The incident occurred on the premises where working activity took place

First aid incident details continued

Incident location: For example, classroom, gymnasium, sports oval, off site venue, residential, outdoor activity

Medical treatment: Nil First aid Doctor Hospital

Actions taken or sought if first aid provided: _____

Name of staff member giving first aid: _____ Employee number: _____

Witness 1 name: _____

Witness 1 phone number: _____

Witness 1 statement provided: Yes No

Witness 2 name: _____

Witness 2 phone number: _____

Witness 2 statement provided: Yes No

Details of action to prevent re-occurrence: _____

Reporting details

Name of person completing report: _____ Signature: _____

Principal or line manager name: The incident has already occurred or has just occurred Signature: _____

Health and safety representative name: Yes No N/A

Crain health and safety report completed: Yes No N/A

Accident and incident investigation report (AIR) form completed: Yes No N/A

Forms

First Aid Report Form

 Department of Education
ACCIDENT/ INCIDENT REPORT FOR VOLUNTEERS FORM

This form is to be completed by the Principal or designated person in accordance with the Department of Education policy on work health and safety.

SCHOOL DETAILS
 School name _____ Principal _____
 Address _____ Contact Number _____

DETAILS OF PERSONS INJURED/INVOLVED Injured Other _____
 Surname _____ Given name(s) _____
 Address _____
 Date of Birth ____/____/____ Contact number _____

Is this a reportable incident? Yes / No If yes immediately Email u2000@education.wa.edu.au

ACCOUNT OF ACCIDENT / INCIDENT
 Accident / Incident Date ____/____/____ Day _____ Time _____ approx
 Where did accident/incident occur (e.g. Classroom, recreation, sports oval, canteen) attach picture as required

Description of accident/incident, (e.g. slipped on wet floor in canteen)

Is there anything that may have contributed to the accident/incident?

Type of injury or incident (e.g. cut, sprain, near miss or damage to property/equipment)

What part of the body was injured? (e.g. right hand / left eye)
 Medical treatment: N/A Nil First aid Doctor Hospital

Witnesses
 Name _____ Contact number _____
 Name _____ Contact number _____

1 EDU/HS/4496

 Department of Education
ACCIDENT/ INCIDENT REPORT FOR VOLUNTEERS FORM

PRINCIPAL OR DESIGNATED PERSON TO COMPLETE
(Take photographs of any equipment or machinery involved and do not dispose of anything until the investigation has been completed.)

Have you completed an investigation? YES / NO

Describe what you found when you investigated the accident/incident:

Contributing factors:

Action taken / planned to prevent recurrence:

Is there a safe working procedure for the task? Yes / No If no, consider developing one.
 Has a risk assessment been completed for the task? Yes / No If no, consider developing one.
(Search RCRs for how to complete a risk assessment.)

Immediate controls (What was done to make the area safe or remove the risk to others?):

Long term controls (What is planned to prevent a similar incident occurring again?):

Have relevant staff (including the injured person) been informed of actions (completed or planned) to reduce risk of injury? Yes / No

Report completed by: _____ Signature: _____ Date ____/____/____
 Principal Name: _____ Signature: _____ Date ____/____/____

Additional Comments:

For advice, please email the OSH Team - Employee Relations u2000@education.wa.edu.au

2 EDU/HS/4496

Accident/Incident Report (AIR) Form for Volunteers

Question 9

I confirm I have read and understand the first aid procedures for this site.

Yes

No

Section 6

Additional information

Toilets

While working at this site please use the designated staff toilets only. Verify with reception staff where these are located.

The following are not permitted at this site. You may be escorted off the premises if any of the following are breached:

- Consumption of, or being under the influence of, alcohol or drugs
- Bullying, harassing, aggressive, discriminating, intimidating, violent or abusive behaviour towards any other person
- Profane, sexist, racist or otherwise offensive language
- Smoking at any location on site other than designated smoking areas - ask at reception for the location(s).

Question 10

Acknowledgement for volunteers and therapists

I have read and understood the safety information provided to me and agree with the safety requirements as a volunteer or therapist at Kalamunda Secondary ESC.

Yes

No

Signed

Date

--	--